

ELEMENTS OF DREAM INTERPRETATION:

Laying the foundation of a basic model for clinical practice

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ABSTRACT

The study addresses certain paradoxes evident in the theory and practice of dream interpretation. These relate to the considerable value afforded to dreams in psychoanalytic thinking, compared with (1) the surprising dearth of literature, research, and training on dream interpretation in clinical practice, (2) the difficulties voiced by clinicians regarding dream interpretation, and (3) the diversity of keys employed by different schools to unlock the 'truth' of dreams.

The intention of the study is to examine these paradoxes in order to develop a model for dream interpretation which falls within the ambit of psychodynamic psychotherapy. It is argued that there have been few insights over the century to match the seminal work of Freud (1900/1976), except perhaps the work of Carl Jung. As a result of the 1914 rift between these two, Jung's insights have been largely ignored in mainstream psychoanalytic thinking and the focus on dreams has given way to other areas of development, such as, unconscious thinking, symbol formation, and interpretation in a general sense. These, it is argued, have contributed to a more comprehensive understanding of dreams and their interpretation. Thus a model would need to consider both Freud and Jung's work, and later salient developments. It would also need to be informed by local, contemporary practice.

The method used in this thesis is one of breaking down the process of dream interpretation into component parts, in order to examine useful contributions from different sources and to compare work with dreams to work with other material. The literature review examines the major theoretical contributions in relation to four elements of dreams interpretation: the nature and function of dreams, methods of dream interpretation, the meaning of dreams, and the goals of dream interpretation. A model which accommodates diverse theories without resorting to eclecticism is then proposed.

Dream interpretation is further examined in the light of a multiphase clinical study, designed to provide different perspectives on the topic. The study yielded findings

compatible with the literature reviewed, as well as certain problems in relation to the proposed model. These included shortcomings of the elements used in the literature review, particularly the sequence of these elements, and caveats about affording dreams a special focus in the consulting room. Thus a second configuration was posited, namely the idea of viewing dream-work as a triangular situation, comprising the dream, the dreamer, and the dream interpreter.

The final model which is the outcome of the study provides two interrelated methods of addressing dream interpretation which accommodate the theory/practice dichotomy. In the first, the elements of dreams and their interpretation are considered sequentially. This method provides a framework for considering theoretical contributions on dreams, as well as issues of technique, without recourse to the introduction of theory in the consulting room. In the second, dream interpretation is regarded as a triangular situation, comprising the interchange between therapist and patient in relation to the patient's dream-life. This structure accommodates the alliance which is discernible in practice and draws on Segal's (1957/1986) notion that the process of symbol formation is a triangular situation. The value of regarding 'dream-work' in the consulting room as a triangular situation is threefold: (1) it is akin to symbol formation in terms of the meaning reached; (2) dreams cannot be accurately interpreted in isolation from the contributions of both therapist and patient; and (3) it provides 'dream-work' in practice with its own structure, highlighting a perspective that dreams are an element of clinical practice, rather than a focus, a subtext within the broader framework of psychodynamic psychotherapy.

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I hereby declare that this dissertation represents my own original work.

INTRODUCTION

It contains, even according to my present day judgement, the most valuable of all the discoveries it has been my good fortune to make. Insights such as this falls to one's lot but once in a lifetime.

Freud (1931, of *The Interpretation of Dreams*)

The practice of psychoanalysis more or less starts with *The Interpretation of Dreams* published at the turn of the century (Freud, 1900/1976). A hundred years later, dreams remain an integral part of psychoanalytic practice, while the topic of dream interpretation has hardly been examined. In 1984, Meltzer made the paradoxical observation that dream analysis has consistently been neglected in the literature since 1900, and that 'even the teaching of dream-analysis is a matter of historical rather than technical interest' (Meltzer, 1984, p 156).

Meltzer's words still have validity today. When he made his comments in 1984, the training in psychoanalytic circles abroad was much the same as it currently is in South Africa. Although psychotherapy rather than psychoanalysis is taught locally, there is little on the specifics of dream interpretation in South African training practices. A similar situation exists in the literature. Dream interpretation tends to be subsumed in the general psychoanalytic literature and available books on the topic tend to be theory-specific (Boss, 1977a; Hillman, 1979; Meltzer, 1984; Whitmont and Perrera, 1991). *The Interpretation of Dreams* remains the most comprehensive work available on dreams.

Dreams are valued in all analytic schools of thought because they are held to reveal a true picture of the dreamer's psychic reality, uncontaminated by rational thought (Rycroft, 1981). But dreams are not necessarily easy to interpret since they are often as confusing to the interpreter as they are to the dreamer upon waking (Meltzer, 1984). These attributes make the lack of attention to dream interpretation all the more surprising.

A number of reasons may be posited for the dearth of literature and training on the topic. Firstly, much of the groundwork on dreams and their interpretation took place in the first half of the century. During this time, psychoanalysis was beleaguered by rifts between the main players and valuable insights by opposing factions became lost along the way (Symington, 1986). For example, the major theorists who have examined dreams in depth, Freud and Jung, disagreed about central questions regarding the nature of dreams and methods of dream interpretation. As a result, their followers tend to ignore doctrinal differences. Secondly, dreams as a focus of attention has been overshadowed by other developments in psychoanalytic thinking during the course of the century. Some of these developments are germane to dreams and their interpretation, but fall under a different rubric and are not commonly seen in this light. Finally, dreams have become so integrated into general practice that they are not singled out for special attention; thus current practices mirror the situation in the literature.

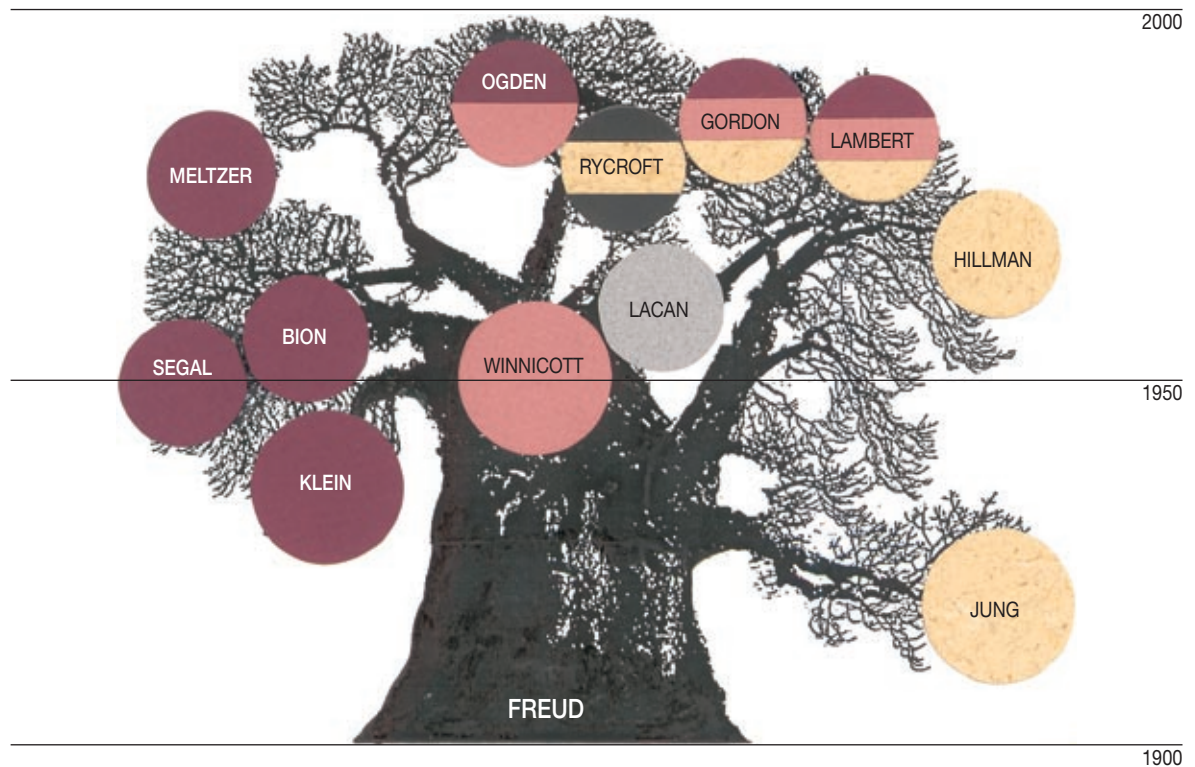
The central goal of this project is to address the gaps in the literature and in current training practices by looking at some of the main features of dreams and their interpretation, as developed over the century and as practiced today. It is argued that all developments have their roots in *The Interpretation of Dreams*, but are not necessarily considered compatible theoretically. Thus the literature review will extract the main contributions of different theorists on dreams and related areas to examine to what extent these are compatible and whether they can enrich each other in the development of a provisional model of dream interpretation in theory. The clinical study which follows will investigate to what extent the provisional model resembles local practices and whether the two aspects of the project can mutually enrich each other.

The following sections of this chapter take up these issues in order to pave the way for their further examination in the thesis. Section 1.1 looks at the role of dreams in the history of psychoanalysis over the century and some of the related concepts which have become a focus in the literature. This historical overview also shows that the schisms which characterised the first half of the century gave way to an ethos of affiliation in the second half of the century. Section 1.2 looks at the role of theory in relation to practices, and section 1.3 presents an outline of the project.

1.1 The Role of Dreams in the History of Psychoanalysis

All conceptual developments concerning our understanding of dreams and related topics take Freud's insights contained in *The Interpretation of Dreams* as a starting point. This section briefly examines the main theorists and concepts which contribute to our current understanding, as well as the rifts, the lines of development, and the cross-pollination of

ideas which occurred during the course of the century. A graphic impression of these is presented below; it is not exhaustive but covers some of the main players who are discussed further in the following chapters.



Freud (1900/1976) was alerted to the value of dreams while developing his new method of analysis, 'free association', towards the end of the nineteenth century. Freud came to the conclusion that if a patient could report whatever comes to mind, pathological symptoms, such as hysterical phobias and obsessional ideas, could be traced back to elements in the patient's mental life from which they originated. Among other ideas and thoughts which emerged, Freud's patients told him their dreams and so 'taught [him] that a dream can be inserted into the psychical chain that has to be traced backwards in the memory from a pathological idea' (p 174). This discovery led to his examination of dreams in all their aspects and the application of his method to dreams themselves.

Among Freud's major theoretical and clinical contributions is the concept of 'the dream-work'. He used this term to describe the process whereby repressed infantile wishes, said to trigger dreams, are transformed through the processes of displacement, condensation, and indirect representation, into the manifest dream content. The

'dream-work' encompasses the characteristic language of dreams and the function of dreams, namely, the disguise of repressed wishes which serves to preserve the dreamer's sleep, while at the same time allowing the harmless discharge of repressed energy in the forbidden wishes.

As Jung (1963/1995) notes in *Memories, Dreams, Reflections*, he was drawn to Freud's pioneering work. He read *The Interpretation of Dreams* in 1900 as a young psychiatrist and it became a 'source of illumination' for Jung and his peers. For their older colleagues, however, it was an 'object of mockery' (p 169). As Jaffe points out in an editorial footnote, in Jung's obituary on Freud in 1939, he called the *magnum opus* 'epoch-making' and 'probably the boldest attempt that has ever been made to master the riddles of the unconscious psyche upon the apparently firm ground of empiricism' (p 169).

However, following the 'close and enthusiastic collaboration' which developed over the next decade between Jung and Freud, the two masters parted ways (Jung, 1933/1961). The consequence was the development of Jung's brand of psychoanalysis, 'Analytic Psychology'. A central area of disagreement was their understanding of dreams. Throughout his life, Jung (1963/1995; 1964) contested Freud's ideas, particularly that dreams are repressed wishes disguised to preserve the dreamer's sleep and that the value of dreams is in their recovery of the past. According to Jung, dreams consist of more than repressed wishes and capture the current situation of the dreamer, as well as the pattern of things to come. Jung also introduced the notion of a collective unconscious, constituting another realm, beyond that which is personally repressed, and which is common to mankind. Within the collective unconscious are archetypes – typical and perennial themes and behaviour patterns – which find symbolic representation in dreams in the form of archetypal imagery. Archetypal imagery constitutes the mental representation of the instincts. This definition is very close to the Kleinian concept of unconscious phantasy¹ – an issue which will be examined further on – although neither Klein nor Jung acknowledged each other's contributions (Samuel, 1985).

The second major schism which had a radical impact on the development of psychoanalysis in the first half of the century occurred between the followers of Freud and Klein. Melanie Klein moved from Berlin to London in the 1920s following an invitation by the British Psychoanalytic Society to give a series of lectures on child analysis. Klein, an avowed Freudian, considered her work to be a direct development of Freud's (Hayman, 1989). Klein did not focus specifically on dreams as an aspect of clinical practice, but rather

¹ The word 'phantasy' is commonly used with 'ph' to differentiate it from 'fantasy' which is a conscious process (Hayman, 1989).

on play. In play, children represent phantasies, wishes, and feelings symbolically, using the 'same language, the same archaic phylogenetically acquired mode of expression' as dreams (1977a, p134). According to Klein, the common denominator between play and dreams is unconscious phantasy. Unconscious phantasy was defined as the mental representation of the instinct and was considered the basis of all mental functioning (Isaacs, 1952/1983). Klein's conception of unconscious phantasy was based on Freud's wish-fulfilment theory and his later instinct theories. However, by the 1930s, Klein's concept of unconscious phantasy differed so radically from Freudian thinking, that it became a major topic addressed in the Controversial Discussions of 1944/45.

The Controversial Discussions aimed to examine whether Klein's views were compatible with Freud's and also whether they were valid, necessary, and important (Hayman, 1989). The issues were not resolved, and the Controversial Discussions resulted in schisms within the British Psychoanalytic Society. The society split into three schools, the Classical or Freudian School, the Kleinian School, and the Independent or Middle School which joined neither school but held some allegiance to both. Fairbairn and Winnicott were two of the main theorists of the Middle School.

In the 1950s the ethos of rift gave way to a cross-pollination of ideas – between different schools and disciplines – as well as the formation of different groupings based on commonly held views. The 'Object Relations' approach evolved over the decades that followed and consisted of a move away from instinct theory, despite its roots in the work of Freud and Klein. This approach brought together theorists from all schools of the British Psychoanalytic School and its American counterparts, but excluded Jung (Greenberg & Mitchell, 1983). Similarly, a French psychoanalytic school emerged with its own distinctive features. Lacan was one of the main theorists here and he developed Freud's thinking, while drawing on linguistic theory and philosophy (c.f., Bowie, 1979). Merleau-Ponty (1962), not a psychoanalyst, but a philosopher, also studied Freud in depth, particularly in the light of phenomenology. Of concern among these Frenchman was the nature of the unconscious, but not specifically dreams. In the 1960s, the followers of Jung branched out into different camps, the classical Jungians, the Archetypal Jungians, and the Jungian Developmental School. The former two schools continued to investigate dreams, and a considerable amount of literature emerged on the topic. Conversely, the Development School incorporated various psychoanalytic theories compatible with Jungian thinking on particular topics, but not dreams (Fordham, 1960; Lambert, 1981; Samuels, 1985). Although in the last decade of the century, there were still schools where boundaries were closely guarded, this trend showed signs of change. As Bott Spillius (1994), writing from a Kleinian perspective, notes, partly because the Kleinians are part of a psychoanalytic society in

which there are other points of view and partly because of constant exploration by practitioners who are prepared to discard existing procedure, developments in theory and technique have 'gone along together, each influencing the other' (p 349).

Concomitant with the changing ethos, was the impression gleaned from the literature, that dreams had long since lost centre stage except in some Jungian circles. Two reasons are posited for this. Firstly, it became an issue of technique not to focus on dreams to the exclusion of other material, nor to actively elicit dreams from patients, but rather to treat dreams in much the same way as other material (Lambert, 1981; Meltzer, 1984). Thus the literature follows the trend in practice, at least until recent decades when dreams seem to be getting a voice once more. Secondly, a number of important conceptual developments took precedence as new areas of investigation. It is argued that a number of these are germane to a more comprehensive understanding of dreams and their interpretation. These developments will be touched on here chronologically from the 1950s, but, firstly, we need to backtrack to Freud's (1914) arguably second major discovery, the 'transference'. (The first, as we have seen, was 'the secret of dreams' Freud, 1900/1976, p 199.)

In an important paper written in 1914, Freud formalised insights evident in *The Interpretation of Dreams* regarding the propensity of patients to displace infantile feelings, originally evoked in relation to parental figures, onto the analyst. The process of displacement and the important role of the past, are both central to 'the dream-work', but the concept of the transference typically falls under the rubric of interpretation. Like 'the dream-work' it is an unconscious process, but the transference, occurring as it does in the clinical setting, was considered a vital area of interpretation to effect change in the patient. The transference – as an element of analysis – was adopted in all analytic¹ schools, but it was only decades later that the counterpoint to the transference, the counter-transference, received investigation. This major conceptual development occurred within the Kleinian branch of the British Psychoanalytic School, but in due course became central to the process of interpretation in all schools of thought.

Heiman's (1950) paper 'On the Counter-transference' was the first thorough exploration of the topic. This concept was not entirely new. A few years earlier, Jung (1948/1969) wrote that a 'transference is answered by a counter-transference from the analyst when it projects a content of which he is unconscious' (p 273). Similarly, Freud (1937a) pointed out that the analyst – like the patient – is prone to the influence of unconscious factors whether or not these are evoked by the patient.

¹ The word 'analytic' is used in much the same way as Symington's (1986) usage, and refers to the range of psychoanalytic or 'depth' practices.

Thus whereas Freud (1900/1976; 1914) focused on the vertical aspect of interpretation, namely, the patient's internal, historical side of things, perhaps best symbolised by his likening the task of the analyst to the work of the archeologist, the Kleinians incorporated a lateral perspective by attending to the 'continuous interplay between the patient's transference and the analyst's countertransference' (Bollas, 1987, p 2), an interplay which may become visible in the dreams of patients (Ogden, 1996).

The next significant conceptual development that had a bearing on existing understandings of dreams and their interpretation was the process of symbol formation. Although the concept is evident in the works of Freud and Jung, an understanding of the finer detail of this process was developed during the 1950s and 1960s in two central, interrelated schools of thought, Segal (1957/1986) and Bion (1957) from the Kleinian camp, and Winnicott (1953/1974) from the Middle School.

Whereas Segal looked at the development of the capacity to symbolise, Bion examined this further, including it in his examination of the development of unconscious thinking. Relevant to this discussion is Bion's (1962/1984) investigation of the transformation process whereby sensory impressions and emotional experience are converted in dreams and other forms of unconscious thinking. He called this process 'alpha-function'. Thus he examined Freud's 'dream-work' in greater detail, linking it to the development of the capacity to think. He also looked at conditions conducive to this development, between mother and infant on the one hand, and between analyst and patient on the other. The value of Bion's theory is the further light it sheds on *why* dreams reveal the 'truth' of matters.

Winnicott's (1962/1982) contribution has much overlap with that of Bion and Segal. Like Bion, his theory encompasses the environmental conditions necessary for development, but he also introduced the concept of 'transitional phenomena', the forerunner of the process of symbol formation. Although Winnicott did not examine dreams in any depth, his followers (Grolnick, 1978; Ogden, 1990) have illustrated how his concepts can be applied to dreams and work done with them.

By the 1960s, the language of dreams was inextricably linked to development, and the specifics of working with them was incorporated in the growing literature on other aspects of the analytic process, including interpretation in a general sense. The literature on interpretation raises issues identified but not examined by Freud. It was only in the 1970s and beyond that investigations into dreams and their potential uses were resumed.

1.2 Theory and Practice

As discussed in the previous section, the scant attention to dreams in their own right in the literature seems to be a consequence of developing practices of dream interpretation and different areas of investigation taking centre stage. This section looks briefly at the patterns which emerged in the literature and research on the topic, as well as the distinction between psychoanalysis and psychodynamic psychotherapy (which is the closest discipline taught and practiced in South Africa). Much of the literature is concerned with the former.

1.2.1 Literature and research on dream interpretation

The pattern in the literature in the first half of the century may be given in a nutshell. Freud did not return to dreams other than in prefaces and footnotes to *The Interpretation of Dreams* (Freud, 1900/1976). The next publication on the topic which falls under the rubric of mainstream psychoanalysis, and includes Freudian and Kleinian thought, was *Dream Analysis* by Ella Sharpe (1937/1978). Finally, Jung wrote only a few papers on the topic (Jung, 1933/1961; 1945/1969; 1948/1969). Jung's contribution perhaps does not mirror the importance which he afforded dreams, since dreams feature strongly in all his works. It may, however, reflect that his technique in practice was similar to that adopted in other schools (c.f., Lambert, 1981).

In the second half of the century, the pattern changed and a resurgence of interest in dreams was evident both outside the domain of psychoanalytic thinking and within. Firstly, dreams may be seen as having a role in the *Zeitgeist* of the 1960s and '70s in two different ways. A wealth of popular or lay literature on the topic was published. On the one hand, dreams constituted one of the alternative forms of reality investigated at this time, together with topics like drugs and various alternate states of consciousness which have something in common with dreams (c.f., Cohen, 1977; Huxley, 1959). On the other, psychoanalytic ideas became popularised and literature on self-empowerment proliferated both in relation to dreams and other areas. A good example in this body of literature is *Dream Power* by Ann Faraday (1973), essentially a self-help guide to dream interpretation. In keeping with the ethos of alliance evident in psychoanalysis, Faraday incorporates a number of theorists' work on dreams, including Freud, Jung, Calvin Hall, and Fritz Perls (1971). (Perls' work, which is not discussed in any depth in this thesis, constitutes a practical application of existential philosophy within the context of group therapy, another trend of the time.)

Secondly, in terms of literature addressed primarily to clinicians, three distinct patterns are evident: a continued dearth in mainstream psychoanalysis, a doctrinal focus on dreams, and a focus manifesting a development of ideas from different theoretical camps,

in a similar vein to Faraday (1973) but to different ends. In general psychoanalytic thinking, the literature remained fairly sparse on dreams in their own right, but dreams came to infiltrate the general literature more and more, regaining, it would seem, their position as a 'royal road'. Here dreams are used to illustrate theoretical developments about patient dynamics and the interaction between analyst and patient (c.f., Flanders, 1993). However, the actual process of dream interpretation is not investigated and is subsumed in the literature on interpretation in a general sense.

In the literature loosely labelled 'doctrinal' here, there are a number of works on dreams in all their aspects, particularly those published by Jung's followers. These include Hall (1977), Hillman (1979), Mattoon (1984), and Whitmont & Perera (1991). These works suggest that dreams play an important role in some Jungian circles, albeit one that differs from mainstream psychoanalytic practice. Similarly, the phenomenologists have published some works on the topic (e.g., Binswanger, 1986; Boss, 1977a).

Of more importance for this thesis are those theorists who integrated different strands of thinking or developed the earlier work. Rycroft (1981), for example, builds on the work of Freud and Jung and provides a useful investigation of the link between dreams and 'poetic diction' (a term attributed to the language of dreams by Ella Sharpe, 1937/1978). Surprisingly Rycroft does not bring in contributions from the Kleinian camp or from Lacan, since there is a considerable overlap of ideas. Conversely, Meltzer (1984) looks at the development of ideas on dreams from Freud through Klein to Bion. Meltzer is one of the few clinicians who gives sufficient detail in terms of the patient's contribution as well as the analyst's thoughts and interventions in the process of dream interpretation. This volume contains many useful insights, but mainly concerns work with dreams in psychoanalysis and remains within the ambit of 'The Kleinian Development'. It excludes the Jungian contribution, although certain common ground is evident. These works – like Faraday's (1973) – show that an alliance of theoretical perspectives is feasible, despite the exclusion of one or more useful theoretical contributions, be it that of Jung, various branches psychoanalytic thinking, or the phenomenologists.

The picture which emerges in the research is somewhat different. In the last few decades there has been considerable research on dreams, types of dreams, and dreams of types of patient, but there is little on the actual process of dream interpretation in the room, particularly the role of the therapist. Here again, research either investigates the process from a Jungian point of view, or else the topic is incorporated in the general research on interpretation (Kelly, 1994; Kruger, 1988). However, writers have articulated that there is a need for research into specific areas of interpretation, such as dreams (e.g., Kelly, 1994).

1.2.2 Psychoanalysis and psychodynamic psychotherapy

It has been noted that dreams are subsumed in general psychoanalytic literature and that dream interpretation is subsumed in research investigating interpretation in psychodynamic psychotherapy practices. In South Africa, the closest training to psychoanalysis (at a Clinical Master's level) falls under the rubric of psychodynamic psychotherapy. Psychodynamic psychotherapy is rooted in the work of Freud as well as later developments in psychoanalysis. This generic refers to a range of different theories and practices which hold in common the notion of the existence of unconscious mental life. There are differences between psychoanalysis and psychodynamic psychotherapy. The former is more intense, involves four to five sessions per week, and the use of a couch; it is also mandatory for analysts to undergo their own analysis. Conversely, psychodynamic psychotherapy typically involves once or twice weekly sessions with the use of a chair rather than a couch; psychotherapy is recommended for trainees, but is not mandatory. In both disciplines, the value of dreams as a 'royal road' to the unconscious is upheld.

Despite the elevated position of dreams and the complexities involved in working with them, local universities tend not to teach dream interpretation as a specific technique. Similarly, postgraduate courses and established psychoanalytic study groups rarely address the topic of dreams in its own right. The exception here is in Jungian training and study centres where dreams are afforded a special focus.

1.3 Aims, Methods, and Outline of Thesis

The objective of the project was to develop a basic model for dream interpretation, drawing on the contributions of the main theorists who have examined dreams and related topics, as well as the practice of experienced clinicians who subscribe to some of these theoretical frameworks. The challenges involved in achieving this goal and the rationale and methods used are given in brief as a preface to the outline of the thesis which concludes this chapter.

1.3.1 Methods and rationale

As discussed earlier, the literature indicates that a bringing together of different theories in relation to dreams is feasible, at least in theory. A difficulty here is that much of the work on dreams was done by theorists who did not consider their work to be compatible, as in the classical situation between Freud and Jung after the 1914 rift. However, it is argued that a number of factors support the idea of some sort of bridge-building (c.f., Willbern, 1979).

There is sufficient common ground on which to build, since all theorists are united in the interest and importance attached to unconscious functioning and the view that dreams are a useful means of acquiring a first hand picture of this mode of functioning. It is also argued that there are some general principles in relation to the interpretation of dreams.

In a different context (psychotherapy in the realm of psychiatry), Storr (1979) anticipated the disappearance of schools of thought as discrete entities in psychotherapy and suggested that the differences were less important than the commonalities which led to a successful outcome. No one system has the key to understanding but there are general principles about the practice of psychotherapy which find currency among clinicians, despite arguments about issues of theory.

In a similar vein, much work has been done to build bridges between different schools in relation to common areas of interest. On the one hand, this is evident in the work of theorists such as Fordham (1960) who looks at the complementarity between Jungian and Kleinian thought in relation to the counter-transference and Eigen (1981) who investigates the different contributions of Winnicott, Bion, and Lacan, in the area of 'faith' or 'truth'. On the other hand, on a larger scale, writers have sought to investigate the common ground in discrete schools of thought, e.g., Boss (1982) on psychoanalysis and Daseinanalysis, and Brooke (1991) on Jung's analytic psychology and phenomenology. The challenge in these endeavours is to identify different perspectives and investigate how they can enrich each other, without compromising the contributions involved.

Since time immemorial dreams have been associated with the 'truth'. This theme may be found in *The Bible* (e.g., Pharaoh's dream of the fat cattle who were consumed by the seven lean cattle, was interpreted by Joseph as a prophecy of seven years of famine which would follow seven years of plenty). It is also evident in western and eastern philosophy over the millennia, in mythology, literature, poetry, and in numerous cultures. It is thus an archetypal theme, in Jung's frame of reference, but it is also a universal theme in the more specific field of psychoanalytic thinking, across schools. In the latter context, Bion writes a good deal about interpretation in a general sense and the truth. The project uses one of Bion's (1970) methods in this regard, namely that of multiple perspectives or 'vertices', as he preferred to call them. This method endeavours to understand phenomena from different angles in order to provide a new understanding which can be used for further consideration.

Bion's method may be seen as a form of bridge-building, but to use Willbern's (1979) words, 'bridges connect but only where there is first a separation' (p 110). Thus in all

chapters, an attempt will be made to clarify the distinctive – and arguably, useful – features of each perspective considered, as well as compatible areas of divergence. A further method borrowed from Bion (1962/1984) will be used to achieve this endeavour, namely, the breaking down of a phenomenon into elements. Thus the process of dream interpretation is divided into discrete elements. Firstly, in the literature review, the process is broken down into the following identifiable and sequential elements, in order to examine major theoretical contributions and lines of development over the century:

1. The nature and function of dreams
2. The process of dream interpretation
3. The meaning of dreams
4. Assessment of dream interpretations and the notion of the truth

Within each element, the common ground between different theories and the idiosyncratic differences which could enrich a model of dream interpretation will be examined. The literature review concludes with a model in theory which is investigated further (in terms of content and method) in the light of the practices of experienced clinicians whose work is informed by some of the theorists discussed in the literature review.

A clinical study was conducted using case studies and interviews to investigate what experienced clinicians actually do in practice and what they profess to do (which has a bearing on their supervision and training). The methods chosen for the research endeavour to take into account some of the perennial problems involved in clinical research discussed by Spence (1986) and others. These include the lack of important detail in case studies (and sometimes the excess), their uniqueness (they are usually about a specific patient and his or her presenting problem, as in Freud's well-known cases of Dora, the Ratman, and so on), and their lack of objectivity (case studies are typically conducted by the patient's analyst). These factors preclude a consideration of similarities and differences between cases, as well as the building up of a coherent account of types of patient or technical procedures so they can be accounted for in general terms. Thus the study attempted to achieve a balance of detail, uniformity, and objectivity so that the 'clinical wisdom' of the participants might be extracted and made available for general use, to use Spence's words.

The material was analysed in terms of content (a description of the general features and the ingredients of a model) and method (the value of the 'elements' demarcated in the literature review). The model which emerged provides two ways of approaching the topic.

1.3.2 Outline of thesis

Chapter 2 is an overview of Freud's seminal ideas on the nature and function of dreams, Jung's areas of disagreement with Freud, and his added insights. Chapter 3 is a foray into the area of early development. The work of Klein, Segal, Bion, and Winnicott is reviewed in terms of the light their theories shed on the 'archaic language' of dreams, as both Freud and Jung called it, since these theorists investigated this language at its roots in early infancy. They also bring in the role of the mother, or other, in the process of symbol formation. It is argued that dreams are in fact 'pre-symbolic' in that their symbolic meaning is only evident upon waking reflection or in analysis. The work of these theorists on development is also linked to the process of dream interpretation and is revisited in later chapters. Chapter 4 examines contemporary ideas about dream-life. These all show a building on to Freud and sometimes Jung's ideas, as well as the inclusion of different disciplines (linguistics, philosophy, and anthropology).

Chapter 5 moves on to the actual process of dream interpretation in the consulting room, particularly the methods and techniques used over the century, across different schools. An overview of Freud and Jung's methods is presented. It is argued that these are similar, particularly given that the main focus is on what is required of the patient. The rest of the chapter investigates how contemporary views resemble – and differ from – those of Freud and Jung, and draws on the literature on interpretation in a general sense.

Chapter 6 examines the various keys which analysts use to unlock the meaning of dreams, as well as the content and focus of their interpretations. It is within this 'element' that the greatest divergence exists across different conceptual frameworks. This presents problems in the widely held view (in different circles) that dreams tell the truth of the patient's situation, an issue which is explored in Chapter 7.

Chapter 7 examines how dream interpretations are assessed and how dreams are used to assess these interpretations in turn, as well as the work in general. The issues of the role of theory and the objectivity of the therapist are also discussed. It is argued that in the area of assessment, there is a surprising degree of compatibility across schools. A model in theory is proposed, based on Bion's theory of 'multiple vertices', or the method of enquiry which considers a topic from a variety of different perspectives in order to arrive at the 'truth', if that is possible. The chapter concludes with a series of questions that will be considered in the clinical study.

Chapter 8 describes the methods used in the study. In order to investigate how clinicians work with dreams in practice, a multiple case study design was conceived, involving

different phases of research. On the one hand, case material was sought that provides a bird's eye view of what actually happens between a patient and therapist around a dream. On the other, interviews were conducted with the therapists involved and a further sample of clinicians to discuss their professed practices in relation to dreams. The clinicians selected to participate in the research had at least 15 years of clinical experience, were involved in the training or supervision of their junior colleagues, were well-versed in presenting their work in formal case presentation fora, and welcomed dreams as part and parcel of their work.

Chapters 9 and 10 present the findings of the research. Chapter 9 presents three case studies. This material is abridged to fit in with the purposes of the investigation. It suffers from some 'narrative smoothing' (in Spence's, 1986, terms) but at least one session of each case is given verbatim. Chapter 10 examines the general features of dream interpretation which can be gleaned from the case material and investigates these further in the light of the broader sample of clinicians' beliefs about their practices. The chapter concludes with an examination of the role of theory in local practice and the perceived needs of training on the specifics of work with dreams.

The need for a model is discussed further in Chapter 11. The chapter examines the idiosyncrasies of dreams in practice – the values and difficulties – and the manner in which work with dreams both resembles and differs from the work in general. A dual approach to dream interpretation is advanced, based on the 'model in theory' presented in Chapter 7 and a model which emerged in the analysis of the case material. The dual approach encompasses the structure of dream interpretation, its place in the broader picture, and the link between local practices and the theories extracted. The model that is the outcome of the study is evaluated and suggestions for its expansion and use are offered.

Chapter 12 concludes the project by summarising its central objectives, namely, to develop a model dream interpretation which is consistent with psychodynamic psychotherapy principles and draws on as many available resources as possible.

THE NATURE AND FUNCTION OF DREAMS: CLASSICAL VIEWS

*Dreams ... are an archaic world
of vast emotions.*

Freud (1900/1976, p 126)

Every exposition on dreams needs to start with Freud's (1900/1976) seminal ideas. As Kahn (1976) remarks, 'though our clinical usage of dreams has changed, our understanding of dreams is not significantly more than where Freud left it' (p 328). This statement is perhaps true within mainstream psychoanalytic thinking, but it is argued that Jung also made a major contribution. This chapter is an overview of Freud and Jung's major insights on the topic. Most writers have commended Freud for his invaluable insights on the nature of dreams, but have dismissed his theories, particularly in relation to the function of dreams (Merleau-Ponty, 1960/1982-3; Meltzer, 1984). Freud's concept of 'the dream-work' encapsulates both sides of the coin and is discussed in the following section. Section 2.2 looks at Jung's arguments about Freud's theories and his expansion of Freud's ideas into new realms. It is argued that there is common ground between the two theorists' work and that the areas of divergence are often dialectically opposed to each other, thus it is useful to examine these differences in order to arrive at a more comprehensive picture of dream-life.

An exposition on dreams needs to include actual dream material to bring a sense of the concrete to the theories examined. Thus a number of published dreams are cited in the literature review to illustrate the various insights of the theorists concerned. Freud and Jung both used their own dreams to develop their theories and they tended to use the dreams of their patients to illustrate their theories. However later theorists are generally less candid about their own dreams and predominantly use the dreams of patients.

2.1 Freud: The 'dream-work'

Dreams are psychical phenomena of complete validity – fulfilments of wishes; they can be inserted into the chain of intelligible waking mental acts; they are constructed by a highly complicated activity of the mind.

Freud (1900/1976, p 200)

Freud's notion of 'the dream-work' encapsulates a variety of different functions and processes which work together to produce dreams. Three aspects of the dream-work are discussed here. Firstly, it is a form of unconscious thinking which is radically different from conscious thinking. Secondly, the term includes Freud's theory about the dual function of dreams, namely, the hallucinatory fulfilment of repressed wishes (or drive discharge) and the preservation of sleep. Thirdly, the dream-work uses various processes that are characteristic of dream-life, namely, 'condensation', displacement, and indirect representation. There has been little argument over the century about the characteristics of dream-life as identified and described by Freud, but his theories about the function of dreams continue to be debated.

2.1.1 Primary versus secondary process thinking

The dream-work both exemplifies and constitutes a form of unconscious or primary process thinking. Freud (1900/1976) conceived of a radical divide between conscious and unconscious thinking. He postulated that each is governed by different rules and thought processes. Unconscious thinking is governed by the primary processes which include condensation (constituting a fusion of images and ideas), displacement (where feelings evoked by one object are displaced onto another), and indirect representation (a form of symbolisation where one object is substituted for or symbolises another). During primary process thinking, conventional categories of time and space are disregarded, cause and effect are not linked, and contradictions are treated as if they have equal validity. Primary process thinking is evident in dreams, neurotic symptoms, and slips of the tongue. It is distinct from secondary process thinking which obeys the rules of logic, reason, and conventional categories of time and space.

Freud considered unconscious thinking to be primary because it is the earliest and first form of thought. It is dominated by instinctual urges and sensory experience, and is the first means of expression available to the infant. As the ego develops¹, the secondary processes unfold which inhibit and overlay the primary processes. Thus instinctual urges are repressed and relegated to the unconscious.

¹ Freud's view of development is considered in brief in Chapter 3.

A reversal of the process occurs during sleep when there is a 'lowering of the authority of the self' (p 115). Primary process thinking which is 'suppressed during the day' is given free rein once more in the form of dreaming which, in Freud's view, constitutes a regression to our earliest years when instincts dominated. 'The child and the child's impulses live on in dreams' (p 280). A good example is one of Freud's own dreams:

A hill, on which there was something like an open-air closet: a very long seat with a large hole at the end of it. Its back edge was thickly covered with small heaps of faeces of all sizes and degrees of freshness....I micturated on the seat; a long stream of urine washed everything clean.... (p 605)

The action of this dream suggests a yielding to emotions which may well have been restrained during the day and expresses a regression to earlier years, in that childlike impulses are depicted.

A remembered dream such as this constitutes the 'manifest' dream content which is the final product of the complicated process which Freud called 'the dream-work'. This will be discussed sequentially using the dream to illustrate the concept. In short, the dream-work consists of the following sequential components:

1. The dream-work picks up on unassimilated events and preoccupations of the day preceding the dream, which Freud called the 'day residue'.
2. It also picks up on repressed wishes, thoughts, and feelings of an infantile nature which may have been evoked during the day (the 'dream-thoughts', or latent content of the dream). Both 1 and 2 constitute the trigger of dream.
3. The discharge, release, or expression of the repressed wishes by means of an hallucinatory gratification, a fulfilment of the wish.
4. The disguise of the repressed wishes which enables the dreamer to sleep on, undisturbed by their unacceptable nature.

Thus at the one end of the dream-work, we have the wishes, the disturbing thoughts, evoked during the previous day, or the latent content, and on the other, the remembered dream, or the manifest content, which is a compromise between the wishes seeking expression and their transformation into palatable form.

2.1.2 The day residue and the dream-thoughts

Dreams pick up on mental work of the day, events, and both significant and indifferent perceptions. They also pick up on thoughts and emotions which are suppressed during the day, and more primitive feelings dating back to the dreamer's earliest years. To return to Freud's 'micturating dream', the trigger was a lecture he had given the previous evening. The topic of the lecture was the link between hysteria and the perversions. He was dissatisfied with the lecture and 'longed to be away from all this grubbing about in human dirt' (p 606). On leaving the venue, he received flattery and praise from one of the audience who told him that he was 'a very great man'. This remark was incongruent with Freud's feelings of despondency about the lecture and his disgust about the topic. We do not know the historical roots of the feelings, but the dream suggests that they may indeed be childlike.

2.1.3 Wish-fulfilment

According to Freud, the remembered dream constitutes the hallucinatory gratification of the repressed wish. The dream, in itself is hallucinatory, since the dreamer attaches complete belief in the events occurring in dreams and experiences them as if they were actually happening.

Freud's dream speaks of a release of pent-up emotion. In the dream, he is not despondent; in one action, his feelings are discharged and he manages to clean up the 'human dirt'. The action has an heroic feel, given its resemblance to Hercules cleaning the Augean stables and Gulliver putting out the fire for the queen in Lilliput. It may be argued, however, that the wish goes deeper than lifting Freud's depression. The mythological heroes who used this tactic were also expressing anger. The repressed wish may have been to wipe out his insights on hysteria and the perversions, to undo the work with which he had been grappling, or even to urinate on his audience and his detractors. If any of these hypothetical wishes had validity, Freud would be so horrified that he would have awoken in shock, according to his second theory of the function of dreams.

2.1.4 The guardian of sleep

Freud maintained that the wishes which get expressed in dreams are as disturbing to the dreamer as they are when the dreamer is awake. The second function of the dream-work is to preserve the dreamer's sleep. Freud conceived of a 'censor' which prevents the true nature of these thoughts being known and allows the dreamer to sleep on undisturbed. The censor performs a similar function to the original repressing agent (conceptually a forerunner of the 'superego' a term which Freud coined in 1923).

In Freud's view, a compromise is set up between the wishes seeking expression and the censor forbidding their expression. The wish has to be disguised in visual form to escape the censor, but it also needs to retain some connection with its original form otherwise it will not be expressed. For example in the dream, the wish is to overcome his sense of inferiority (depression) and to be rid of the messiness of the issues with which he is grappling, while the disguise is the removal from the current time to an earlier one, reminiscent of childhood, and the transformation of the wishes into bodily action.

Thus Freud's repressed feelings are expressed in veiled terms in the dream. Whether this transformation process occurs to perform the dual function of dreams or whether it is a constructive process in its own right which draws on sensory experience and memory (Freud maintained both positions), remains a contentious issue in the literature. However, what is not debated is Freud's insights into the characteristics of dream-life.

2.1.3 The language of dreams

The language of dreams draws mainly – but not exclusively – on the visual senses; it also transforms thoughts into happenings and thus dramatises them. The two governing processes of the dream-work are condensation and displacement (Freud, 1900/1976); the other primary processes – the disregard for conventional categories of time and space, indirect representation, and symbolisation – may be subsumed under these two processes, but require being spelt out individually because each characterises the language of dreams. What these processes have in common is that they are governed by rules of association, rather than the rules of logic. In Freud's terms the association is the link between the repressed wish and the dream content.

1. Condensation

This process is at work on two levels in dreams. Condensation or compression occurs extensively if we consider all the sources which triggered the dream, which are then combined into a unified whole. But more specifically, condensation refers to the process in which two or more images, ideas, or figures are fused to form a composite image, the nodal point where the dream thoughts converge. Both forms of condensation may be illustrated in another of Freud's dreams, the more famous dream of his patient, Irma. Irma's treatment had ended sometime before the dream 'in a partial success' (p 181). The evening before he had the dream, Freud's friend, Otto, remarked that Irma was better, 'but not quite well' (p 181). Freud felt that Otto's comment bore reproach and identified it as one of the triggers of the dream:

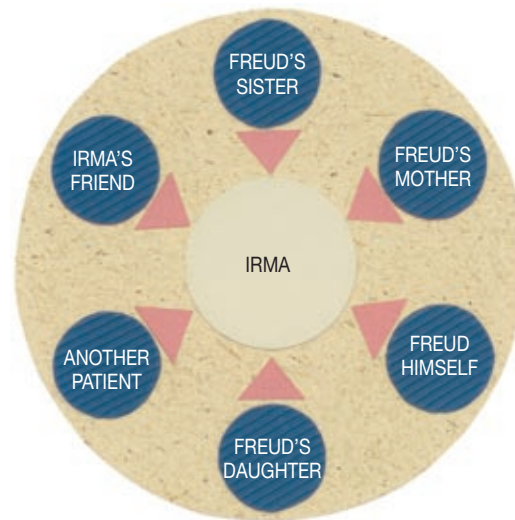
A large hall – numerous guests – among them Irma. I took her on one side to reproach her for not having accepted my ‘solution’. I said to her: ‘If you still have pains, it’s really only your fault’. She replied: ‘If only you knew what pains I’ve got now in my throat and stomach and abdomen – it’s choking me’. I was alarmed and looked at her. She looked pale and puffy. I thought to myself that after all I must be missing organic trouble. I looked down her throat....I at once called in Dr M and he repeated the examination....my friend Leopold was percussing her through her bodice....A portion of the skin on the left shoulder was also infiltrated....

M said: ‘There’s no doubt it’s an infection....’ We were directly aware of the origin of the infection. Not long before, when she was feeling unwell, my friend Otto had given her an injection....And probably the syringe had not been clean.

The dream condenses a whole gamut of thoughts and feelings evoked in Freud: a reminder of his wife’s forthcoming birthday party to which Irma had been invited, Freud’s concern about Irma’s partial recovery, his investment in proving that he had cured Irma’s hysterical symptoms, Otto’s reproachful comment, and his ongoing difficulty with his detractors. In one dramatic sequence, the dream finds both Irma and Otto responsible for the fact that she had not recovered fully when treatment was terminated. Like the ‘micturating dream’, a few birds are killed with one stone.

Secondly, the Irma figure in the dream is a composite image representing a number of different figures. Freud suggests of condensation in its specific sense that a collective figure can be created by uniting the actual features of two or more people or by combining contradictory characteristics of different people. Irma fulfils all these possibilities. She looked like herself in the dream, but her stance reflected a friend of Irma’s whom Freud felt was brighter and would be less resistant to his treatment. Irma’s various complaints in the dream also recalled Freud’s eldest daughter, his wife, and himself. Thus this single image alludes to several topics, events, or people. A graphic impression is given on page 21.

Condensation also occurs in terms of places, events, and different time frames. According to Freud, these composite images are not objects of actual perception but manifest a constructive process at work (thus, it may be argued, they are more than ‘drive discharge’).



2. Displacement

Displacement occurs when one idea is replaced with another that is associated with it. When this process is at work, something important may be displaced onto something trivial, the emotional intensity evoked by one person may be displaced onto another, or the ego may be represented by someone else. (Irma's sore shoulder reminded Freud of his own arthritis.) Displacement may also involve the 'transference of an already formed relationship onto a new object' (p 286). For example the antagonism perhaps evident between Freud and Otto may have had its roots in rivalry with his brother who is mentioned in his associations to the dream. (The transference process is the basis of his theory of the 'repetition compulsion' and will be revisited later.)

3. Indirect representation

This process which closely resembles displacement, involves the substitution of one thing for another. Thus, for example, the syringe in the 'Irma' dream may represent a penis, whereas the faeces in the 'micturating' dream may represent the messiness of the theoretical issues with which Freud was dealing.

Freud's view of symbolism comes under this rubric. The symbol is a substitute for something else. Symbols in dreams may be common, such as those representing the penis or the vagina. *The Interpretation of Dreams* is replete with common sexual symbols and also mythological motifs which reflect themes universal to humanity. Freud does not really give myths a category except as 'typical' dreams. As Freud notes, his 'micturating' dream recalls a number of these, including Hercules cleaning the Augean stables, Gulliver extinguishing the fire in Lilliput, and Gargantua

urinating on the Parisians. This dream also illustrates Freud's point that the language of dreams is characterised by the same archaic language as myth, fairy tale, and legend. Freud maintains that the dream-work makes use of symbolism and mythology which is already present in unconscious thinking to fulfil the needs of dream construction on account of their representational qualities and to avoid censorship.

4. **Time and space**

In conventional terms categories of time and space are disregarded in dreams but are nonetheless represented in their own terms. We have a sense of time in dreams (a common dream theme is one of being late or 'missing the boat') and any time in the dreamer's life may be represented. Sometimes different temporal dimensions are fused and sometimes there is an interweaving of one or more of the three dimensions of time. Freud's 'Irma' dream condenses the future, the present and the recent past. The hall with guests anticipates the forthcoming birthday party. The issue with the shoulder represents Freud's ongoing problems with arthritis, and the immediate past is represented by the events that triggered the dream, i.e., Otto's visit.

A characteristic of the time scheme of dreams is that they recall people who figured at different stages off the dreamer's life well as memories, both distorted or intact. These may or may not be accessible to conscious memory and Freud often comments on the hypermnasic capacity of the dream-work, namely the recall of forgotten experiences of the past.

Thus time is represented in dreams in an idiosyncratic manner governed by the repressed wishes and feelings which trigger the dream. In a similar way, spatial representation is achieved. Thus issues of distance and location are represented but have no bearing on their conventional terms. Freud (p 282-5) reports a series of dreams based on a longing to visit Rome. In these dreams, he either arrives in Rome and has to leave immediately, Rome is seen from a nearby hill and is shrouded in mist, or else he is in Rome but there are many German posters around and there are close links with Moravia where he was born. In reality, Freud's health did not permit him to travel to Rome, but in these dreams he was closer to this elusive city than to Vienna where he was sleeping. Thus the 'wish' which triggered the series does not need to be spelt out, but why the wish was not fully gratified in the dream raises the issue of there being more repressed wishes at work.

2.1.6 The royal road?

Freud's idea about a divide between unconscious and conscious thinking is generally upheld in the views of later theorists, although the latter do not consider the divide to be as radical as Freud maintained. Similarly, his description of the dream-work and the processes of condensation, displacement, and indirect representation, remain of great value in understanding dream-life. The primary processes obey the laws of association and underlie the process of symbol formation which was further examined by Klein and her followers (see Chapter 3).

It is essentially Freud's theoretical formulations that are a source of contention. Most theorists following Freud refute his wish-fulfilment theory altogether, particularly Jung whose views are discussed in the next section. Many argue that it is not only unfulfilled wishes which colour dream content but also conflict and defence, a position adopted by the Kleinians. Secondly, Freud's view that dreams are the guardian of sleep is widely contested. It will be argued that this theory may be valid in a concrete sense in the light of Bion's theory of 'alpha-function' and in a symbolic sense in terms of resistance, issues discussed in later chapters.

Freud's disguise theory is a paradox. On the one hand, he holds dreams in high regard in terms of their clarity of vision and subtlety of observation, their ability to continue the intellectual work of the day and bring it to some conclusion, their honest reflection of ourselves and others, their access to earliest impressions not accessible to waking memory, and the manner in which they use imagery to express the particular attributes of figures they seek to represent. However, on the other hand, he maintains that the dream-work distorts and disguises the true nature of these feelings and thoughts. The issue of dreams and the truth will be discussed further in Chapter 7.

2.2 Jung: Archetypes and Symbols

*The dream is a self-portrayal, in symbolic form,
of the actual situation in the unconscious.*

Jung (1948/1969, p 263)

Dreams played such a prominent role in Jung's works that they infiltrate virtually all of his works and, in fact, he only wrote a few papers specifically on the topic (Jung, 1933/1961; 1945/1969; 1948/1969). In each of these Jung pays tribute to Freud's insights into dreams but, throughout his life, he continued to raise objections to Freud's theories. He was particularly opposed to Freud's theory about the dual function of dreams; firstly, dreams consist of more than repressed wishes and, secondly, their

motivation is revelation, or at least communication, but not disguise. Despite these differences of opinion, he agreed with much of Freud's thought on the language of dreams and shed new light on many of Freud's insights, particularly the link between mythology and dreams, the role of the instincts in dream formation, and symbolism. These areas are all integrated into his theory of the collective unconscious and its archetypes, considered to be the main reason for the rift between the two men, and Jung's development of his own branch of psychoanalysis, analytical psychology (Williams, 1963).

A consequence of this schism was that Jung's contributions have been ignored in mainstream psychoanalytic thinking (in its various branches). However, because Jung made dreams a focus of his work, his insights about the language of dreams are indeed broader than those found in other lines of development. It is argued here that some of these are compatible with later developments within psychoanalysis (which are examined in the next chapter) and could be mutually enriching.

2.2.1 The structure, function and language of dreams

Jung considered Freud's theory of the dual function of dreams to be reductionistic and too narrow to do justice to the function of dreams. In the first instance, Jung argued that dreams constitute more than repressed wishes seeking discharge. Dreams may indeed embody repressed material, but they also bring together a wealth of subliminal thoughts, unconscious perceptions, feelings, and instincts, creating new and hitherto unknown ideas. Thus Jung focused on the creative side of dreaming, arguing that dreams have a purposeful structure indicating an underlying idea or intention.

Jung (1964) conceived of dreams as message carriers from the instinctive to the rational aspects of the psyche. Dreams add to the conscious situation of the dreamer and, in so doing, play a compensatory role (Jung, 1948/1969). This may be illustrated in a dream which Jung had shortly before the two men came to a parting of the ways:

The scene is a mountainous region on the Swiss-Austrian border. It was towards evening and I saw an elderly man in the uniform of an Imperial Austrian customs official. He walked past, somewhat stooped, without paying any attention to me. His expression was peevish, rather melancholic and vexed. There were other persons present, and someone informed me that the old man was not really there, but was the ghost of a customs official who had died years ago. 'He is one of those who still couldn't die properly.'

(Jung, 1963/1995, p186.)

In Jung's view, this dream could be regarded as a corrective, a compensation for his high opinion of Freud. He connected the customs official with Freud's concept of the censor and the border as the divide between Freud's views and his own. In discussing the dream, Jung dismissed the idea that the dream could reflect a repressed death-wish, harboured against Freud. (He had related an earlier dream to Freud, also depicting the theme of death – the skulls in Jung's 'home' dream, cited in subsection 2.2.2 – which Freud felt expressed a disguised death-wish; Freud might well have considered the image of the ghost of a dead Austrian customs official as a rather transparent death wish.)

In the second instance – Freud's theory about censorship and disguise – Jung argued that symbolism is the natural language of dreams and cannot be construed as a deliberate ploy to deceive the dreamer or to preserve sleep. The language of dreams is not necessarily easy to understand because events and feelings are expressed as symbolic images rather than rational thought. Using similar words to Freud, and indeed Nietzsche, Jung suggested that the language of dreams is a phylogenetically older mode of thought than conscious thinking, resembling myth, primitive ideas, and rites (Jung, 1948/1969; 1964). On the one hand, this language is older in that it can be traced back to its archaic roots, namely, ideas and images found in the most ancient records and in primitive societies. On the other hand, the language of dreams is characteristic of primitive languages with their 'flowery turns of phrase' (1948/1969, p 248); the figurative language of dreams is sensuous and concrete, a survival from an archaic mode of thought. Like an archaic language, it 'naturally uses analogies readiest to hand' (p 263); these are more likely to reveal than conceal. Jung argued that this language is an integral part of the unconscious. 'Just as the body bears the traces of its phylogenetic development, so also does the human mind' (p 248). These are expressed in the primordial images or mythological motifs that are found in dreams.

Freud (1900/1976) saw the connection between myths and dreams as suggested in the numerous myths which he referred to in *The Interpretation of Dreams*. However, Jung took this further and made mythology central to his theories. He argued that:

Myth...is what is believed always, everywhere, by everybody; hence the man who thinks he can live without myth, or outside it, is an exception. He is like one uprooted, having no true link either with the past, or with the ancestral life which continues within him, or yet with contemporary human society (Jung, 1911/1956, p xiv).

Jung's ideas on mythology, particularly the 'ancestral life which continues within' developed into a new theoretical understanding. In Jung's view, dreams not only reflect the personal unconscious but also the collective unconscious, a deeper layer of experience, potentially accessible while dreaming.

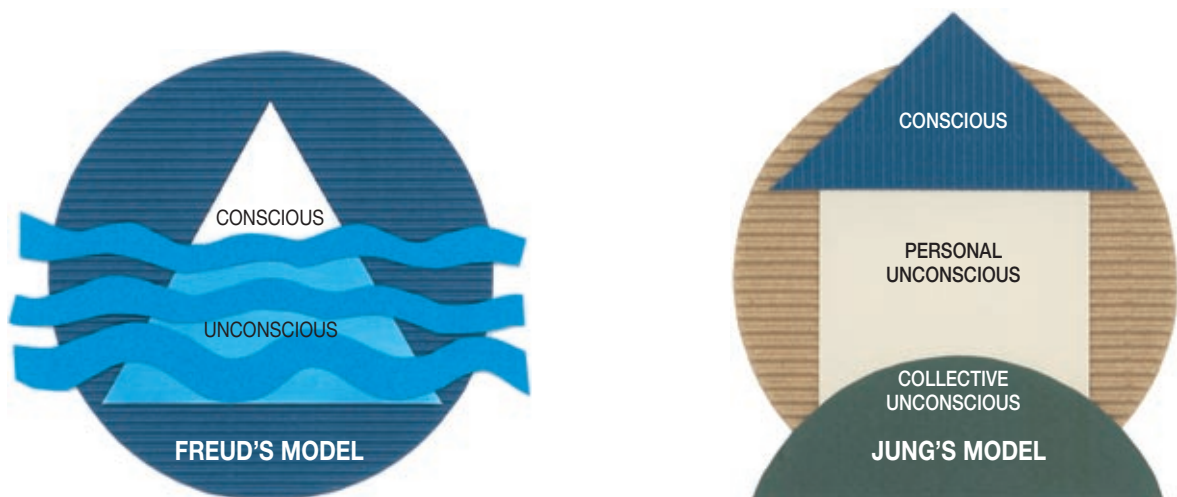
2.2.2 The personal unconscious and the collective unconscious

Jung's description of the personal unconscious is similar to Freud's view of the unconscious in that it contains repressed experience and memories, as well as inaccessible material, including thoughts, feelings, and perceptions which have not yet reached consciousness. However, Jung argued that there are elements in dreams which are not derived from personal experience. These reflect a deeper realm of the unconscious which is common to mankind. Jung (1963/1995; 1964) was alerted to the existence of the collective unconscious in a dream which he had in 1909, abridged as follows:

I was in my own home but it seemed unfamiliar. After exploring two floors, I discovered a heavy door leading down to a cellar. It looked exceedingly ancient. Beneath it was another staircase which led to a cave full of scattered bones and pottery, including two skulls.

Jung was travelling with Freud at the time and discussed the dream with him. Freud suggested that the skulls represented repressed wishes and Jung recalls feeling 'violent resistance' to this suggestion (Jung, 1963/1995, p 183). What Jung did not disclose to Freud was his 'overwhelming' insight that the dream spoke of something much deeper and broader. For Jung, the house represented his psyche; the upper floor represented consciousness, the ground floor, the first level of the unconscious, and the cellar and cave 'the world of primitive man within [himself]' (p 184). The dream reflected Jung's reality, 'against a theoretical structure erected by another' (Jung, 1964, p 57).

The two theoretical structures at play here are Freud's unitary, bounded model of the mind and Jung's divided one. Freud likened the psyche to an iceberg, in which the smaller section above the water's surface is the region of consciousness and the vast mass below, the unconscious (Hall & Lindzey, 1978). Jung's theory calls for a further division within the disproportionate unconscious realm. The two models are graphically depicted below, using Freud's iceberg simile and borrowing Jung's metaphor of the psyche as a house:



Both models give the idea of the unconscious as a region or area with an unplummetable depth but this is compartmentalised in Jung's model. Freud's unconscious is the repository for all instincts, repressed ideas, and feelings. In Jung's model, instincts are in the domain of the collective unconscious. As he puts it, the contents of personal unconscious are subjective and unique, whereas the contents of the collective unconscious are objective and collective, and include both instincts and archetypes (Jung 1919/1969; 1945/1969).

Freud did not buy into Jung's leap from the mythological language of dreams to the concept of a collective unconscious. This development was one of the main areas of disagreement between the two men and remains a contentious issue both in analytical psychology and in mainstream psychoanalytic thinking. However, Jung postulated that within the realm of the collective unconscious are archetypes which are, at least descriptively, compatible with later developments in analytic psychology and psychoanalysis (Gordon, 1985; Samuels, 1985).

2.2.3 Instincts and archetypes

The collective unconscious is inherited like the instincts and is itself instinctive. Jung (1919/1969) defined the instincts as typical modes of action which occur regularly and uniformly within a particular species. As such, they are inherited, collective, and species-specific, having no bearing on the individual, nor reflecting evidence of learnt experience. He provides the example of the yucca moth to illustrate how refined and complicated instincts can be:

The flowers of the yucca plant open for one night only. The moth takes the pollen from one of the flowers and kneads it into a little pellet. Then

it visits a second flower, cuts open the pistil, lays its eggs between the ovules and then stuffs the pellet into the funnel-shaped opening of the pistil. Only once in its life does the moth carry out this complicated operation (p 132).

Similarly, human behaviour is governed by instincts; these are not primarily conscious but exert a compelling inner force on behaviour. One of our typically human instincts is to 'inwardly picture the world' (p 136), that is, to dream. The process of dreaming is governed by the archetypes. 'Just as his instincts compel man to a specifically human mode of existence, so the archetypes force his ways of perception and apprehension into specifically human patterns' (p 133). He called the archetypes, inborn forms of intuition, which are the 'necessary *a priori* determinants of all psychic processes' (p 133). These archetypes of perception and apprehension mirror the instincts in that they constitute the 'instinct's perception of itself' or a 'self-portrait of the instinct' (p 136).

Jung (1912/1956) first referred to the archetypes as primordial images to denote these independent, autonomous constellation of emotionally linked images which appear spontaneously and can exercise an 'overwhelming compulsion' (p 178). He recognised them in his own dreams and those of his primarily schizophrenic patients whom he was treating at the time. Jung discovered that these configurations fell into patterns reminiscent of mythology and fairy tale, and argued that these perennial, universal motifs could not originate in individual experience. Jung introduced the term 'archetype' in 1919 and throughout his life continued to develop his ideas on the concept. In suggesting that the archetypes, like the instincts, are inherited, Jung received much criticism. He later clarified that it is not the image or mythological motif which is inherited, but rather the tendency to form 'representations of motifs in dreams – representations that can vary a great deal in detail without losing their basic pattern' (Jung, 1964, p 67). The resemblance between this aspect of Jung's ideas and Freud's is evident in Freud's (1900/1976) discussion of his 'micturating' dream. The motif of this dream indeed resembles a number of different myths, each of which varies in some way.

In 1942, Jung made a conceptual distinction between the 'archetype as such' and the 'archetypal image' (Lambert, 1981). The 'archetypes as such' are *a priori* organising factors, psychic structures common to humanity which shape and colour human experience. These structures, or forms without content, constitute the potential for certain types of perception and action, which are then fleshed out with the images that give them expression.

The archetypal image is the mental representation of these primordial possibilities which appear visually in dreams and art, and narratively in myths, literature, fairy tale, and legend. Jung spelt out a variety of common archetypal images which feature in dreams. The 'hero' is one such image, exemplified in Freud's 'micturating' dream with its link to Hercules and Gulliver. Some archetypal images are even more common and one or other is likely to be personified in most dreams. These include the 'persona', the 'shadow', the animus', the 'anima', and the 'self'. As structures, Jung organised these archetypes in a hierarchical manner according to the depth of the unconscious processes represented (see Samuels, 1985).

Nearest to the surface of consciousness is the 'persona' which Jung described as 'a compromise between individual and society as to what a man should appear to be' (in Jacobi, 1968, p 28). The 'persona' is the social role adopted to face the world and may be depicted in dreams as a form of 'ego ideal'. At the next level, but paradoxically more accessible, is the 'shadow', in stark contrast to the 'persona' which, according to Jung, represents repressed, unacceptable aspects of the dreamer, commonly projected onto others. These two images are well represented by Dr Jekyll and Mr Hyde in Robert Louis Stevenson's novel. A further example of a 'shadow' figure is perhaps Otto in Freud's 'Irma' dream, where he is depicted as the villain of the piece.

The 'animus' and 'anima' are the 'soul-images', the former being the masculine principle which resides in every man and the latter, the female element which 'every man carries...within himself' (Jung, 1964, p 31). According to Jung, the animus or anima is a major connection between the unconscious and the conscious and is initially coloured by the opposite sexed parent and later on by love objects and partners. Irma is an 'anima' figure in Freud's dream. From his associations, we learn that she is linked to his mother, his sister, and to Irma herself as perhaps a sexual object (it may be recalled that in the dream, Leopold 'was percussing her through her bodice').

The self is the centre and the totality of the psyche. In Jung's scheme of things it is both structure and content. As structure, it is the organising principle and the inner core of the individual. It finds expression in dreams as a child, a geometrical figure (a square or a circle, both of which are found in mandala images), an egg, a God-image, or any image of wholeness.

The classification of images as archetypal is contingent on a number of factors: their universality, the intensity of the emotion evoked, and their bipolarity which manifests itself in various ways. Their universality, as already discussed, is contingent on the

common occurrence across time and space. Secondly, archetypes are at the same time both image and emotion (Jung, 1964). According to Jung, the relation between the two is reciprocal (Brooke, 1991). The images depict the emotions and provide a cue for their release. In turn, the emotions are the media through which archetypal images are realised. The closer an experience is to an archetypal core, the greater its emotional impact and the fascinating power of its image. (Jung is not always clear about the link between image and emotion in terms of process, but he does talk about the dynamic impact, and says much about the content and its meaning, topics that will be taken further in Chapters 5 and 6 which deal with aspects of the interpretation of these images.)

Archetypes are bipolar in other ways as well. Firstly, the archetype 'as such' has two poles, one expressing itself in instinctual drives and behaviour and the other through imagery (e.g., the maternal instinct and the image of the madonna). Secondly, it expresses a built-in polarity between positive and negative aspects of experience and emotion. For example, the shadow is characterized both by hidden, repressed qualities and by vital forces which need to be acknowledged and assimilated. In both cases, the shadow is typically projected¹ onto others. Jung's interpretation of Freud as the 'dead customs official' may be seen as drawing on the negative aspect. The positive side of it is that this figure is 'the man who could not die properly', to quote Jung's dream.

Archetypes are discrete entities which are also coupled with others in an opposing or complementary manner (e.g., God and the worshippers, the madonna and the infant). They are capable of a diversity of expression as well as variations over time and location, but their basic pattern remains the same. Hence we might find archetypal images emerging, contingent on the *Zeitgeist*, cultural variation, and interdenominational rites. Of importance here is the changing nature which is specific to current circumstances and the world in which the dreamer lives. Examples of some cultural variations include Michael Jackson, a Peter Pan figure, or 'eternal youth', Miriam Makeba, known as 'Mama Africa', a latter day 'earth mother' figure, and the comic strip, *Madam and Eve*, a South African version of Hegel's master-slave relationship.

2.2.4 The complexes

In Jung's theory, the archetypal and the personal are linked together in his concept of the complexes. While still working with Freud, he wrote that experiences which evoke strong emotional reactions have a great deal of influence on our development (Jung 1909/1961).

¹ The issue of projection is examined in more detail in the next chapter where the contribution of Melanie Klein is considered the most useful exposition of this process.

They form enduring and powerful complexes which come to have a life of their own. Later Jung (1945/1969) related his theory of the complexes to his archetypal theory, suggesting that each complex clusters around an archetypal core, where typical experience is realised or expressed in individual experience (e.g., the mother-infant situation or the father-son relationship). In some respects complexes function in a similar manner to archetypes; they have their own energy and may be detected through projection, identification, or 'possession'. Typically, complexes are in conflict with our conscious view of things and may emerge through 'slips of the tongue' or any form of unconscious behaviour.

In dreams, the complexes provide the individual blend of archetypal patterns. To return to Jung's dream of the 'Austrian customs official', this image may have been based on Jung's personal relationship with Freud but, at the same time, the dream represents a universal motif where a seemingly unknown father is unwittingly killed by his son. (Here, the resemblance between Jung's dream and Oedipus's slaying of his father at the crossroads is striking.) Freud was a real figure in Jung's life, a mentor and father figure, but Jung's relation to him and his perceptions of him were likely to be bound up with his early relationship with his own father.

2.2.5 Archetypal images and symbols

It is sometimes difficult to distinguish archetypal images, complexes, and symbols as discrete elements in Jung's writing. A symbol, like an archetype, is essentially a process. He wrote that, we produce symbols spontaneously in form of dreams (Jung, 1964). Archetypal motifs and images may be classified as symbols if they constitute an element of the unknown. He argued that what Freud called a symbol was in fact a sign. Long objects are not created in dreams to disguise phallic wishes; on the one hand, they may be synonymous with penises as Freud would argue, but, on the other, they may say something more. The 'long stream of urine' in Freud's dream illustrates this point; the motif is concretely identified with the penis but also expresses something else. In Jung's view symbols have an 'intrinsic value of their own' (1948/1969, p 246). The basic patterns governing our perception and apprehension of things may be universal, but their symbolic expression in dreams is diverse.

Like archetypal images, symbols are bipolar in that they reconcile and unite opposites. An example is the androgynous figure, Tereisias, the breasted male in Greek mythology; as a symbol, this figure represents the union of the male and female principles. However, in Jung's framework, the opposites which are more generally united in symbols are between conscious and unconscious content; this issue carries us into the territory of the meaning of dream symbols which will be examined further in Chapter 6.

2.2.6 Jung's contribution

Later theorists have taken issue with Jung's distinction between a personal and a collective unconscious. Some argue that Jung conceived of a literal division between the two. For example, Winnicott (1964), who reviewed Jung's *Memories, Dreams and Reflections*, suggests that Jung's division of the 'unconscious' into two realms, was reflective of Jung's 'divided self'. Winnicott who worked primarily with children concludes from Jung's account of his childhood, that Jung suffered from childhood schizophrenia. (On a theoretical level, the notion of two realms is the view adopted by classical Jungians.) Other writers, e.g., Brooke (1991), offer a less contentious explanation and that is that Jung's distinction between the personal and collective unconscious is a conceptual one. (This view is adopted by the Jungian Developmental School and theoretical models marrying Jungian thinking with an 'outside' school.) It will be argued later that both concrete and conceptual views are useful tools when it comes to understanding the dream and the dreamer.

Jung's contention that the contents of the collective unconscious are both instincts and archetypes, sheds new light on the function of dreams and the transformation process at work while dreaming. Freud (1900/1976) argued that repressed wishes which find visual form in dreams are instinctual in nature. He only investigated the instincts themselves later on, and he only focused on two, the Life instinct (Eros) and the Death instinct (Thanatos). (It is interesting that he gives them mythical names, which ties up with Jung's focus.) By looking at a range of possible instincts, Jung brings a richness to the range and complexity to this two-fold view. Furthermore, dreaming itself is an instinctual and an archetypal process. It is typically human, complicated, unlearned, emotionally charged, and contains innate potential. At the same time, dreams depict to a greater or lesser extent archetypal motifs (e.g., Freud noted that the drama of *Oedipus Rex* is one of the most common dream themes, perennially and universally).

Importantly, in Jung's scheme of things, dreaming is a creative process. Although Freud said that dreams constitute a 'constructive process at work', he focused on the role of repressed wishes seeking discharge. Thus his focus was on the defensive and regressive side of dreaming, whereas Jung focused on the constructive side (e.g., that dreams bring together hitherto unknown ideas, memories, and perceptions). Thus, from a Jungian perspective, dreaming opens the dreamer's eyes so to speak, rather than keeping them closed. Furthermore, Jung's notion of dreams as message carriers suggests that the dream has further truths to reveal on waking reflection. (This point is elaborated by Bion and is revisited in later chapters.)

Finally, Jung's ideas about the language of dreams, symbolism, mythological motifs reminds us of the wide range of sources which both influence and find expression in dreams. However, Jung did not examine the development of the capacity to symbolise. This area is discussed in Chapter 3, which may also be seen as a development of his theory of the complexes in the guise of 'object relations theory', without recourse to a collective unconscious, or to Jung for that matter.

2.3 Summary

In his theoretical formulations of the unconscious and dreams, Jung takes a polar opposite view to Freud (e.g., revelation versus disguise, future possibilities versus the repressed past). These polarities may be seen as useful dialectics around a theme and are discussed in the light of further developments of the work of these men. Freud did not return to dreams as a special focus after 1900, apart from his footnotes and comments incorporated in later editions of *The Interpretation of Dreams*. Jung stayed with dreams as a focus throughout his life (they infiltrate all his works and are at the centre of the title of his autobiography). Jung's ideas developed and changed over time, but his body of work contains a wealth of knowledge regarding the language of dreams.

There are a few lines of development of Freud and Jung's thinking. On the one hand, the followers of Freud moved in two different directions evident in developments in the British Psychoanalytic Society and those in France. In Britain, Klein made a significant contribution in her development of Freud's wish-fulfilment and instinct theories. In France, Lacan (Bowie, 1976) examined the structure of the unconscious and the issue of repression, whereas Merleau-pony (1962) investigated the unconscious from a phenomenological perspective, and gave the role of perception an important focus. These developments were not strictly linked to dreams. On the other hand, Jung's ideas on dreams were further developed by his followers and later, with the emergence of the Jungian Developmental School, links were made between Jungian thinking and the developmental theories of Klein and others.

The developments which will be examined in the next two chapters pertain to the differences between Freud and Jung's idea of the unconscious, their different foci in terms of the transformation process whereby the instincts find visual form, the area of symbol formation at its roots, a topic which neither investigated but both described.

There is an interesting interplay between Freud's clear divide between conscious and unconscious thinking and his unitary model of the unconscious, versus Jung's idea that

there is not such a clear boundary between conscious and unconscious thinking and his divided model of the unconscious. It is argued that Klein's model, although based on Freud's, has more in common with Jung's. Jung argued that 'we continually dream even while we are awake' (in Rycroft, 1981, p 32), in keeping with Klein's exposition of 'unconscious phantasy' which happens all the time whether we are awake or asleep. Even the notion of a divided unconscious may be seen as compatible with Kleinian theory (in terms of early functioning).

Both Freud and Jung considered the language of dreams an 'emotionally charged picture language' which was somehow linked to the instincts, and an 'archaic language' which goes back to the prehistoric and the infantile world, 'right down to the level of the most primitive instincts', in Jung's words (1964, p 99). Melanie Klein investigated this uncharted territory, the archaic language at its roots, as well as the connection between emotion and instinct. Klein's concept of 'unconscious phantasy' is a development of Freud's wish-fulfilment and instinct theories, but, like archetypal imagery, it is defined as 'the mental representation of the instinct' (Isaacs, 1952/1983)¹. Thus the concept encompasses insights from both Freud and Jung's ideas. Unconscious phantasy is also a development in that it examines the link between the emotions and the instincts and the idea that these cannot be seen in isolation of an object. (Klein's theory is both a drive and an object relations theory in meta-theoretical terms.)

Both Freud and Jung saw the language of dreams as symbolic. Klein's theory examines the distinction between unconscious phantasy, the stuff of dreams, and the process of symbol formation (not seen as synonymous in this frame of reference). This seemingly contentious issue (in both Freud and Jung's terms) needs to be examined within the context of the developmental theories of Klein, Segal, Bion, and Winnicott, which all constitute a development of Freud and Jung's ideas and examine the development of the capacity to form symbols and the role of the object (or mother) in aiding and abetting this developmental achievement. Chapter 3 may thus be seen as something of a diversion into the area of early development. It is considered a necessary diversion since the theorists concerned investigate the finer processes involved in the construction of dreams and thus their content (in early development and later life). These also have relevance for the process of dream interpretation in the consulting room, and the notion of the 'truth' of dreams. Other theoretical developments more closely linked with dreams (as a topic in own right) will be taken up again in Chapter 4.

¹ The latter point is examined by theorists of the Jungian Developmental School, such as Samuels (1985) who see Klein's theory of 'unconscious phantasy' as the closest to Jung's theory of the archetypes.

UNCONSCIOUS THINKING, DEVELOPMENT AND SYMBOL FORMATION: THE MIDDLE YEARS

The main task of dreams is to bring back a sort of 'recollection' of the prehistoric, as well as the infantile world, right down to the level of the most primitive instincts.

Jung (1964, p 99)

This chapter is an overview of certain psychoanalytic developments which occurred from the 1930s to the 1960s, namely, the Kleinian theories of 'unconscious phantasy' and symbol formation, Bion's concept of 'alpha function', and Winnicott's theory of 'transitional phenomena'. It is argued that these theories contribute to our understanding of the nature and function of dreams posited by Freud and Jung, although they are not commonly discussed under this rubric. These developments essentially take Freud's theories as a point of departure and have in common Freud's view that dreams are a form of unconscious, archaic thought. However, each considers the development of this capacity in early infancy, an area not investigated by Freud.

It is further argued that the contributions of Klein, Bion, and Winnicott are compatible with aspects of Jung's theories. Firstly, these theorists hold in common with Jung that there is no radical divide between conscious and unconscious thinking, as posited by Freud; unconscious thinking is an ongoing process during waking hours as well as during dreaming, despite the fact that dreams are perhaps the only form of 'pure' unconscious thought. Secondly, they would agree with Jung that we produce symbols spontaneously in the form of dreams and that dreaming is a creative process with its own intrinsic value. However, they examine the process of symbol formation in greater detail, showing how the symbolic significance of dreams is only evident upon waking reflection.

The concepts discussed in this chapter are intrinsically linked to early development and the interaction between the infant and the mother. They are thus not only relevant to understanding the 'stuff' of dreams but also to the interpretation of dreams in the consulting room which will be discussed in later chapters.

3.1 Klein: Unconscious Phantasy

Phantasy emanates from within and imagines what is without, it offers an unconscious commentary on instinctual life and links feelings to objects and creates a new amalgam.

Mitchell (1986, in Anderson, 1992)

Freud's theories of wish-fulfilment and primary process thinking were taken further by Melanie Klein and integrated with his theories of the instincts (Freud, 1915/1986; 1923/1986). These aspects of Freudian theory are subsumed in Klein's concept of 'unconscious phantasy', defined as 'the mental representation of instinctual strivings towards objects' (Isaacs, 1952/1983). The term thus includes the notion of instincts and object relationships. Unconscious phantasy is the first form of mental functioning which starts at the beginning of neo-natal life. It is first linked to biology and bodily processes and gradually changes as perceptual organs develop and as awareness of the outside world grows. It is potentially both a constructive and a defensive process.

Klein worked primarily with children, unlike Freud and Jung who worked with adults, and was thus in a position to investigate at closer range 'the infantile world', to use Jung's words, the roots and early expressions of primitive thought, and to postulate how this develops. Her theories provide an understanding of *why* dreams are an archaic language dating back to earliest months.

Whereas Freud posited a clear divide between conscious and unconscious thinking, Klein's concept of unconscious phantasy shows that a divide is not possible. She did not consider Jung's contributions; however, the concept of unconscious phantasy provides a theoretical base for Jung's contention that 'we continually dream even while awake' (Rycroft, 1981, p 32). For Klein, the essential divide is between the internal and external worlds; these two realms are linked by unconscious phantasy which occurs while dreaming and during waking thinking.

Klein was an avowed Freudian who considered her concept of unconscious phantasy as based directly on Freud's ideas, but by the mid 1940s, her concept of unconscious

phantasy so differed from Freud's theories that it was one of the cornerstones of the Controversial Discussions in 1944/45.¹

3.1.1 Development of the concept of unconscious phantasy

Klein's view of unconscious phantasy was based in Freud's concepts of hallucinatory wish-fulfilment and primary process thinking. Freud (1911/1986), building on his earlier ideas, wrote that at the beginning of mental life, whatever is desired is simply imagined in hallucinatory form and that the same process continues to occur throughout life while dreaming. Klein's concept is both a development of and a departure from Freud's thinking. On the one hand, Klein was in a position to integrate Freud's earlier wish-fulfilment theory with his later instinct theories, although the language of wishes and instincts changes in her hands to one of phantasy, bodily functioning, and emotion. She investigated in detail the nature of the objects to which these are inherently linked, the anxieties which these engender, and the defences erected to deal with them. On the other hand, Klein's thinking differed from Freud's in that she argued that mental activity in the form of unconscious phantasy occurs at the start of post-natal life and not in tandem with the development of the ego as Freud (1923/1986) suggested. This is an important difference, since the first six months is a crucial period in the development of unconscious thinking in Klein's theory. Secondly, unconscious phantasy is ongoing and represents not only wishes but a whole range of feelings, anxieties, and defences dominating the mind at any given moment.

Although unconscious phantasy is examined in much of Klein's work, Susan Isaacs' 1952 paper 'The Nature and Function of Phantasy' is still considered the classic exposition of Klein's view (Isaacs, 1952/1983). Isaacs defines unconscious phantasy as the primary content of unconscious mental processes. Unconscious phantasy is the mental representation and corollary of instinctual urges which cannot operate in the mind without phantasy. Phantasies are psychic representations of predominantly libidinal and destructive instinctual aims towards objects. The earliest phantasies spring from sensory experience and the emotional interpretation of bodily sensations. They are thus primarily about bodily aims, pains, and pleasures directed toward objects.

Although the instincts have an important role in this definition of unconscious phantasy, Klein (1977a) differs from Freud in asserting that the instincts are inherently object-related and that the infant's relationship to objects makes up the core of emotional life. These issues are discussed in the next two sections.

¹ The Controversial Discussions were aimed at clarifying conceptual differences between traditional Freudian thought and Klein's theories. Like the rift between Freud and Jung, the Controversial Discussions led to a sharper polarisation which is still evident today. Unconscious phantasy, as discussed here, highlights some areas of dissent, particularly the existence of rudimentary thinking during the earliest months, the link between internal and external worlds, and Klein's concept, the 'depressive position', which encompasses the idea of an earlier onset of the 'Oedipal situation' than Freud suggested.

3.1.2 The instincts

In *The Interpretation of Dreams*, Freud (1900/1976) looks at the repressed wishes that motivate dreams, suggesting that these wishes are infantile and of an instinctual, mainly sexual nature. Freud's two instinct theories are a development of his wish-fulfilment theory (1915/1986; 1923/1986). Wishes are psychic representations of instincts which can only be known by the aims, ideas or feelings that constitute them. Freud defined the instinct as an innate, biologically determined drive to action which has four attributes: its source, impetus, aim, and object. Its source is the biological condition that motivates the behaviour, for example, hunger. Its impetus constitutes the energy derived from the source. Its aim is the satisfaction of a need, for example, nourishment, and its object is the means whereby the aim is achieved, for example, the breast.¹

Freud's (1915/1986) earlier instinct theory focuses on the libidinal or sexual instinct and his later theory (1923/1986), on the heels of World War I, includes the aggressive instinct. Together these became known as the Life and Death instincts. In the later paper, Freud coined the term 'the id' to encompass the instinctual properties, the source from which the ego and superego gradually develop.



FREUD'S STRUCTURAL MODEL

Klein (1977a) went along with both of Freud's instinct theories, specifically the polarised Life and Death instincts. She suggested that the interaction of the Life and Death instincts

¹ This view takes Strachey's translation of Freud as a referent point. As recent authors have noted, Freud makes a distinction between instinct and drive, the drive, he argues, has no fixed source, aim, and object, and is represented psychically. Symington (1986) devotes two chapters of *The Analytic Experience* to Freud's instinct theories. The discussion here centres on Klein's contribution from a Kleinian perspective.

are expressed in love and hate and saw the body as not the source but the medium through which loving and hating are expressed (Bott Spillius, 1994). Furthermore, she attributed a central role to anxiety and defence as affecting their expression.

Whereas Freud (1911/1986) posited that phantasy is resorted to when the instinct is frustrated, Klein (1977a) argued that unconscious phantasy accompanies gratification, frustration, and any other feeling experienced, i.e., it is ongoing and continuous. Furthermore, in Freud's (1915/1986) theory, he uses the term 'object' to denote the means whereby instincts achieve satisfaction, but he did not identify the 'object' as an area of investigation in its own right (Hinshelwood, 1991). In Klein's (1977b) view, instincts are inherently attached to objects from the beginning of neo-natal life. Thus there is no instinct, phantasy or feeling which does not involve an object.

3.1.3 Object relations

Love and hunger meet at a woman's breast.

Freud (1900/1976, p 295.)

The new born baby has the instinctual urge to suck and, under normal circumstances, will latch onto the nipple when presented with the breast (this first object which the infant encounters may of course be the teat of a bottle, but clearly the instinct is inherently linked to the object). Bodily sensations of sucking are associated with images and feelings in relation to the breast. The satisfied infant has pleasurable phantasies about the bountiful breast and the hungry infant has aggressive phantasies about the absent, frustrating breast. Phantasy is initially based on physical sensations of well-being or the opposite, and is coloured by actual experience.

As the infant's capacity to perceive the outside world develops, the real features of the outside world become evident. Phantasy expresses subjective reality but becomes increasingly bound up with objective reality in normal development. Thus in Klein's language there is not one object but two: the phantasy of the object and the real thing. There may be some resemblance between the two, but they are not precisely mirrored as there is an interplay between inner phantasy and actual reality, each of which influences and moulds the other. This occurs through the processes of introjection and projection.

These mental processes were first identified by Freud, Abraham, and Ferenczi (Klein, 1977b; Hinshelwood, 1991), but were taken further by Klein. According to Klein, projection 'originates from the deflection of the death instinct outwards and in [her] view helps the ego to overcome anxiety by ridding it of danger and badness' (Klein, 1977b, p 6).

Thus predominantly bad feelings (frustration, hunger, anger, hate, destructiveness, and so on) are ejected by the infant and attributed in phantasy to objects (e.g., the breast or the mother) in the external world. Conversely, introjection is the mental activity by which the infant takes in perceptions of the outside world in phantasy. Introjection and projection are related to pervasive early phantasies of the breast; the satisfied infant feels it has taken in the good breast, while the hungry infant feels that there is an attacking breast inside which it wants to get rid of.

Klein suggests that the processes of introjection and projection operate from the beginning and may be understood in constructive, developmental or in defensive terms. Furthermore, it is through these processes that the internal world is constructed. Experiences in the external world help to shape the inner world, and the inner world affects perception of the external world. This continues throughout life and becomes modified in the course of maturation.

Klein's ideas about the two objects, internal and external, and the interplay between the two worlds is of great value in furthering our understanding of dream-life. To return to the 'Irma' dream to illustrate this, Freud said that Irma looked like herself in the dream. Thus she resembles his visual perception of her as an external object, she is an 'introject' in this sense, but she is different from Irma as an external object in terms of her behaviour and her symptoms. These resemble Freud's, another patient's, his sister's, and his mother's, to name a few. Thus the Irma figure also contains projections and other introjected objects. Secondly, the dream, like any other, is purely subjective and provides a picture of Freud's internal world in the moment of time during which it was dreamt. It had no direct bearing on the forthcoming party in that it was not actually happening. But it is linked to the external world in that it portrays this event and a number of actual people close to Freud.

3.1.4 Development

One of Klein's major contributions to our understanding of early development was her investigation of the infant's first six months. She coined the terms the paranoid-schizoid position (which occurs from birth to about three months) and the depressive position (which develops over the following three months). This a crucial departure from Freud in the following ways:

1. During the first six months basic foundational steps occur in the development of unconscious thinking. This period was not investigated by Freud.
2. Whereas Freud looked at psychosexual development, Klein gives a central role to aggression (or the Death instinct).

3. All instincts and feelings in Klein's book are inherently object-related from the beginning.
4. Klein's use of the word 'position' emphasises that these positions are not passed through and left behind, but fluctuate throughout life

During the crucial first six months there are predictable changes – under normal circumstances – in the nature of unconscious phantasy, the nature of the object, the dominant anxieties, and the typical mental processes or defences brought to bear. The two positions, characteristic of this time, are briefly discussed since they affect the nature of unconscious phantasy and are revisited – or at least evident – in dreams throughout life. Furthermore, Klein's theory of the depressive position incorporates the development of the capacity for symbol formation, an area discussed by her predecessors, but not investigated at its roots.

3.1.5 The paranoid-schizoid position

During the earliest months, unconscious phantasy is linked with bodily sensations. Phantasy life is stark and polarised, being governed by the Life and Death instincts. Persecutory anxiety is paramount and the survival of self is at stake. The infant is threatened by sources of destructiveness felt to be within and tries to get rid of them. The characteristic mechanisms or processes which are mobilised to this end are projection, splitting, and projective identification. We have seen that Klein argued that projection originates in the 'deflection of the death instinct...', the process whereby all that is bad is projected onto the outside world and is thus experienced in phantasy as belonging to someone else.

Splitting is the term used to describe the manner in which objects are polarised or separated into their good, benign aspects and their bad ones. Thus a unitary object, e.g., the mother, is experienced in phantasy as two objects, at one moment she may be experienced as totally bad and at the next, she is totally good. When this process is operating, a unitary figure is felt to be two different, polar opposite figures. Thus the infant lives in a world of 'part' objects. Concomitant with a split in the object is a split in the infantile ego. For example, badness within may be projected onto the mother who is experienced as 'all bad' in contradistinction to the 'all good' infant. Furthermore, the term 'part object', in Klein's thinking, also refers to the parts of the mother initially related to, e.g., the breast, which the infant relates to as a 'whole object' and not as a part of the mother.

The third mechanism characteristic of the paranoid-schizoid position is 'projective identification', a term introduced by Klein. Projective identification involves the splitting

off of aspects of the ego and projecting them *into* the object (rather than *onto* the object, as is the case with projection). When the infant successfully projects aspects of itself into the object, e.g., the mother, the object experiences those projected aspects as if they were her own, while at the same time the infant reacts to her as if she were itself. This process leads to a blurring of the boundaries between the ego and the object.

These mechanisms are both constructive and defensive. They are constructive in so far as they are developmentally necessary; e.g., the polarisation of experience involved in splitting is a forerunner of the capacity to integrate experience, and projective identification, in Bion's terms (to be discussed in the next section), is the most rudimentary form of communication. However, they may also be defensive. For example, in Freud's Irma dream, splitting is evident in so far as the 'bad' is projected onto Otto, whereas Freud in the dream is the 'good guy' who is not blameworthy. Furthermore, at an extreme level, splitting goes further than creating a clean division between good and bad, and results in a disintegration or fragmentation of ego and object. (To take up Winnicott's, 1964, view of Jung, Jung's 'house dream' contains a series of divisions; this may be seen as a vertical form of splitting as opposed to the lateral splitting where one object is good and another bad.)

The predominant anxiety, the nature of object relationships, and the mental processes characteristic of the paranoid-schizoid position will be illustrated using a dream of a five year old girl, quoted by Jung (1955/1961, pp 209/10). Following this, it will be argued that the polarisation and 'part objects' characteristic of the paranoid-schizoid position bear considerable resemblance to Jung's theory of the archetypes.

I was in a wood with my little brother, looking for strawberries. Then a wolf came and jumped on me. I fled up a staircase, the wolf after me. I fell down and the wolf bit me in the leg. I awoke in deadly fear.

In this dream, the theme of 'survival of the self' is central and the dreamer experiences persecutory anxiety, since the wolf in phantasy is dangerous and life-threatening. However, given that it is a dream and is likely to reflect the child's internal world rather than the external world, it is the child's own destructiveness that is projected onto the wolf which is seen as an 'external' danger. The dream also embodies stark contrasts, characteristic of splitting: the pleasurable, potentially fruitful scene changes to one of danger, harm, and potential destruction. More specifically, splitting occurs between two objects, the good strawberries and the bad wolf. Thus the two images are clearly divided and constitute 'part' objects. Furthermore, at a more concrete level, the strawberries in

terms of their colour and their promise of a 'satisfying feed' represent the breast, a 'part object' in the biological sense. Similarly, in Jung's terms, the dream may be seen as archetypal. The theme is universal and typical of fairy tales (having some resemblance to Little Red Riding Hood), the imagery is stark and polarised, and the emotions evoked overwhelming for the dreamer.

What this dream also shows is that paranoid-schizoid functioning continues to colour phantasy life and is characteristic of the state of dreaming in that there is no capacity while dreaming, to distinguish between internal and external reality, a developmental achievement characteristic of the depressive position. This distinction, as we will see, is an important component of the capacity to form symbols. The dream is not symbolic in Kleinian terms, but only becomes so with waking reflection, or in the hands of the dream interpreter.

3.1.6 The depressive position

According to Klein's theory, unconscious phantasy changes as sensory organs of perception develop, when bodily sensations predominate less, and with the growing awareness of an 'outside world' as distinct from the self. The infant's growing awareness of external reality leads to a perception of the mother as a 'whole' object, that is, more than just a breast, and an object who both frustrates and gratifies. Ambivalence is experienced as the mother is perceived as the target of both love and hate. The infant fears that the loved object has been destroyed by its hostile attacks and a growing concern for the survival of the object supersedes anxiety regarding the survival of the self. This concern together with the loss of the 'ideal' object results in 'depressive anxiety', evident in phantasy life in themes of guilt, reparation, and loss. (The 'Irma' dream provides a good example of guilt and reparational themes, if not loss. In the dream, Freud initially blames Irma for her condition and then considers that he might also be at fault. He tries to make amends by examining her more carefully and then calling in a senior colleague, Dr M, for help.)

Klein considered the process of introjection to be one of the most important mechanisms associated with depressive position functioning. As stated earlier, the processes of projection and introjection both operate from the beginning and are instrumental in allowing a flow of traffic between internal and external worlds. However, the balance changes with development. Whereas projection, particularly of the 'bad', dominates in the earliest months, introjection of the 'good' becomes more pronounced later on as the infant tries to retain its 'good objects'. (Dr M, in this context, may be seen as an example of a good introjected object, a figure who is called in to help Freud in his efforts to 'repair the damage'.)

Klein's view of development does not look solely at the infant's contribution but also considers the actual state of the mother which may exacerbate or lessen the infant's anxiety. The interplay between the reality of the mother and the constitutional endowment of the infant has a bearing on which defences are mobilised. These include manic and obsessional reparation, denial, triumph, and contempt, failing which the infant may resort to defences characteristic of the paranoid-schizoid position.

The infant's growing awareness of external reality and the fact that its primary object has a separate existence has two further interrelated consequences. The recognition that the mother may have other relationships from which the infant is excluded means that the dyadic mother-infant relationship typical of the paranoid-schizoid position gives way to triadic relationships, the prototype of which is the Oedipal configuration. Secondly, the awareness of the distinction between self and other as well as internal and external reality is a crucial step in the capacity to transform experience into symbols. The relevance of the Oedipal situation to dreams is two-fold: it is one of the most common themes in dreams, according to Freud, and an archetypal dream, according to Jung. Furthermore, it will be argued further on, that dream interpretation itself is a triangular situation which resembles symbol formation.

3.1.7 The Oedipal situation

*Many a man ere now in dreams hath lain
With her who bare him. He hath least annoy
Who with such omens troubleth not his mind.*

Sophacles (Jocasta in *Oedipus Rex*, quoted in Freud, 1900/1976, p 366)

In *The Interpretation of Dreams*, Freud argued that 'being in love with one parent and hating the other are among the essential constituents' in the mental lives of children (p 362). Klein was in full agreement about the centrality of this universal dynamic, but she disagreed about the timing of it. Whereas Freud viewed the Oedipal situation as a developmental step evident in children between the ages of three and five years, Klein argued that the onset is much earlier. The roots of the Oedipal situation may be detected in paranoid-schizoid functioning, however, the working through of the Oedipal situation goes hand in hand with the depressive position. Klein's contribution sheds new light on the expected steps involved in the Oedipal situation as well as the development and nature of the superego.

In a nutshell, Freud conceived of three major stages in early development: the oral stage between 0 and one year, the anal stage at about 2 years, and the phallic stage between 3

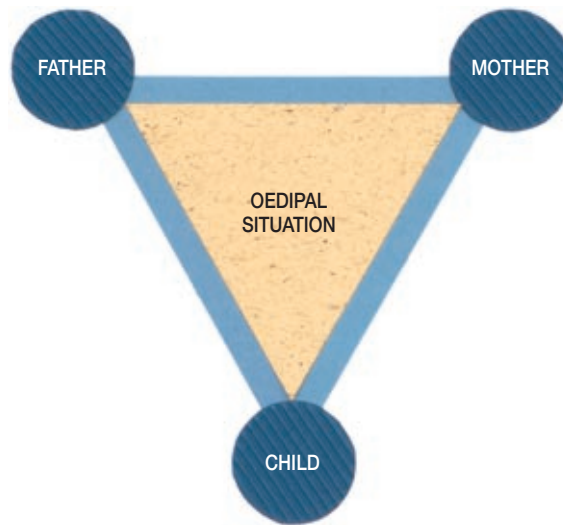
and 5 years. Prior to the phallic stage, pregenital impulses are discharged and true Oedipal phantasies commence at about 3 years. These phantasies entail loving feelings towards the parent of the opposite sex and a rivalrous relationship with the parent of the same sex. These give rise to castration anxiety in the boy and penis envy in the girl which are resolved in conjunction with the development of the superego, 'the heir to the Oedipus complex' (Freud, 1923/1986).

On the basis of inference and the play of children from the age of 2 onwards, Klein argued, firstly, that early forms of the Oedipal situation are evident in oral and anal phantasies about intercourse, secondly, that it is not as simple as loving one parent and hating other since these emotions oscillate between the two parents, and, thirdly, that the development of the superego in fact precedes the resolution of the Oedipal situation. Whereas Freud (1923/1986) argued that the superego is formed by the introjection of the Oedipal loved objects (mother and father) which occurs at about four to five years of age. Klein argued that there is evidence of guilt and remorse much earlier and that the superego is formed in the context of oral and anal impulses, which results in various internalised figures based on both parents. Finally, Klein saw the superego as developing over time and thus becoming modified; in earlier stages, it is harsh and persecutory, being based on early phantasies rather than on the actual parents. Later on, the superego softens as the influence of the actual parents begins to colour phantasy life.

Britton (1989; 1992) describes the three steps in the child's resolution of the Oedipal situation. Initially there is the recognition of the parental relationship which involves a relinquishing of the idea of an exclusive relationship with the mother. This leads to rivalry with one parent for the other and is resolved by the acceptance of the reality of the parental relationship. This final step involves a recognition of the differences between the generations and the sexes.

As with all developmental processes, the situation may be helped or hindered by the actual parental contribution and the child's own way of dealing with it. In less favourable circumstances, these steps may not be reached or else defenses may be mobilised to deny the reality of the parental relationship or the rivalry it engenders. In optimal circumstances, the child acknowledges the reality of the parental relationship and thereby integrates its psychic world, limiting it to one world shared with two parents in which different object relationships can exist. Britton calls this situation a 'triangular space' since it is 'bounded by the three persons of the Oedipal situation and all their potential relationships' (1989, p 86). A graphic impression is given below to illustrate how this configuration provides the child with two links connecting him separately with each

parent and confronts him with the link between them which excludes himself, thus allowing the possibility of being a participant in a relationship and an observer:



It would be in keeping with both Freudian and Kleinian theory that the Oedipal situation is not only central to development but is also a potentially ongoing factor in adult life (and thus may emerge in dreams of later life). In this sense it is a universal theme and may be considered 'archetypal' in Jung's scheme of things. However, Klein's version shows the steps involved and the value of splitting (in terms of differentiating rather than denying differences) as forerunners in the resolution of the Oedipal situation. Furthermore, the triangular situation – the hallmark of the Oedipal situation – is also an essential ingredient in the process of symbol formation. It may be recalled that both Freud and Jung said that dreams were symbolic, but they did not satisfactorily outline *why* this is so.

3.1.8 Symbol formation

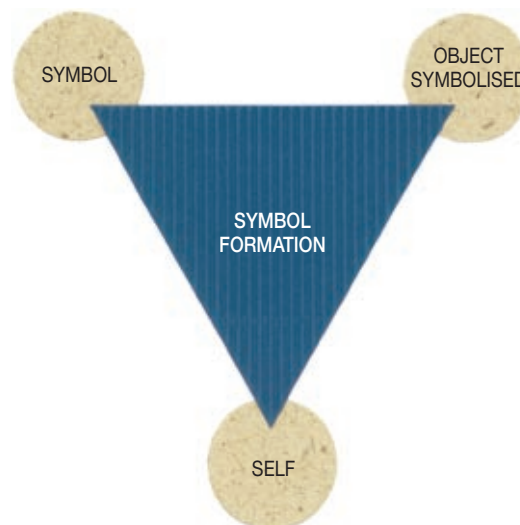
The understanding and interpretation of unconscious symbolism is one of the main tools of the psychoanalyst. Often he is faced with the task of understanding and recognising the meaning not only of a particular symbol but also of the whole process of symbol formation.

Segal (1957/1986, p 49)

The classic exposition of the Kleinian perspective on symbol formation was written by Segal in 1957. In this paper, Segal (1957/1986) describes the process of symbol formation as a continuous development, from the primitive symbols where substitutes are felt and treated as if they were the equivalent of the original object (for example, the infant sucking its thumb) to the more mature symbols used in self-expression, communication,

and creation. This development requires a differentiation between self and other, real and imagined, omnipotent and realistic thinking. It also hinges on the capacity of the infant to experience a separate existence from its mother and to establish a good object securely within. This comes about through repeated experience of loss, recovery, and recreation.

In development, depressive anxiety is a good spur for the creation of symbols. Anger can be displaced from the loved one to a substitute (e.g., from the mother to say the father, or even a toy). This process of displacement (discussed earlier as one of Freud's primary processes) lessens guilt and the fear of loss. Similarly, damaged objects can be restored symbolically and symbols created internally can be projected onto the outside world, endowing it with symbolic meaning. This process does not deny loss, but helps overcome it (a process which will be explored further in the next section dealing with Winnicott's contribution). Symbol formation is a constant bringing together and integrating of internal with external, subject with object, and earlier experiences with later. Like the Oedipal situation described above, symbol formation calls for a triangular situation encompassing (1) the object symbolised, (2) the symbol itself, and (3) the person for whom the one represents the other, called the 'self' here:



Of importance is that the symbol and symbolised are distinguished. Segal coined the term 'symbolic equation' to describe the situation in which the symbol's own properties are not recognised so that the distinction between symbol and symbolised is obscured. She gives the example of the violinist who could not play in public; for this man, such activity was synonymous with masturbating in public.

This is the situation with which we are familiar in dreams. While dreaming, we attach complete belief to our perceptions and the events taking place. The child in the dream

quoted by Jung *is* being bitten up a wolf, which is why she wakes up 'in dreadful fear'. The recognition that (1) it is only a dream, (2) that it might represent something else, and (3) that the dream symbolises the child's aggressive, destructive impulses projected onto the wolf, requires at least a waking perspective, if not the help of another. Thus symbol formation in dreams is rudimentary; there is a bringing together of external and internal, earlier and later, but there is not the distinction between the omnipotent thinking involved while dreaming and potentially more realistic thinking which may occur while waking. Symbols created in dreams can only be recognised upon waking reflection or with the help of another, say in the consulting room. (This process is discussed further in Chapters 5, 6, and 7.)

3.1.9 The Kleinian contribution

Our understanding of dream-life is enriched by the theories of Klein and her followers, particularly Klein's examination of potential development in the first six months, i.e., the roots of the archaic language which Freud and Jung referred to. Dreaming, from a Kleinian perspective, is evidence of unconscious phantasy, a form of unconscious thinking about feelings towards objects which is originally linked to the body (and in later life feelings may still be experienced and expressed in bodily terms, such as a lump in throat, butterflies in the stomach and other psychosomatic conditions). Unconscious phantasy is both a creative, constructive process, but may reflect destructive or defensive processes; thus this concept links both Freud and Jung's theories on the *function* of dreams.

Unconscious phantasy changes with development, but in early development it is linked to the instincts. Freud focused on the sexual instinct or wishes in *The Interpretation of Dreams*, whereas Klein focused on the aggressive instinct (perhaps because her ideas developed between and during the two world wars). As we will see in next section, Bion looks at a third instinct – knowing – which he considered central to dreaming and thinking.

Klein's development of the concept of the object and of changing object relationships (from part to whole, and from dyadic to triadic) is a considerable theoretical contribution, evident in Freud and Jung's work, but not examined by them. Her ideas about part-object relationships characteristic of the paranoid-schizoid position resemble Jung's in the area of archetypes, in that they are stark, bipolar, and emotionally evocative. Her ideas about whole objects and triangular situations are more in keeping with Freud's. As noted earlier, Klein's theory includes both drive or instinct theory and object relations theory. She investigated all manner of object relationships, but said little about

the actual object. Both Bion and Winnicott look more closely at the role of the actual mother in facilitating or hindering development (see Sections 3.2 and 3.3). Bion's contribution also encompasses a new way of looking at the paranoid-schizoid and depressive positions in the process of thinking, and his theory of 'alpha function' sheds light on the transformation process evident in Freud's 'dream-work', showing *why* dreams reveal the truth of emotional experience. Winnicott's theory of 'transitional phenomena' also address the gap between paranoid-schizoid and depressive position functioning.

Finally, it has been argued that Klein's theory resembles Jung's in that there is no clear divide between waking and dreaming thinking, since unconscious phantasy is a form of unconscious thinking which happens all the time (albeit evident in its purest form in dreaming). However, the fact that it is continually modified as development progresses means that dreams can be used to both understand and assess the dreamer's current functioning, an area which will be examined in Chapter 7.

3.2 Bion: Alpha-function

Bion who is considered a 'Post-Kleinian', drew on both Freud and Klein's theories and developed new theories about the development of thinking. Bion did not look at dreams per se, but it is argued here that his theories are useful both in furthering our understanding of the process of dreaming and in providing a cogent explanation as to why dreams constitute the truth of emotional experience. (These contributions are also invaluable in understanding and facilitating the process of dream interpretation which is examined further in Chapters 5, 6, and 7).

Freud's 'dream-work', Jung's theory of the archetypes, and Klein's concept of unconscious phantasy all suggest a transformation process whereby sensory or bodily experience is converted into visual imagery. Bion (1962/1984) examines this process in *Learning from Experience* and gives it the term 'alpha-function'.¹ Alpha-function transforms the sensory impressions of emotional experience into dream thoughts which can then be used for more sophisticated levels of thinking. Bion's theories of thinking constitute a development and a departure from Freud's and Klein's. In Bion's view, there is no clear divide between conscious and unconscious thinking which Freud posited; furthermore, taking up from where Klein left off, the language of instincts is seen to give way to the language of emotions. Whereas Klein, following Freud, looked at loving and hating as the two basic

¹ 'Alpha function' is one of Bion's idiosyncratic terms which are chosen for their meaning-free quality so that the meaning and application of the term can develop; his method, in this regard, ties up with his theory of thinking and 'learning from experience'.

emotions, Bion introduced a third primary emotion, knowing. Like Klein, Bion argued that emotions cannot be seen in isolation from a relationship and that these three emotions represent the basic potential links between the ego and its objects.

Finally, Bion's theories give more weight than Freud and Klein's to the role of the external object as an integral part of thinking. The development of the capacity to think entails an interaction between the infant and the mother which may be aided or abetted by the contribution of each.

3.2.1 Alpha-function, the hierarchy of thought, and the *Grid*

Alpha-function transforms sensory impressions and emotional experience into visual form and, in so doing, generates meaning. In Bion's theory, emotions precede thoughts and thoughts precede thinking. He thus puts emotional experience at the heart of mental life. Feelings evoked during sleep or waking life do not immediately yield their meaning and have to be converted or worked on in some way before they are available for conscious or unconscious thought; alpha-function performs this function.

Like Freud and Klein, Bion considers 'loving' and 'hating' – or the instincts said to be behind them – as primary emotions. But to these two, he adds 'knowing'. (He abbreviates these three emotions as L, H, and K, a policy which will be followed in this section). K was not new to psychoanalytic theory; Freud viewed K as secondary to the aims of the Reality Principle, whereas Klein referred to the epistemophilic instinct, but considered it as a component of the libidinal drive (Meltzer, 1984). In Bion's terms, K is central to understanding, to 'learning from experience', and to thinking in general. K, like L and H, is active and importantly denotes no sense of finality; K is synonymous with 'getting to know or to understand', rather than 'being in possession of knowledge', which, as we will see later, is characteristic of 'minus K'. In isolating these three emotions, Bion argued that emotions such as envy, gratitude, depression, guilt, and anxiety, all occupy a dominant place in psychoanalytic theory, but that L, H, and K are 'intrinsic to the link between objects considered to be in relationship with each other. An emotional experience cannot be conceived of in isolation from a relationship' (1962/1984, p 42).

Bion's theory of thinking is examined here in two different ways. Firstly, the process involves the linking or union of two elements to create a third that is greater than the sum of its parts. The prototype of this is the union of the baby and the breast, a union which is governed by L, H, or K. Secondly, the idea of higher levels in the sophistication of thought is seen in the light of the vertical axis of Bion's *Grid* which is used as a starting point. (The *Grid* itself is reproduced in full in Appendix 1).

a.	Beta-elements
b.	Alpha-elements
c.	Dream-thoughts, Dreams, Myths
d.	Pre-conception
e.	Conception
f.	Concept
g.	Scientific Deductive System
h.	Algebraic Calculus

VERTICAL AXIS OF BION'S *GRID*

In Bion's scheme of things, emotions come first. He coined the term 'beta-elements' to denote the raw material of thought (emotions and sensory perceptions). Beta-elements are like undigested facts which cannot be stored as memory but only as an accumulation of unlinked facts. Although beta-elements cannot be used for thinking, they can be communicated or evacuated through the process of projective identification. However,

if alpha-function operates, emotional experience is transformed into visual images and other sensory patterns derived from perceptions of the experience. Bion called these 'alpha-elements'.

Dream-thoughts, dreams and myths, which fall at the next level of the genetic scheme, are constructed through the linking of alpha-elements, primarily through L, H, and K. Bion (1963/1984) maintains that he uses the term 'dream-thoughts' in much the same way as Freud did. Freud's definition of dream-thoughts is 'a complex of thoughts and memories, often with more than one centre, linked through points of contact' (Freud, 1900/1976, pp 421/2). In Bion's theory, dream-thoughts are the first mental product of all experience at the interface of consciousness and unconsciousness. They can be stored as memory and used in dreams and in unconscious waking thinking.¹ Dreaming in this sense is alpha-function at work. Alpha-elements, dream thoughts, and dreams are all considered to be personal transformations of the individual's own sensory perceptions, emotional experience, and fragments of thought.

Bion's rationale for putting dream-thoughts, dreams, and myths together is interesting in light of Jung's theories. For Bion (1963/1984), 'the myth [like a dream] by virtue of its narrative form binds the various components in the story' (p 45). Furthermore, 'in the realm of myth the human species has evolved certain trends in pre-conception which, though essentially private to the individual, find certain approximations in the group' (Meltzer, 1978, p 64). The Oedipus myth is a good example of a 'public' myth which finds 'private' expression in dreams. Bion's use of myth in this context needs to be seen in the light of the 'pre-conception', which falls at the next level of the *Grid* and is also central his theory of thinking.

¹ Bion (1962/1984), makes the point that a child 'having the emotional experience called 'learning to walk' is able by virtue of alpha-function to store this experience' (p 8).

Bion defines a pre-conception as an emotional-seeking or a state of expectation (e.g., infant's expectation of the breast). A pre-conception needs to be united with a realisation, that is, an appropriate fit (for example, the breast itself) in order to form a conception. This union can happen at any level in the hierarchy, since alpha-elements, dreams, and myths can be used as pre-conceptions, and conceptions, concepts, and so on, can themselves constitute pre-conceptions to ever higher levels of abstraction, organisation, and sophistication, as in a scientific deductive system or algebraic calculus, for example. To return to the myth as a pre-conception as a case in point, the Oedipus myth serves as an innate pre-conception to its realisation in the parental relationship.

Each step in the hierarchy of thinking is accompanied by an emotional experience which can be accepted and modified – if alpha-function operates – so that the experience is digested. Alpha-function is essential for reality testing; in Bion's scheme of things, alpha-function generates a membrane of thought which operates as a 'contact barrier' between conscious and unconscious processes. The contact barrier is continuously in the process of formation and 'marks the point of contact and separation between conscious and unconscious elements and originates the distinction between them' (Bion, 1962/1984, p 17). It permits a relationship with something in reality not overwhelmed by emotion and prevents emotions from being overwhelmed by reality.

3.2.2 Thinking and early development

In the early months, the infant deals with intolerable feelings through projective identification which, in Bion's theory, is the most rudimentary form of communication, synonymous with 'getting rid of'. Initially, the infant's experience is polarised between feelings of L and H towards the breast, depending on whether it satisfies or frustrates. As Bion suggests, it is a psychosomatic breast since satisfaction is felt to be a good breast which not only provides milk, but also feelings of love and security, whereas hunger is felt to be a bad breast which frustrates and evokes hate. The good breast and the bad breast are emotional experiences which are indistinguishable from thoughts. At this stage, the infant is not aware of its need only the fact that it is not met and this is felt to be a concrete, bad object inside itself. This bad breast may be eliminated by sucking at the real breast or it may be evacuated through projective identification. Under optimal circumstances, feelings are projected into mother who contains and modifies them so that they can be reintrojected in a palatable form.

3.2.3 The mother-infant dyad

Given that emotions precede thoughts and thoughts precede thinking in Bion's scheme of things, an apparatus is required in order for thinking to occur. Initially, the mother – or a

part of the mother, her breast or her mind – provides this apparatus, both by performing alpha-function for the infant and by containing its emotions. This entails what Bion terms ‘maternal reverie’, namely, a calm, loving receptiveness to the infant’s projections. In time, such a mother will be internalised by the infant so that it can perform alpha-function for itself.

There are a number of reasons why a mother cannot or will not cope with the infant’s projections. For example, the mother, may be depressed, have too cluttered a mind, or may be incapable of dealing with the force of the infant’s projections (Bion, 1962/1984). Her inability will be communicated to the infant although not necessarily understood and the consequences are contingent on the innate and developing capacities of the infant. An infant with a low frustration tolerance may project feelings into the mother with increasing desperation and violence; this process leads to the development of a more and more punitive superego, despite the mother’s capacity for reverie. On the other hand, an infant with a high frustration tolerance may survive a mother incapable of reverie. Thus the tolerance of frustration leads to thinking. This achievement is contingent on contributions of both the mother and the infant.

3.2.4 Container/contained

The impact of the mother and the infant on each other is an emotional experience subject to transformation by alpha-function; the interaction or link is characterised by L, H, or K. He introduced the concept of ‘container/contained’ as a model for understanding the thinking apparatus which may initially be performed by the mother and in due course by the infant.

Bion (1962/1984) looks at the vicissitudes of the containing relationships by describing the quality of the link between the containing mind and the contents put into it. For example, the mother may respond with L, H, or an attitude of trying to understand what the infant is experiencing, feeling, and thinking (K). For the development of a capacity to think, K is more important than L and H. Container and contained can be conjoined and permeated by emotion resulting in growth or change; however, if the two are disjoined or denuded of emotion they diminish in vitality.

During later stages of development, thinking continues to require a container, since Bion conceives of the process as a movement between the paranoid-schizoid and depressive positions. In Bion’s development of Klein’s ideas, he sees these two positions as ‘states of mind’ which fluctuate in creative thinking and symbolises this movement with the abbreviation ‘Ps-D’. ‘Ps’ denotes the lack of coherence and

disintegration, the dismantling of previous views, or the fragments of thought which cluster around an emotional experience. If this lack of coherence can be tolerated without omnipotent mechanisms being brought to bear, the discovery of integration or coherence results, that is, 'D'.

3.2.5 The truth of emotional experience

Bion uses the model of the digestive system to illustrate what can happen to emotional experience. Emotional experience is synonymous with food in the early months and the mother deals with that experience as the infant's alimentary canal deals with milk. If food is digested, it nourishes the body, if not, it is denuded of value. Similarly, if emotional experience is digested, it nourishes the mind. If, however, it is evaded, spat out, or denied, it is denuded of meaning and results in the poisoning of the mind (minus K). Alpha-function and learning from experience imply some digestion of the truth of emotional experience. This may occur at the level of dreaming which may thus be seen as a form of the truth of emotional experience. While dreaming, emotional experience is transformed via alpha-function and is thus *contained* within the dream. If the dream does not contain the emotions, the dreamer wakes up (as in the case of Jung's young patient who awoke in dreadful fear). Furthermore, at a conscious level, the digestion of thoughts entails meditating on an idea and in so doing changing it in a similar way that food gets changed. This is perhaps what happens in the waking reflection of a dream, as well as in the process of working with the dream in the clinical setting.

3.2.6 Bion's contribution

Bion's theory of thinking has a twofold value for dreams and their interpretation. Firstly, a dream can be seen as a container of emotional experience. This idea sheds new light on Freud's preservation of sleep theory without recourse to repressed wishes. In Bion's terms, dreaming is a form of transformation of the truth of emotional experience. Here Bion's theory has more in common with Jung's argument that dreams depict the truth of the dreamer's current situation. (The compatibility of Bion and Jung's ideas is evident in his inclusion of myths in the same category of dreams and his view of them as phylogenetically evolved universal trends. Myths also function as pre-conceptions which seek realisation and an appropriate fit in the environment. This language is very similar to Jung's description of the archetypes, as writers such as Money-Kyrle, a Kleinian, and Samuels, 1985, of the Jungian Developmental School, have noted.) Secondly, in Bion's hierarchy of thought, the remembered dream can be used for achieving higher levels of sophistication about the truth of emotional experience. Here Bion's theory ties up with Freud's view that the *interpretation* of dreams is the royal road to the unconscious (Freud, 1900/1976, p 769).

More clearly than his predecessors, Bion's theory provides a framework for understanding how dreams and any subsequent reflection on them may be subject to forms of resistance as well as greater levels of understanding, although the absolute truth is not attainable. The notion of the truth will be discussed later, suffice it to say here that even an interpretation which is confirmed by the patient, may be understood as a 'pre-conception' and as food for further thought.

Although Bion considers L, H, and K to be primary emotions, his theories suggest that K differs in being of a slightly higher order, a later development, since K involves alpha-function, an operation originally performed by the mother and only later by the infant. Furthermore, K, or 'learning from experience' involves some mental pain which can be accepted and modified or it can be evaded; evasion of the pain constitutes a denial of reality and a misrepresentation of the emotional experience. To return to the remembered dream, the dynamics of evasion may perhaps be exemplified by the common reflection upon awakening from a disturbing dream that 'it's only a dream'. Similarly, the dream may be presented in the clinical setting and the patient may be disinclined to think about it further. And finally the clinician may offer an interpretation which is 'spat out' by the patient. (These levels of resistance will be discussed later on.)

Bion's metaphor of the container/contained is not only useful for understanding the process of dreaming, but also the interaction between patient and therapist in the room. It will be argued that alpha-function may operate – or fail – at each level as well as in both participants in the therapeutic endeavour, perhaps most clearly evident in the process of dream interpretation. As we will see in Chapter 5, Freud called on his patients to 'free associate' to the dream content, a process of breaking up the unity of the dream (fragmentation associated with 'Ps'), typically a rather painful exercise, so that the analyst can bring the associations together again into the unity of the interpretation ('D'). Later theorists argue that the therapist also needs to 'free associate' to the dream content rather than omnipotently know the meaning. (That is, the therapist should aspire to an attitude of K and not minus K.)

The therapeutic relationship is reminiscent of the infant-mother relationship, as the Kleinians have demonstrated. But, as Bion shows, in infancy and in the clinical setting, the role of the actual object may help or hinder the process. Winnicott is another theorist who takes account of the actual environment in the developmental process. Winnicott's views are sketched in the next section, not only for the light they shed on the interaction between mother and infant, but more importantly at this stage, because he looks at the gap between paranoid-schizoid and depressive functioning. His concept of 'transitional

phenomena' provides fine detail for the intermediary stage between the inability to symbolise and the development of the capacity to symbolise. It will be argued that dreams may be understood as a form of 'transitional phenomena' both in a concrete sense, and in the way that they are used in the room.

3.3 Winnicott: Transitional phenomena and the holding environment

Whereas Klein focused on the infant's innate predispositions and its intentionality in relation to the environment, Winnicott (1953/1974) emphasised the environmental conditions necessary for the development of the capacity to symbolise, thus his contribution adds to Bion's ideas about the actual object. Like Bion, Winnicott looks at this interaction – between infant and mother, self and object – and his main contribution is the point in time and space where the two become distinguished. His concept of transitional phenomena may also be seen as a bridge between the paranoid-schizoid and depressive positions and thus as a forerunner of symbol formation. It is argued that the issue of transitional phenomena is a useful way in which to look at dreams in their being prior to reality testing, but nevertheless linking internal reality with the outside world.

3.3.1 The holding environment

Whereas Bion looked at the qualities required of the mother to help the infant think about or digest emotional experience, Winnicott investigated the changing tasks of the mother as the infant's development progresses. In the early months, the mother's central role is to adapt actively and unobtrusively to the infant's needs so that she is felt to be part of the infant and under its omnipotent control. Mother and infant coexist in a shared reality with identifications based on introjection and projection. It should be an 'easy, unresented preoccupation' which depends on devotion rather than 'cleverness or intellectual enlightenment' (Winnicott, 1953/1974, p 12).

The mother's active adaptation to the infant's needs should gradually lessen over time in tune with the infant's growing capacity to tolerate frustration without undue denial. This gradual disillusionment, characterised by manageable doses of frustration, facilitates the infant's journey from the experience of fusion with the mother to one of being in relation to someone outside and separate from itself. Winnicott used the term 'transitional phenomena' to describe this journey.

3.3.2 Transitional phenomena

Whereas Segal – from the Kleinian camp – looks at the process of symbol formation as a developmental achievement characteristic of the depressive position (as distinct from the

'symbolic equations' typical of the paranoid-schizoid position), Winnicott looks in detail at the situation which may be seen as bridging the gap between the paranoid-schizoid and depressive positions. Specifically, he examines the intermediate area of experience between the infant's inability to recognise external reality and its growing awareness of external reality, and to distinguish reality from fantasy and self from other, the area of transitional phenomena.

'Transitional phenomena' is an umbrella term which includes a concrete object and a type of 'space', both of which will be discussed below. These phenomena are transitional in that they may be seen as bridges which (1) link the infant and the mother in spatial terms, (2) link the infant's past and future in temporal terms, and (3) link internal reality with the outside world. In normal development, the emergence of transitional phenomena may be discerned from about four months (the age in Kleinian theory where depressive anxiety begins to be experienced).

The transitional object is a concrete entity, such as a teddy bear or soft toy, which the infant discovers and recognises as being separate from itself. However, the infant relates to it as both an extension of itself and as a part of the mother. Typically the observer may notice a special bond developing between the infant and the toy; the infant will assume absolute rights over it, carry it around, and use it as a comforter, usually at night time. (Two well known transitional objects are A.A. Milne's *Winnie the Pooh* and Linus' blanket in the *Peanuts* cartoon series.) In Winnicott's (1967/1974) words:

When we witness an infant's employment of a transitional object, the first not-me possession, we are witnessing both the child's first use of a symbol and the first experience of play. An essential part of my formulation of transitional phenomena is that we agree never to make the challenge to the baby: did you create this object, or did you find it...?
(p 113)

The transitional object is symbolic of the union between mother and infant 'at the point in time and space of the initiation of their state of separateness' (p 114); thus it is related backwards in time to earlier sensual, instinctive behaviour and forwards to true symbol formation. It is linked to both mother and infant, yet is distinct from each. It is neither under the infant's magical control, nor completely outside it.

In Winnicott's view, the transitional object is a concrete entity discernible by others. Later theorists have argued that the concept need not be limited to physical objects,

particularly during later development. Flew (1978) suggests that words, sounds, tunes, and imaginary objects may be considered transitional as they perform a similar role to the transitional object. Similarly, Grolnick (1978) has likened dreams to transitional objects. It is argued here that many of the criteria for an object to be considered transitional apply to dreams:

1. A dream relates backwards to earlier sensual, instinctive behaviour, and forwards to true symbol formation. In and of itself, a dream links the body and the instincts, but is not symbolic, although its symbolic significance may be evident after waking.
2. In temporal terms, dreams link the past and the future, whether it be the day before the dream and a few days after (as concretely portrayed in Freud's 'Irma' dream), or in more perennial terms (as in Jung's 'house' dream).
3. Dreams typically feel like both our own creation as well as a 'not-me' experience (e.g., we may recognise the characters in a dream, but may do things we'd 'never dream of doing'). Similarly, whether a dream comes from outside or from within 'should not be challenged', since dreams pick up on perceptions and events from outside though usually in some sort of transformed way. They thus bridge internal and external reality, but in a way that is 'prior to reality testing'.
4. Dreams are transitional in that they may be 'carried around' after wakening (Jung's child's dream was narrated when the girl was 11; she had had it at the age of 5 and it had never left her).

Dreams in the sense of being carried around belong to the area which Winnicott called 'potential space' which falls under the same rubric as transitional phenomena but is a slightly later development. Potential space 'initially both joins and separates the baby and the mother when the mother's love, displayed or made manifest as human reliability, [gives] the baby a sense of trust or of confidence in the environmental factor' (Winnicott, 1967/1974, p 121). Potential space is the source of creativity and is located between the individual and his or her world. Winnicott calls it the third area or the area of illusion; it is synonymous with play and 'expands into creative living and into the whole cultural life of man' (p 121). Thus, play, religious worship, art, and even psychotherapy, might be considered in this respect. This third area is contrasted with inner reality and with the actual world.

Later writers have pointed out that 'potential space' is an area of experience which links fantasy and reality to the extent that fantasy is not robbed of its vitality, nor reality denied (Ogden, 1990). As Ogden suggests, this area can be understood as a 'state of mind based on a series of dialectical relationships between fantasy and reality, me and not-me, symbol and symbolised' (p 231) The achievement of this state of mind is contingent on the transition from a dyadic to a triangular situation which occurs concurrently with the development of a sense of self.

In a similar attempt, Gordon (1985) looks at how archetypal experience can profitably be seen in this light. She argues that when archetypes are only experienced in the form of identifications or projections or, indeed, if they are denied completely, they are characteristic of paranoid-schizoid functioning. Her view is that when we encounter archetypal motifs we need to explore the manner in which these are experienced and related to, since 'archetypes can become transitional objects.... and could then be thought of as helping to lay the foundations of the area of illusion after they have ceased to be either projected or identified with' (p 130).

This of course could be said about 'archetypal motifs' emerging in dreams in the context of therapy, whether it be a series with variations on a theme. (These issues will be discussed further in Chapter 7.)

3.3.3 The use of an object

The developmental steps characterised by transitional phenomena are contingent on a facilitating environment and the infant's capacity to move from object relating to object usage. Winnicott (1969/1974) clarifies this important distinction. Object relating is possible through projective mechanisms alone, whereas object usage requires a more sophisticated capacity and implies that the object is part of external reality. The infant's first impulse toward the object (objectively perceived) is destructive as it lies outside its omnipotent control and belongs to a shared reality. It is important that the destructive activity occurs and that the object survives the attacks in order for object usage to develop. Thus the objects own qualities are as relevant as the infant's activities. (Object usage is possible in relation to a remembered dream, and also to one presented in therapy; again, this angle will be discussed in later chapters.)

3.3.4 Winnicott's contribution

Writers agree that Winnicott's ideas are under utilised (c.f., Gordon, 1985). It is argued here that dreams may be seen as transitional phenomena – not only in and of themselves, but also in the consulting room. The area of transitional phenomena is useful in that it

covers a gap in Kleinian theory – the area between paranoid-schizoid and depressive functioning – and is perhaps the most suitable place to locate dreams in themselves. As Winnicott (1974) puts it, dreaming ‘fits into object-relating in the real world, and living in the real world fits into the dream-world in ways that are quite familiar’ (p 31). Here he contrasts dreaming and imagination with fantasy or daydreaming. Whereas the former, like transitional phenomena, show an interaction and transformation of internal and external reality, the latter are static processes which are isolated from dreaming or living and do not contribute to either.

The relevance of play, the area of illusion or potential space, and object usage to the use of dreams in psychotherapy will be addressed further on.

3.4 Summary

The theorists considered in this chapter focus on early development and not on dreams per se. It has been argued, however, that these contributions provide fine grain detail about ‘the archaic language’ of dreams (as both Freud and Jung put it), the context in which this develops, the processes involved in the construction of dreams, and the relation between dreams and the process of symbol formation. These developments of earlier theories have been presented as a stepping stone for other and more recent views on unconscious functioning and the language of dreams.

The contributions investigated in the next and final chapter on the ‘stuff’ of dreams have in common the attempt to build on to one or more of the theorists discussed so far and – at times – to include insights from other disciplines. Chapter 4 also serves to address the areas of contention evident in Freud and Jung’s theories, namely:

1. The question of whether it is viable and useful (a) to conceive of a radical divide between unconscious and conscious thinking, and (b) to pinpoint where the ‘unconscious’ may be located;
2. However the ‘unconscious’ is conceived, there can be little question that dreams as such have no immediate connection with outside world, whether or not they represent the outside world;
3. The question of whether or not dreams are symbolic and whether more can be said about the language of dreams; and,
4. Can we talk about the function of dreams in a way that unites different theoretical perspectives?

DREAM-LIFE: CONTEMPORARY VIEWS

The poetry of dreams gives formal representation to the passions which are the meaning of experience.

Meltzer (1984, p 47)

This chapter draws on theorists whose insights have recently come to the fore in relation to the unconscious and dreams. These theorists have in common a development of Freud's ideas and an inclusion of other theories both from within the psychoanalytic field as well as from different disciplines, such as philosophy and linguistics. It is argued that all theorists whose views are discussed here have something further to contribute to our understanding of the 'unconscious', dreaming, the language of dreams, and their function. These are the four factors – or molecules, to use Bion's metaphor – which emerge in Chapters 2 and 3 as needing further examination and which together are encompassed in the first 'element' of the process of dream interpretation, namely, the nature and function of dreams, or 'dream-life' as it is called here.

The chapter will navigate a course which starts with work done in France at the same time that the developmental theorists discussed in Chapter 3 were building their theories in Britain, specifically the contributions of Merleau-Ponty and Lacan on the topic of unconscious functioning (Section 4.1). Section 4.2 moves onto the phenomenology of dreaming, particularly the views of Medard Boss and Rycroft. Section 4.3 looks at the language of dreams and the blossoming of Freud's ideas on condensation and displacement within different schools. These processes are seen to underlie the process of symbol formation and contain a structure resembling 'poetic diction' and other literary forms. Finally, Section 4.4 revisits the function of dreams to examine whether they are a form of unconscious thinking and to what extent they can be seen as revealing or concealing the truth of the dreamer's situation.

The chapter contains brief overviews of the theories concerned and attempts to show how these may be seen as compatible. Like the work of Freud and Jung, where there is dissent, and polarised opinion, it is argued that different angles add to a more comprehensive picture. Thus different opinions on aspects of similar themes provide a dialectic. This term refers to a process of reasoning in philosophy over the millennia. Hegel's¹ version of this process is that to a 'thesis', i.e., a position put forward for argument (e.g., Freud's dream disguise theory), is a contradictory statement or 'antithesis' (e.g., Jung's revelation theory). Out of the opposition of thesis and antithesis, comes a 'synthesis' which embraces more. The synthesis is not yet the truth of the matter, but becomes a new thesis (e.g., the Kleinian view that dreams are both creative and defensive).

A further term which needs definition at this juncture, particularly as a preamble to the ideas of Merleau-Ponty, is 'phenomenology'. As Merleau-Ponty (1962) puts it 'phenomenology is the study of essences....It tries to give a direct description of our experience as it is, without taking account of its psychological origin and the causal explanations which the scientist...may be able to provide' (p vii). Some of these essences or '*existentialia*' – to use Heidegger's term – include 'being-in-the-world' {here, 'world' is defined as the 'meaningful set of relationships, practices, and language that we have by virtue of being born into a culture' (Leonard, 1989, p 43)}; intentionality ('all consciousness is consciousness of something', Merleau-Ponty, 1962. p xvii); consciousness is 'embodied' (a term which the phenomenologists use to avoid the Cartesian notion of the body as separate from the mind); existence is temporal (in our lived experience, past and future are part of the present moment). Although some of these *existentialia* are examined individually below, the basic thrust of this point of view is that in our lived experience the idea of a division between subject and object or mind and body, is untenable and inaccurate in terms of our lived experience (Brooke, 1986).

It is not possible to provide more than an overview of Merleau-Ponty's and other phenomenologists' ideas. Interested readers may turn to 'Metaphors and Human Behaviour' by Romanyshyn (1975), 'Phenomenology and Psychoanalysis: Contributions of Merleau-Ponty' by Romanyshyn (1977a), and 'Merleau-Ponty's Conception of the Unconscious' by Brooke (1986) for a more comprehensive view.

4.1 The unconscious

The questions or debates which have arisen in relation to the concept of the unconscious so far include whether it is a realm, an adjective describing a form of thinking or

¹ Hegel's view is given in Urmson (1976). Ogden (1990) also discusses dialectics in the context of psychoanalytic thinking.

experience, or a dynamic. Freud used the term in each sense and essentially located the unconscious as a hidden depth within the individual. Jung conceived of the unconscious as a divided realm, yet not completely distinct from consciousness. The developmental theorists discussed in Chapter 3 conceived of the unconscious as having not only a vertical depth, but also a lateral one. Further work was done by two diverging theorists in France, which provide yet new angles for understanding the nuances of unconscious functioning. Merleau-Ponty, a philosopher, examined the common ground between Freud's thinking and what may be termed a phenomenological view, namely, our lived experience of what is unconscious in a descriptive sense. Merleau-Ponty provides a novel way of debunking some of Freud's theories, while at the same time providing some new ones. Lacan, a psychoanalyst, developed Freudian theory in the light of linguistic theory. Whereas Merleau-Ponty looked at the structure of human behaviour, Lacan looked at the structure of the unconscious; in both cases the structure posited is useful in furthering our understanding of dreams.

4.1.1 Merleau-Ponty: the unconscious is ambivalently-lived consciousness

Like many theorists and philosophers who argue about Freud's theories, Merleau-Ponty (1960/1982-3) acknowledges Freud's considerable contribution to our understanding of human existence. As he puts it, phenomenology and psychoanalysis 'tend toward the same latency' (p 71), meaning that they are both concerned with understanding the role of the 'unconscious' in human behaviour. Merleau-Ponty diverged from Freudian thinking in two ways. Firstly, he argues that there is no radical split between conscious and unconscious, rather he considers the Freudian unconscious as an archaic or primordial, ambivalently-lived consciousness (p 67). This view is inextricably linked with his view of perception which he defines as necessarily ambiguous as every perceptual act both reveals and conceals. Secondly, the unconscious is not located intrapsychically nor is it a hidden depth within the individual cut off from the world (as evident in Freud's iceberg metaphor). Rather what is unconscious is located *between* the individual and the world.

1. Perception

Merleau-Ponty's (1962) examination of perception addresses the issue of *why* the unconscious may rather be seen as ambivalently-lived consciousness. (Freud and Jung talk about perception in dreams, but do not examine perception in any depth, a task Merleau-Ponty accomplishes in his book, *The Phenomenology of Perception*.) A number of factors are involved in perception. Firstly, perception is intentional and is organised around a world of meanings. Secondly, perception is not just sensations and is not necessarily visual, but it is 'embodied'. (In due course, an example of an

embodied perception – a knot in the stomach – will be used to illustrate these views.) Thirdly, perception takes place within a temporal context. As Merleau-Ponty points out, our lived experience of time is not linear, but rather a fusion of different temporal dimensions, contingent on the significance of the immediate moment. Fourthly, perception is contextual; it cannot be divorced from the object of perception and it happens between the perceiver and perceived. Finally, perception is selective and precedes conscious thought; thus perception is ‘pre-reflective’ (a term which the phenomenologists prefer) and may or may not be accessible to conscious thought (or reflection). In saying that perception is selective, Merleau-Ponty argues that perception is a figure/ground phenomenon; the figure is perceived, and the ground of the perceived figure is unperceived and therefore unconscious. Thus, in the moment of perception something is revealed, but something is also concealed; the totality of what is perceived cannot be grasped.

There are two questions that this view of perception raises: *what* is the hidden (i.e., the ground of perception) and *where* is it located? These questions will be examined using a hypothetical situation in a therapy session, during which a knot in the stomach is experienced and registered. Using the location as a starting point, Merleau-Ponty’s theory offers three potential areas in which the experience may be lodged: 1. in the body, 2. within a timeframe, and 3. in between the patient and the therapist. What is in fact hidden will be discussed in relation to these three ‘*existentialia*’.

2. Embodiment

The phenomenologists use the word ‘embodied’ to overcome the mind/body split of Cartesian philosophy, evident in some of Freud’s theories. ‘It is the body that first grasps the world and moves with intention in that meaningful world’ (Leonard 1989). This is also the Kleinian view, but in phenomenological terms we cannot limit our experience of the body to a few primitive structures (Brooke, 1986). To do this would limit the body to modes of relating typical of infancy. The body is not just a matter of instincts and is more than the body of physiology.

To return to the example of the knot in the stomach. It is prereflective – it happens before it is registered – and the zone of awareness is the body; it is palpable and thus not hidden. Further, it cannot be seen in isolation from the moment in which it arises. Let’s say it arises in the patient and begins to be discerned at a certain point in the session.

3. **Temporality**

As discussed earlier, perception holds horizons of past and future as part of the present experience. We are not free of the past, our history is the preparation or background for behaviour which is guided by the future; 'the world is carried forward by lines of intentionality which trace out in advance at least the style of what is to come' (Merleau-Ponty, 1962, p 416). Thus the knot is future-directed in terms of something anticipated and also harks back to an earlier time, say childhood. The knot in the stomach may arise through the patient's mounting anger with the therapist whom she perceives as critical. What is hidden, but what the body knows (or remembers) is that the father of her youth used to be very critical, and even attacking, under certain circumstances. Merleau-Ponty would say here that 'the lived body is also a history' and that the patient is reliving her past in the present. Thus the question arises as to whether it is the past (or future) that is hidden or whether it is the present? In Freud's theory it is the past that is unconscious.

Writing about the 'repetition compulsion', Freud (1914) argued that we repeat as a way of remembering what is repressed from conscious thought. In the case of the knot, what is remembered is that anger has to be 'knotted'. This is the classic transference situation; there is a perceived similarity between the therapist and the father and it is the repressed past that is 'unconscious'. Merleau-Ponty turns this theory on its head. The past is very much conscious at the moment it is experienced. What is unconscious is the present, the fact that the patient is a middle-aged woman and not a child anymore. Thus it is the past which the patient is living in the moment, and in this sense the present is unconscious.

Whichever temporal dimension is considered 'unconscious', there is little question that we remember and repeat; to quote Freud, we 'never escape this compulsion to repeat' (1914, p 370). Merleau-Ponty's argument in this regard, is that Freud leaves out the contribution of the situation. This is not entirely true since, for Freud, the whole point of the transference was to spot it and to interpret it, so that the patient could break this repetition compulsion by 'working [it] through'. However, Merleau-Ponty's point is that we cannot leave the context out of the equation. The knot does not arise in a vacuum, it arises between the patient and the therapist.

4. **The 'in-between'**

It is in the situation *between* the patient and the therapist that the patient's perception carries over an understanding of an earlier situation to a later one. The scenario

depicted above locates the knot in the patient's stomach, but in fact it may have arisen in the therapist's. Given that the patient's early relationship with her father is evoked, the knot – if experienced by the therapist – provides an example of projective identification (described in Chapter 3). Here, the patient would be communicating or getting rid of something non-verbally and it would be felt by the therapist. Conversely, the critical parent might be a feature of the therapist's internal world, and then the process at work would be the countertransference, the counter-point to the classical transference situation. In either case, it is the therapist who feels like a little girl; the roles are reversed and there is little question that something is hidden between the two.

Thus questions about what is unconscious, where it is located, and what it means, become difficult to pinpoint. The issue for the phenomenologists is that the knot is corporeal and is situated in a certain context in time and space. It is also a uniquely human condition (a knot in a horse's stomach would mean colic and nothing more, whereas a knot in a human stomach constitutes meaning in genesis). Merleau-Ponty looks at why this is so in *The Structure of Behaviour* (1963).

5. Merleau-Ponty's three orders of behaviour

Merleau-Ponty identifies three more or less discrete orders or categories of behaviour, the natural, the animal or vital, and the human. Each order has its own meanings and structures which are most typical of the order and he describes these as syncretic, amovable, and symbolic, respectively. The graphic alongside shows these in a hierarchical way, since, e.g., an animal takes up the realities of natural order, whereas human beings take up both.



MERLEAU-PONTY'S
THREE ORDERS

The natural order constitutes the life cycle and the inevitability of natural law. The vital or animal order refers to the body of physiology, and the human order, to the typically human capacities which distinguish our structures from those of other orders. We have language and symbols, bodies which are discontinuous with and more than those of the animal order, a sense of time which is not only contingent on the present, the capacity for reflection, and a greater freedom to transform the realities of the natural and vital orders into our own structure (thus it is only possible in the human order to 'turn grey overnight', to use an example which draws on all three orders).

Merleau-Ponty argues that to understand human behaviour, we need to see how it takes up the realities of the vital and natural orders and transforms them into its own structures. To return to the issues of the body and time in the human order, neither are circumscribed as they are in the other orders. In the human order, e.g., the sexual act may express love, hate, reparation, lust, or even fear. As he puts it:

There is not a form of behaviour which does not owe something to purely biological being and which at the same time does not elude the simplicity of animal life, and cause forms of vital behaviour to deviate from their pre-ordained direction, through a sort of leakage and through a genius for ambiguity which might serve to define man (Merleau-Ponty, 1962, p 189).

The human condition allows for a greater variety of expression and also guides the expression (as in the knot described above), but such expression is never complete. Behaviour is made possible by the human body but its manifestation and meaning is not guaranteed; the meaning of behaviour in the human order can only be discerned in relation to the context of the behaviour, in space and in time. As we have seen, time is not circumscribed in the human order as it is in the vital order where it is limited to the present (e.g., a dog growling). In the human order, we hold horizons of past and future as part of the present moment. Thus, current situations (an interchange between patient and therapist) may metaphorically restore earlier ones (Merleau-Ponty 1962, p 161). Whereas Freud would say we are condemned to repeat, Merleau-Ponty would say we are condemned to metaphor.

Whether it be anger, expressed as a knot in the stomach, or a current situation perceived as identical to an earlier one, we are talking about this 'genius for ambiguity' that is characteristic of human behaviour. Thus our behaviour is metaphoric. In literary terms, a metaphor is a figure of speech in which 'a word which in standard (or literal) usage denotes one kind of thing, quality, or action is applied to another, in the form of a statement of identity instead of comparison' (Abrams, 1971, p 61). Thus in behavioural terms, the stomach is experienced as being in a knot and the woman is a child in the moment. The paired objects are not compared but are lived, since a metaphor couples rather than differentiates. What Romanyshyn takes from Merleau-Ponty is the awareness that understanding behaviour in these terms provides a lateral depth to our understanding of the 'unconscious':

... human life reveals itself as metaphor which belongs not only to language as speech but to behaviour as well. We do not only speak metaphorically but also behave metaphorically in the sense that every human act is always a meaning in genesis which reveals something but always incompletely (1977a, p 222).

This human propensity for metaphor may be considered another ontological theme or '*existentialium*' and the topic will be returned to in Section 4.3. It is characteristic of human behaviour and also characteristic of dreams. As Merleau-Ponty says, 'the dream refers back to waking life, from which it borrows all its *structures*' (1962, p 423). (My italics, since it is these structures which Lacan examines but sees as characteristic of unconscious functioning, as discussed in the next section.)

4.1.2 Merleau-Ponty's contribution

In essence the unconscious is located between people, in Romanyshyn's words, it is the centre of life in the world with others, the ambiguity of the 'in between'. It is an archaic consciousness that is embodied in behaviour and meaningfully structured according to personal history. Human behaviour is metaphoric, since we are capable of transforming the vital structures into symbolic ones and also of transforming the world metaphorically (e.g., as patients do when they perceive the therapist as a parent).

The structures of our lived experience are similar to those evident in dreams, but dreams are different and Merleau-Ponty's theory sheds light on the metaphoric content of dreams. However, his views do not satisfactorily address the division and opposition of unconscious functioning. When it comes to structure of unconscious functioning and the role of metaphor, Lacan fills the gap. This foray into thinking about the unconscious taking place in France is particularly germane to dreams. Metaphor and other forms of poetic diction are the stuff of dreams as Ella Sharpe noted as early as 1937 (in Britain when Klein's development of Freud's ideas was still *de rigueur*). The *existentialia* which colour dreams and are part of perception in Merleau-Ponty's terms are temporality, embodiment, the 'in-between', and perhaps metaphor.

Merleau-Ponty's contribution to our understanding of the 'unconscious' sheds new light on Freud's unconscious. Another view emerging from France was that of Lacan whose ideas were developing during the same period as Merleau-Ponty's. Lacan was a psychoanalyst who also studied Freud in depth. Lacan did not diverge as radically from Freud as Merleau-Ponty, but rather developed Freud's ideas on the structure of unconscious functioning. Despite the differences, it is argued that in three areas there is a

complementarity of ideas: the notion of repression, the idea of three orders, and the idea of metaphor characterising the human condition.

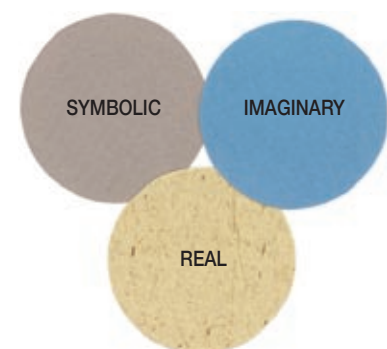
4.1.3 Lacan: The unconscious is structured like a language

Like Freud, Lacan argued that there is a radical divide between the unconscious and conscious, and that the structures of unconscious functioning are different from those of conscious functioning. But in a similar vein to Merleau-Ponty, he argued that the unconscious is not a hidden depth, but is visible and audible, as in speech, symptom, and dreams; it is immediate, and not necessarily accessible. Whereas Merleau-Ponty looked at the three orders involved in the structure of behaviour, Lacan identified another three orders, those involved in the structure of unconscious functioning. Thus both upheld the importance of structure, but Lacan added to both Freud's and Merleau-Ponty's understanding in his use of linguistic theory for his argument ('the unconscious is structured like a language', being his best-known line). Merleau-Ponty said that meaning is ambiguous and is part of the human condition; it dwells in the body as understood by time and dictated by the context. According to Lacan's view, meaning essentially comes from contrast. He uses the concept of binary opposites to understand meaning. The most important of these in relation to the unconscious are the 'Signifier/signified' and the 'metaphor-metonymy' binary opposites. This brief overview of Lacan's contribution to our understanding of the unconscious draws on Bowie (1979), Eigen (1981) and Plottel (1985).

Lacan went along with Freud's thinking about the divide between the system unconscious and the preconscious-conscious system. (The term 'preconscious' although also unconscious in a descriptive sense, is part of the field of consciousness since it is accessible to consciousness). The unconscious is an independent system which has a structure that affects what we do and say. He looked further at Freud's ideas about censorship and repression. Dreams, like other pure examples of 'the unconscious' (in a dynamic sense), manifest a dialectical process in which the energy taken up with repression and censorship is countered by another energy which seeks to propel repressed material into the preconscious/conscious system.

The issue of what is repressed, necessitates a look at Lacan's three orders, since it is the 'Real' that is repressed in Lacan's scheme of things. The Real order constitutes the confusion of the here and now, primordial chaos, trauma, or 'what's impossible to say', and may be distinguished from the Imaginary and Symbolic orders.

These orders are all involved in unconscious mental



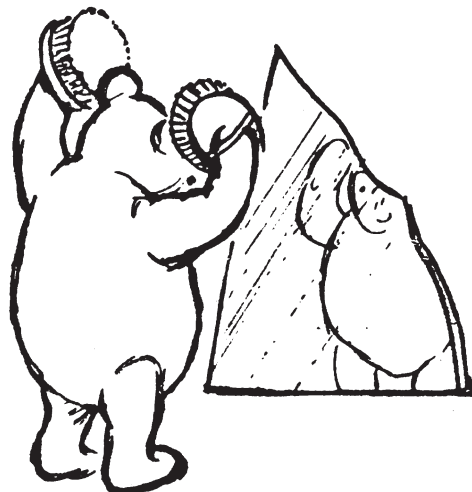
LACAN'S THREE ORDERS

functioning and will be defined in the context of development. Although these are not sequential – they intermingle as depicted alongside – a developmental sequence is evident in the first 18 months of life.

4.1.4 Lacan's three orders and early development

The 'Real' is spontaneous lived experience with its interweaving and rupture of self and other. This experience undergoes repression and increasing distortion. The original rupture is between mother and infant at birth and then – of more importance in Lacan's theory – the advent of language which leaves infant feeling incomplete. The infant endeavours to undo or escape the feelings evoked by the rupture by pretending it is not there. This heralds the Imaginary order.

In the earliest months, the infant lives in a shared world with mother, where communication is based on introjection and projection. Lacan sees ego development as occurring between 6 and 18 months and called this the 'mirror phase'. During this period, the infant is first able to imagine itself as a coherent entity (i.e., not just as parts which relate to parts of the mother, typical of paranoid-schizoid functioning in Kleinian terms). At a concrete level, the mirror phase is captured in the moment of self-identification, when the infant sees a reflection of itself in a mirror.



WINNIE THE POOH¹

When the infant learns to talk it puts itself into a pre-existing Symbolic order. The Symbolic 'explodes the closed system of the infant's introjective-projective world' (Eigen, 1981, p 419) and seeks to *represent* subject-object interlocking and rupture. The Symbolic order is associated with language and the father, or the Other, the agency who separates the mother and infant. Thus the Other introduces the rupture of the early dyadic situation where language is not needed.

¹ Illustration by E.H. Shepherd from A.A. Milne's (1927) edition.

The three orders are conceptually distinct and in later life they continually intersect or organise each other. The Real is ineffable and cannot be symbolised or imagined in the moment; it is also the return of the repressed, which language needs to operate on. The Imaginary constitutes an illusion of self-sufficiency in order to gain mastery and control over the anxieties and conflicts which the gap brings in its wake. The mirror stage represents a permanent tendency to seek and foster “the imaginary wholeness of an ‘ideal ego’” in order to escape the feeling of incompleteness (Bowie, 1979, p122). Conversely, the Symbolic accepts the gap and is not associated with denial or control. The Symbolic order embraces unconscious and language and gives structure to the imagined and enriches the Real with meaning.

4.1.5 Binary opposites

Both the unconscious and language have meaning and structure. Meaning has to do with language, words, and symbols; Lacan argued that meaning comes from contrast (black/white, good/bad) and used the concept of binary opposites in this regard. Meaning is also associated with desire and conflict, which provide the structure common to unconscious thinking and language. Lacan drew on two linguistic theorists in arriving at his contention that the unconscious is structured like a language: Saussure’s binomial concept of the Signifier and signified, and Jakobson’s two poles of verbal organisation, metaphor and metonymy. These two poles are both compatible with Freudian thought about unconscious or primary process thinking.

Saussure’s argument was that language is a system of signs with rules that govern the system and its usage. Initially the sign or signifier has an arbitrary link with the signified (e.g., the word ‘tree’ and its physical manifestation). Once the two are linked, the association becomes one of mutual interdependence. Lacan drew on Saussure’s ideas, but posited that the relation between Signifier and signified is not symmetrical, rather, the Signifier is more important. (He uses a capital S to denote this.) It is more important because it has a plurality of meaning and in essence symbolises ‘the gap’ or what is missing. Conversely, the signified is univocal, it *is* what is missing. The link between the Signifier and signified may indeed be arbitrary, since it is driven by repression, censorship, and distortion. In Lacan’s scheme of things, the Signifier rules supreme, since it needs and has the quality of overdetermination and is always available for new uses.

The second set of binary opposites which Lacan used to illustrate the structure of the unconscious, metaphor and metonymy¹, were drawn from a second linguistic theorist,

¹ We have seen that in a metaphor two things or words are coupled in a statement of identity (e.g., in Jung’s dream, the dead customs official is referred to as ‘the man who would not die’; this statement is an implied metaphor since mortals and gods are lumped together. Abrams (1971) defines metonymy (Greek for ‘change of name’) as a figure of speech in which a term used for one thing is applied to another with which it has become closely associated (e.g., the couch for analysis).

Jacobson. For Jacobson, these two poles 'coexist competitively within any symbolic process' (Bowie, 1979, p129). Lacan argued that metaphor and metonymy tie up with Freud's two basic unconscious processes, condensation and displacement. Although both are governed by the principle of contiguity, condensation – like metaphor – is based on finding the similarity between things, whereas displacement – like metonymy – involves a substitution of one thing for another. Thus a symptom, e.g., a phobia, is based on an association between two feared objects and is metaphoric, whereas unconscious desire (let's say wish-fulfilment depicted in a dream) involves the displacement of energy from one object to another and is metonymic. In this respect, it may be seen that metaphor is primarily associated with the Imaginary, while metonymy is associated with the Symbolic.

Metaphor and metonymy provide clear and useful subdivisions within the notion of the Signifier and are signifiers in their own right. Their importance for Lacan is their capacity for multiple determination within the signifying chain. Each set of binary, antithetical structures has a high capacity for recombination. As Bowie (1979, p. 131) puts it:

Precisely by confining himself to the fundamentals of language as described by Saussure and Jacobson...Lacan keeps in contact with the elementary differential components of all symbolic systems. The unconscious, in so far as it becomes visible and audible in speech, symptoms, dreams and involuntary acts of omission or commission, is governed by the same rules as all other systems: the rules which Lacan has expressed in summary form as the 'law of the Signifier'.

These rules are invaluable in understanding the language of dreams (discussed further in Section 4.3). This discussion of the unconscious, however, needs to conclude with two further sets of binary opposites posited by Lacan, the ego and the subject, and the subject and the Other.

As we have seen, the ego develops during the 'mirror phase'. Lacan's ego is not so much the seat of identity as other theorists argue but rather the domain of imaginary identifications. The ego seeks identity and resemblance, it covers over conflict and desire, and is associated with the Imaginary order. Thus Lacan talks about the deceptiveness of the ego and argues that we cannot rely on the ego to get to the truth of the unconscious. Conversely, the subject is associated with speech; thus desire is not covered over, but expressed using words or signifiers. Thus the subject is characterised by difference and

displacement. When we speak, we represent ourselves with language, but, because words have a plurality of meaning, there is no perfect communication; when we speak, we represent ourselves imperfectly, and meaning shifts beyond our control. Thus language separates and joins us.

In speaking, we allow energy to be operated on and organised, and, in talking, we seek a response, so language is characterised by desire. Desire is always in relation to others and is desire for difference. The Signifier represents the subject for another signifier (e.g., in the analytic situation, the patient's words represent the patient for the analyst who also represents someone else, e.g., the mother, father and so on). Thus Lacan talked about the 'subject-in-process' because we are made and remade in our encounter with the Other. In expressing we are also repressing.

The 'Other' introduces 'gap' and 'keeps goals of desire in perpetual flight' (Bowie, 1979, p 134). The Other is both interpersonal and intrapsychic; Lacan argues that 'unconscious is that discourse of the Other where the subject receives...his own forgotten message' (in Bowie, p 136). Thus dreams constitute 'Other', since the ego is not speaking, although it may be spoken of. A dream provides a 'forgotten message' which contains desire (perhaps a wish partially fulfilled), and, like a language, is both expressive and repressive. But since a dream is a signifier, and may contain further signifiers, it can become part of a signifying chain, and its 'truth' is likely to be multiply determined.

4.1.6 Summary

Lacan's view that the unconscious is structured like a language and his identification of the rules which govern both, is particularly useful in providing a new framework for understanding the language of dreams (to be discussed further in Section 4.3).

Furthermore, because dreams – like language – are embraced by the Symbolic order and are structured similarly, dreams have their due place (which arguably they do not in Merleau-Ponty's scheme of things). In our lived experience, dreams may indeed feel like 'Other' and being of the Symbolic order, speak a truth, albeit imperfectly (discussed further in Section 4.4).

4.2 The Process of Dreaming

Whatever the views of unconscious, there is little debate that we are in our own world while dreaming, we are cut off from the external world, and have little awareness that we are in fact dreaming. The process of dreaming is different from any other process, whatever similarities may abound. However, different theorists focus on different aspects of the process, highlighting those that best fit in with their theories.

4.2.1 The differences between dreaming and waking life

There is little dispute that dreams are a different brand of experience from any other in that they represent an event which is actually happening, to which 'we attach complete belief' (Freud, 1900/1976, p 114). This is a central observation about dreaming and is true except in the case of psychotics who cannot distinguish dreaming from waking, as Bion (1962/1984) points out. In dreams we are capable of experiencing all bodily actions imaginable, 'undeterred by the limitations imposed by space, time, gravity, and the solidity of objects'; we can experience 'the whole gamut of emotions, feelings and sensations of which human beings are capable' while remaining oblivious to incongruities (Rycroft, 1981, p 42). Thus dreams are sensations without awareness and the phenomena which we encounter present themselves in a very concrete, physical, tangible way. The dream world 'confronts us directly with sensations, perceptions, and emotions that grant us hardly any reflective distance. It is a universe of sights and sounds, with scant space for overarching insight or vision' (Stern, in Boss, 1977a, p. xvi). It is a mainly visual presence in this world which is radically different from thematic perception and recognition in waking.

Once one moves from the phenomenology of dreaming to a more objective perspective of the process, different theoretical angles are evident. The phenomenologists provide a slightly different tack to Rycroft's point about the limitless possibilities evident while dreaming (Boss, 1977b; Kruger, 1982; Romanyshyn, 1977b) These writers argue that the dreaming state is less fluid, in that our freedom of thought and movement in time and space is much more limited than in waking life. Thus the dream world is a narrower, more closed, hermetic world. Within this, we are limited to the temporal mode of the immediate present (this is at least our lived or dream experience, during which memory and anticipation are generally absent, despite the fact that dreams may take us back to earliest times which are not accessible to waking thought, as Freud pointed out). Furthermore, dreaming is not continuous, since we do not take up dreaming where we left off the previous night, whereas in waking life our existence is continuous.

While dreaming, we are completely cut off from the external world. As Friedman (1992) puts it, although our dreams may be populated by a variety of different known and unknown figures, we are completely alone when we dream. We are not part of the common world and do not have access to it; we rarely even have access to the fact that we are dreaming. Dreams may reflect residues of waking life, but 'we have no real meeting with otherness in our dreams...even the traces of otherness are diminished greatly' p 113).

These factors show that dreams are indeed different from other forms of 'pure' unconscious, such as slips of the tongue and symptoms; however, the tendencies amongst phenomenologists is to focus on the similarities between the two states of being, dreaming and waking.

4.2.2 The similarities between dreaming and waking life

In keeping with a Kleinian point of view, the phenomenologists focus on the link between the dream world and the external world, but argue further that, while dreaming, we display modes of relating to the world that we display while awake, and that we are not actually cut off from the world. 'The dream is a way in which we exist in the world. We do not leave the world when we are dreaming and are very much present to the world in which we live. All possibilities to relate to the world remain present.' (Kruger, 1982, p 163). These points may be arguable from a Jungian perspective which suggests that we can move into another world and that there are many more possibilities. However, a less contentious view is that our modes of relating are the same in both worlds (Boss, 1977a). Thus we relate with intentionality, we are 'embodied' so to speak, temporal, and attuned to the world¹. The point that the phenomenologists raise is that all the '*existentialia*' are both lived and detectable in dreams.

The paradox of dreaming is that although we relate to what is encountered in dreams with the meaning and intentionality evident in waking life, it is a 'radical way of experiencing [our] own world' (Foucault, 1986, p 59). The images, characters, and feelings which emerge belong to the dream alone and are unmediated by the outside world. The absence of objective content, however, is the reason for the dream's richness and its 'depth of clarity' (p 44). This point takes us to the language of dreams which, it is argued, is closely tied to the body and to our lived temporality.

4.3 The Language of Dreams

As discussed in Chapter 2, Freud said that the language of dreams is characterised by condensation, displacement, symbolism (or indirect representation), and a disregard for time and space; he also said that the language of dreams resembles drama, myth, and other literary forms. In fact, in a preface to the third edition of *The Interpretation of Dreams*, Freud raised the point that future editions should look more closely at the link between dreams and imaginative writing, mythology, and folklore. While it is argued that Jung

¹ 'Attunement' is one of the '*existentialia*' which has not yet been discussed. What is meant here is that our engagement with the world is always coloured by our mood, thus the world – in dreams or in waking – is disclosed in accordance with our attunement (Boss, 1982).

and others looked closely at mythology and dreams (Eliade, 1975; Hillman, 1979), Sharpe and Lacan looked at the link between dreams and linguistic structures. These areas are examined in brief in this section to clarify terms, their contribution to our understanding of the language of dreams, and nuances of doctrinal variation.

4.3.1 Dreams and symbolism

Freud said little on symbolism and less on the structure of symbols. Ernest Jones provided the classic Freudian position on symbolism in 1916, a position which takes into account Freud's theory of repressed instinctual wishes (Rycroft, 1981; Segal, 1991; Symington, 1986). According to Jones, what we symbolise in dreams are the fundamental, basic factors of our actual existence, namely our bodies, our immediate relationships, birth, love, and death. However, Jones distinguished between 'true symbolism', namely, ideas, feelings, and wishes that have been repressed, and a more general notion of symbolism which does not entail repression. Jones enumerated a number of factors which qualify something as a symbol. These are given below using a symbol – the strawberries from Jung's young patient's dream – to illustrate Jones's point of view:

1. A thing of primary significance is represented by a lesser idea (the breast by the strawberries).
2. The symbol represents the primary element by way of having a perceptual element in common with it which is not conscious (the colour is the same as the nipple).
3. A symbol is sensorial and concrete, having its roots in childhood when things were more concretely represented; it is a more primitive mode of thought (the strawberries are concrete in so far as they are edible and resemble the breast in terms of nourishment).
4. Symbols are produced spontaneously and are products of unconscious material.

Although there is much of value in this early paper, it has come under recent criticism. Symington (1986), suggests that Jones does not give sufficient weight to the emotion-bearing quality of symbols; what is symbolised is not the actual object but the emotional significance of it (L, H, or K in Bion's terms) and the dreamer's relationship to it. Secondly, Rycroft (1981) argues about the distinction between 'true' symbolism which entails an idea that is repressed, and other forms of symbolic thought, since this notion does not take into account any creative process happening while asleep, as Jung's and

Bion's thinking would suggest. Thirdly, Jones' theory does not look at the two-way process of symbolism. A symbol expresses a congruence between two different elements; it enriches both elements and implies an increment of meaning (Meltzer, 1984). (Here symbol needs to be distinguished from metaphor, a symbol signifies something else but is not the vehicle as in metaphor, it lacks a paired object. To return to Jung's dream to clarify this point, the customs official as the 'the man who could not die properly' is metaphoric since mortals and gods are paired. Conversely, the 'strawberries' are symbolic, they are not coupled with anything else in the dream.) Finally, in Lacan's view, the point of the symbol is not so much its representation by a lesser idea but its capacity to signify *more* than the object of primary significance. (This point is in line with Jung's ideas.)

All of these factors are evident in common usage of the term 'symbol' in literary circles. Abrams (1971) defines a symbol as something which signifies something else which itself signifies something else; thus a symbol has a range of reference beyond itself. He says that poets, like all of us, use conventional symbols, but that they also develop their own personal symbols by exploiting pre-existing and widely shared associations with an object or action, for example, a peacock with pride, or a crucifix with suffering and martyrdom. As Abrams points out, sometimes poets use symbols 'whose significance they mainly generate for themselves and these set the reader a more difficult problem in interpretation' (p 169). These words are reminiscent of the dreamer who unconsciously develops his or her own private symbolism, derived from all experience from infancy onwards with the associated emotional and bodily sensations.

It is argued that most contemporary theorists would agree that dream symbols in themselves are not reductionistic, they say more, and, secondly, that they are closely linked to the body, a feature which symbols have in common with poetic diction.

4.3.2 Dreams and poetic diction

In 1937, Ella Sharpe (1978) wrote a book on dream analysis (quite a lone event at this time in psychoanalytic circles). Her work has been revived in recent years because of her insight that dreams resemble poetic diction. To a certain extent, her ideas anticipate Lacan's, but they also reveal an interesting integration of Freudian and Kleinian thought. She believes that dream-life contains evidence of instinctual drives, the defences erected to deal with them, a lifetime of experience which may not be remembered or even known at a conscious level, and the emotions and bodily sensations related to the experience.

Sharpe's contribution to our understanding of dreams was her insight that the laws of poetic diction and of dream formation both stem from the same unconscious source and have much in common. Quoting Milton, she says that the language of poetry should be 'simple, sensuous, and passionate' as it is the poet's task to communicate *experience* (p 19). Thus poetic diction tends to be picturesque and pithy, uses figures of speech which appeal to the senses, and draws on the concrete rather than the abstract. Dreams, like poetic diction, utilise a range of these. As we have seen, Lacan refers to metaphor and metonymy; he links metaphor with Freud's condensation and metonymy with displacement, and suggests that each encompass the rest of Freud's primary processes. Sharpe, in contradistinction, looks at the variety of 'figures of speech' which may be discernible in dreams. These include simile (where a comparison between two things is stated, e.g., the unconscious is *like* a language), onomatopoeia (where a word resembles the sound it denotes), personification (where an inanimate object is endowed with human qualities), and synecdoche (where a part of something is used to represent the whole; one of Sharpe's patients dreamt of a scarlet pimpernel which, she maintains, evokes the nipple). (These terms would fall under Lacan's metonymy/displacement category, except personification which is metaphoric.)

Sharpe recognised that language is born of the body and examined the 'implied metaphor' which forms a large part of ordinary language. With implied metaphor, the intangible, the invisible, and the abstract, are described in terms of the concrete (for example, food for thought). Similarly, words have a concrete, sensorial significance when first heard and only later acquire secondary, more abstract meanings. (A patient gave her a good example of this when he remembered his father promising to bring him *The Lays of Ancient Rome* and his expecting a present of eggs.) The fact that we originally learn words phonetically is at the heart of punning in dreams.¹

Rycroft (1981) goes a step further by arguing that our dreams are more preoccupied with our biological destiny than we realise. The metaphors we use while dreaming tend to be derived from the body and also to refer to it:

Our imaginative apprehension of the external, not-self aspects of the world seems to be based on our capacity to perceive similarities between them and our own bodily organs, processes and sensations, it follows that external objects [people, animals, plants, machines, and so

¹ Freud commented on the ingenuity and humour of the dreamer in this regard. Abrams (1971) defines a pun as a play on words that are identical in sound but sharply diverse in meaning; in a dream, a pun would fall into Lacan's 'metaphor' category.

on] appear in dreams as metaphors or symbols for our own bodily organs and processes and sensations (pp 72/3).

Consequently, there is an imaginative flow between the body and its activities and objects in the external world with each supplying metaphors to describe the other.

But the archaic language of dreams is more than symbols, metaphor, metonymy, and so on. They are to a greater or lesser extent narratives and dramas, and so they also resemble myth, parable, and allegory.

4.3.3 Dreams, narrative and drama

Narrative, drama, myth, parable, fable, and allegory all have in common a sequence of events, characters (stock or idiosyncratic), and a theme which constitutes the central issues and values embodied in the story and dramatised in the evolving meaning and imagery. This is true of dreams which, it is argued, already have meaning while they are being dreamt, which is why we interact the way we do in dreams. Thus in some of the dreams cited, Freud is trying to clean up the faecal mess and Jung's child patient is trying to get away from the wolf.

From Freud onward, theorists have pointed out the link between drama and dreams, referring to the dramatisation of ideas and feelings in dreams as well as the dramatic structure often evident in dreams. In the first instance, Freud suggests that dreams construct a drama out of the issues predominating at any given time. Jung (1948/1969) went a step further by saying that 'a dream is a theatre in which the dreamer is himself the scene, the player, the prompter, the producer, the author, the public, and the critic' (p. 266). In the second instance, Jung (1945/1969) looks at the dramatic form of dreams, pointing out that the four stages of a drama are not necessarily all depicted. A drama opens with a situation which is located in a particular time and place with one or more characters, known as the exposition. Secondly, the plot develops, portraying the beginning of movement out of the situation (or fixation, as Whitmont & Perera, 1991, point out). Thirdly, the action reaches an impasse, a culmination, or a crisis when something decisive happens. In the final stage or *lysis* the action resolves into a solution or catastrophe.

Myths have already been described in Chapter 2. Their connection with the process of dreaming is evident in Freud, Jung, and Bion's thinking to various degrees. In order to clarify the term, as used outside of the realm of psychoanalysis, Abrams' (1971) literary definition is given and viewed in the light of an historian of religions, Mircea Eliade (1975). Abrams defines a myth as a story in a mythology (a system of

hereditary stories once believed to be true) characteristic of a certain time, place, and culture. Myths served to explain 'why the world is as it is and things happen as they do, and to establish a rationale for social customs...and the sanctions for the rules by which men conduct their lives', in terms of the actions and intentions of supernatural beings (p 102). Eliade (1975) would go along with this definition but he approaches the topic in a phenomenological way; he studies myth in its own frame of reference. A myth is both creative and exemplary. In both senses the myth constitutes the 'emergence of a reality and the disclosure of its fundamental structures' (p 15). The cosmological myth, e.g., tells how the world was created and also reveals the emergence of that totality of the real. Furthermore, myths reveal exemplary models. God or the gods created the world and instituted modes of being for both humans and other forms of life.

With myth, we are talking about primordial events which inaugurate a structure or form of behaviour handed down from superhuman beings. Myths are universal, eternal, to do with the whole world, and revelatory of 'mysteries'. Eliade argues that a dream cannot be equated with a myth, since a dream is private and not universal; it 'cannot succeed in transforming a particular situation into one that is exemplary and universally valid' (p16). However, Eliade is mindful that there is a continuity between the dream world and the mythological universe; mythological figures and events may resemble those depicted in dreams, time and space are similarly modified, and dreams may manifest a religious aura comparable to myth.

This view is interesting in the light of Bion's theory which puts myth at a level of thinking synonymous with dreaming, but which distinguishes 'private' myths or dreams from 'public' myths. In line with his theory, Bion focuses on myths germane to loving, hating, and knowing (the Oedipal myth, The Tree of Knowledge, and the Tower of Babel). Like Freud, he does not bring in the superhuman or religious element. Conversely, Jung's writing gives a range of different myths and the spiritual element is most evident in his work.

Finally, the issue of values and a moral system implicit in myth is also a feature of allegory and fable. An allegory, from the Greek 'speaking in other terms', is a narrative in which the characters, action, and setting are contrived not only to make sense in themselves but also to signify a second, correlated order of people, ideas or events (Abrams, 1971; Gillie, 1972). The device is used in literature to simplify or dramatise complex ideas. Similarly, a fable has a moral or principle of human behaviour, and commonly uses animals as characters 'because they are readily identified with simplified human qualities' (Gillie, p 512).

Thus all forms of narrative, like dreams, have a theme which constitutes the central issues and values embodied and dramatised in the evolving meaning and imagery. They also have motifs, or elements which recur frequently, and at times a *Leitmotif* or guiding motif. The link between literary forms and devices, and dreams, help with our understanding of both the language of dreams and their interpretation which will be addressed in the next two chapters. This chapter concludes by returning to the function of dreams.

4.4 The Function of Dreams Revisited

As previously mentioned, Freud argued that dreams constitute an hallucinatory fulfilment of repressed wishes in disguised form to allow the dreamer to sleep on oblivious of their real intent. Jung contested Freud's position; on the one hand, dreams look primarily to the future and the unfulfilled potential of the dreamer rather than the past; on the other, they are revelatory rather than concealing (on these two issues, the phenomenological viewpoint is much more in keeping with Jungian rather than Freudian thought). Contributions from the Kleinian camp and Lacan would say that both poles have validity. Dreams are inherently constructive, they are a 'pure' form of unconscious thinking, which looks, certainly at a concrete level, to both past and future.

Furthermore, dreams are structured by opposing forces, most cogently illustrated in Lacan's model. There is an expression (a discharge of energy) involved and, if the dreamer sleeps on, this emotional energy is 'contained' in the dream, as Bion would put it. These views would embrace the notion that dreams have a valuable function in their own right, they speak a truth about emotional experience.

The idea of opposing forces is examined from a slightly different angle by Rycroft (1981) and Ogden (1990). These writers take up the point that a dream reveals a truth or a message in some way (evident in Jung's and Lacan's work), but they argue that it is one that is not readily heeded. They therefore distinguish between the dreamer who dreams the dream and the dreamer who remembers the dream; the dreamer who dreams the dream generally displays more self-knowledge and insight than the waking recipient who registers the dream and, upon waking, commonly dismisses it (even Freud was guilty of this). This view thus ties up with the Jungian argument that dreams tell the truth and Bion's argument that the truth is not necessarily palatable. It also ties up with Freud's view that there is likely to be resistance, in the form of censorship during the creation of the dream, and upon waking.

Finally, although dreams are embraced by Lacan's Symbolic order and Bion's 'alpha-function', dreams in themselves are not symbolic. The experience of dreaming is

immediate and concrete – sensations without awareness – it is the stuff of unconscious phantasy, primary process thinking, and symbolic equation. For their symbolic significance to emerge and to understand the metaphors inherent in dreams, dreams require reflection or the ‘operation of reason’ (Meltzer, 1984, p 47). In Bion’s terms, this would take us to higher levels of sophistication in our understanding of ourselves. In Lacan’s, the dream may be seen as a signifier waiting to be taken further along the signifying chain. This takes us from the dream as such, to the remembered dream. The next three chapters look at the next three elements of the process of dream interpretation in the clinical setting. Specifically, the following questions will be examined:

1. What are the roles of the dreamer and the interpreter in the process? Freud and Jung focused on role of dreamer, whereas later theorists focus more on the role of the interpreter and the interaction between the patient and the analyst in arriving at meaning.
2. What meanings are reached? All theorists examined thus far hold in common that dreams tell the truth of the dreamer’s situation, but different schools have favoured foci of interpretation. As Freud put it, dream *interpretation* is the royal road. Can this paradox be constructively addressed?
3. How is the accuracy of interpretations assessed? There is more similarity than difference in the views of different schools in relation to this aspect of the process. However, given that dreams are carriers of a truth, perhaps more needs to be examined in terms of the goals of dream interpretation and the uses of dreams.

METHODS OF DREAM INTERPRETATION

Meaning does not emerge complete as Aphrodite rising from the waves. It is for us to construct it.

Green (1978, p 185)

Although Freud and Jung purported to using different methods of dream interpretation, a review of their work reveals similar trends. Freud's method of 'free association' and Jung's method of 'amplification' are both tasks required of the dreamer or patient; thus the tasks of the analyst need to be gleaned from their work.

These classical views need to be distinguished from contemporary views which draw on the literature on interpretation in a general sense and focus more on the role of the analyst and the interaction between analyst and patient in the process of arriving at meaning. It is argued that both Freud and Jung created the impression that dreams are afforded a special focus in practice; however, the majority of contemporary writers – with the exception of some of Jung's followers – do not specifically focus on dreams or overtly convey preferences for dreams as opposed to other material. This chapter endeavours to extract the processes and steps involved between the presentation of the dream in the consulting room and the interpretation itself. (The interpretation or meaning is the topic of Chapter 6 and the assessment or accuracy will be examined in Chapter 7.)

5.1 Classical Methods of Dream Interpretation

This section considers in essence both Freud's and Jung's contributions to methods and processes of dream interpretation. Although Jung considered his method as diametrically opposed to Freud's, there is an overlap of ideas. Furthermore, their insights into the tasks and qualities required from the analyst indicate similar trends. These are given in brief in Section 5.1.4 as a preface to their further examination in Section 5.2.

5.1.1 Freud: Free association

Central to Freud's (1900/1976) method of dream interpretation is 'free association', a task which Freud essentially assigned to the dreamer. After his foray into hypnosis in the 1800s, Freud developed his method of 'free association' or the 'talking cure' which affords more agency on the part of the patient than hypnosis. His rationale for this method was that if the patient could report whatever came to mind on any particular topic, the presenting problem could be traced back to where it originated. (This overview of Freud's method draws exclusively on *The Interpretation of Dreams*, 1900/1976.)

Free association necessitates paying attention to all perceptions and ideas which spontaneously come to mind, while eliminating any form of critical judgement so that seemingly unimportant or irrelevant ideas are not discarded. A restful and impartial self-observation assists this process. Although free association was a novel technique in psychoanalysis at the time, Freud quotes from a letter from Schiller who posited a similar process in fostering creative thought. According to Schiller, imposing reason on or discriminating against emerging ideas too soon is detrimental to creativity.

Freud discovered that among the free associations engendered by his patients were dreams which lead him to examine the importance of dreams and his subsequent application of this method to dreams themselves. Free association, as it pertains specifically to dreams, entails abandoning any deliberate thought and focusing on each element of the dream in turn. Finally, 'without any active intervention, we arrive at the dream thoughts from which the dream originated' (p 673). When falling asleep there is a relaxation of deliberate thought and, while dreaming, involuntary ideas emerge and are transformed via the dream-work into visual and acoustic images. Free association is the reverse of this process; involuntary thoughts are transformed into voluntary thoughts, condensations are expanded, and so on. The associations that emerge with each dream element are likely to have something in common; 'if we abandon conscious purpose, unconscious purpose will determine this course' (p 673). This will be influenced by the feelings and mood dominating at any given time. With the patient's free associations at one's disposal, the analyst can interpret the hidden meaning of the dream by rectifying displacements and deciphering the indirect representations. Thus the mutual endeavour of the patient's free associations and the analyst's interpretation resembles 'the dream-work' in reverse.

Freud's painstaking examination of his own dreams and their attendant free associations enabled him to discover 'the secret of dreams' (p199). His dedication to this cause and his self-discipline enabled him, he says, to overcome his own 'internal resistance' (p 671).

However, he found that the resistance of his patients was not necessarily that easy to overcome and his method came to include guidelines on how to tackle the problem.

5.1.2 Resistance

Resistance is the umbrella term for anything that interrupts the analytic work attributable to the patient. Resistance to dream interpretation is a sub-category with its own characteristics. Given Freud's theory of the 'dream-work' as preserving sleep, it follows that the remembered dream will in turn be subject to censorship and resistance. Thus in interpreting a dream, 'we are opposed by the same psychical forces which were responsible for its distortion' (p 671). Resistance loses some of its power while we are asleep, but it regains its full strength upon awaking as it proceeds to get rid of what it was 'obliged to permit in weakness'. Over and above the work of censor while dreaming, Freud describes a number of different levels of resistance, including forgetting the dream, discarding it upon waking, and finally the various forms of resistance which may emerge if the dream is presented in the consulting room. Free association is not necessarily easy and can bring 'all manner of resistance'. Each form of resistance would need to be interpreted before the dream itself is tackled.

Addressing the patient's resistance takes us to the analyst's role in the process discussed in Section 5.3. To stay with the role of the patient for now, Jung's central method, like Freud's, addresses what is required of the patient.

5.1.3 Jung: Amplification

Despite Freud and Jung's different views on the function of dreams, there is a surprising amount of agreement in their methods of interpretation. Like Freud, Jung discusses the role of the patient in more detail than that of the analyst. Although Jung vociferously opposes the idea of free association, his method of amplification is similar in principle to Freud's and calls on the patient to adopt a similar attitude.

Jung (1964) argued that the technique of free association is not useful in arriving at the meaning of dreams; free association may well lead to the heart of a patient's complexes, but it will not shed light on the precise message the dream is trying to convey. The Jungian argument is that the techniques of free association and amplification are different methods and achieve different results (Hall, 1977). The former is reductionistic and elicits a chain of causally connected associations leading backward (Jung, 1948/1969); this leads to the repressed wish in Freud's terms and to the complexes in Jung's. Amplification, on the other hand, broadens and enriches dream content, going in different directions in time and space, i.e., forward in terms of unrealised potential and lateral in terms of

universal meaning. According to Jacobi (1968), Freud's method raises the questions 'Why?' and 'Whence?', whereas Jung's asks 'To what end?' and 'Why this particular dream?' (p 87).

Amplification entails staying closely with each dream image in turn in order to elucidate the 'chains of association that are directly connected with particular images' (Jung, 1933/1961, p 14). These may include dreamer's personal associations to each dream motif, for example, the dreamer's perceptions, images, thoughts, memories, and the emotions surrounding the images, or else the more universal symbols which the dream images call to mind. Amplification is applied to each element of the dream, 'until the whole chain of dream motifs is revealed' and then the dream can be interpreted as a whole (Jacobi, 1968, p 86). This is in fact exactly what Freud does with his 'Irma' and 'micturating' dreams discussed earlier.

Despite the different goals of amplification and free association, Jung's method seems very similar to Freud's, particularly as outlined in *The Interpretation of Dreams*. Where Jung's method does diverge from Freud's is in the idea of different levels of amplification. The personal or subjective level helps to uncover the dreamer's individual associations and connotations, whereas the collective or objective level elicits a more universal meaning of the image in question. Hall (1977) also looks at an intermediary level of amplification which addresses cultural associations. He suggests that these three levels lead to different layers of the dreamer's complexes and therefore to different levels of meaning. Furthermore, amplification elicits emotional reactions which reveal the connection with the structure of the complex.

A second technique which Jung introduced is 'active imagination', a technique in which a conscious attempt is made to dwell on the dream and build onto or change the remembered dream content. Active imagination calls on the patient to leave aside critical judgement and essentially to adopt the same attitude that Freud advocated for free association.

While patient resistance is not examined in Jung's work, he acknowledges that while the dream provides a true picture of the dreamer's subjective state, 'the conscious mind denies that this state exists, or recognises it only grudgingly' (Jung, 1933/1961, p 5). Thus Jung acknowledges that patients may be resistant to looking at their own dreams. However, in terms of the patient's resistance to the analyst's thoughts about the dream, Jung considers the problem as residing with the analyst and the accuracy and timing of the meaning offered. (This issue will be discussed further in Chapter 7.)

Finally, Jung encouraged patients to record their dreams and the emerging insights, both to provide continuity and to help the patient learn to deal with the unconscious without the analyst's help (Jacobi, 1968). (Meltzer, 1984, from the Kleinian School writes in detail about the value of this practice.)

5.1.4 Role of the analyst

Neither Freud nor Jung examined the role of the analyst in the process of interpretation to the extent that they examined the role of the patient or dreamer. For example, Freud reports in his case study of Dora that he has 'not reproduced the process of interpretation to which the patient's associations and communications had to be subject, but only the results of that process' (Freud, 1905/1953, p 27). The general pattern is that the dreamer relates the dream and free associates to elements of the dream and then the analyst interprets, that is, he or she assigns meaning to the dream as a whole, 'replacing it by something which fits into the chain of our mental acts as a link having a validity and importance equal to the rest' (Freud, 1900/1976, p 169). Thus in *The Interpretation of Dreams*, Freud looks at associations to dreams and their meanings, but little at the tasks of the analyst which lead to the interpretation. In the Dora case, his intention was to 'demonstrate the intimate structure of a neurotic disorder and the determination of its symptoms'; he adds that to reveal technical procedures 'would have led to nothing but hopeless confusion' (Freud, 1905/1953, p 27). Despite the lack of attention to this sort of detail, there is considerable overlap in Freud and Jung's ideas about the tasks which facilitate the process and the qualities required of the dream interpreter. Both men stressed the joint venture of the process, in theory, if not in practice.

As discussed in the previous sections, both Freud and Jung argued that the analyst needs the participation of the patient both in arriving at meaning and in assessing the accuracy of the interpretation. Their methods of free association and amplification underline the importance of the dreamer's associations. If we look at the well-known dreams recorded prior to the twentieth century, we can see that this step was not considered important. To use the example of Joseph's interpretation of Pharaoh's dream in the *Bible*, the roles were clearly defined. Pharaoh remembered his dream and narrated it to Joseph for the latter's interpretation. According to the scriptures, Joseph required no further input from Pharaoh. Although both Freud and Jung do at times provide interpretations to dreams without input from the dreamer, as a general principle they eschewed such policy. They both saw the process as not so much a technique, but as a dialectical exchange between two people. To foster this, the analyst needs to guide the patient in the methods of 'association' or 'amplification' and to help explore and clarify dream content. Finally, both conceived of the actual interpretation and the assessment it as the analyst's job.

Both Freud (1900/1976) and Jung (1964) argued that there are no basic guidelines for interpreting a dream. There are no fixed keys to the meaning of dreams, hence it is not possible to accurately interpret a dream without the dreamer's help. However, both pointed to the value of certain basic knowledge and qualities which assist in the task: self-knowledge, a knowledge of myths, symbolism, literature, folklore, and linguistics. Furthermore, the qualities which help include imagination, intuition, and an ability to grasp similarities, qualities originally cited by Aristotle. (Freud and Jung do not discuss these qualities in any depth and they will be returned to later on.)

Where there is contention is the question of whether or not the analyst's own associations or amplifications are introduced. Freud was critical of the interpreter's own associations being voiced. Firstly, they may interfere with those of the dreamer and, secondly, different interpreters are likely to generate different associations. However, in practice, he did introduce his own associations (c.f., Willbern, 1979). Conversely, Jung argued that both the dreamer's amplifications and the interpreter's are useful in arriving at meaning. Although amplification is the role of the patient, the analyst may help at each stage with his or her own associations, particularly when it comes to the more universal images. Jung's rationale ties in with his distinction between archetypal and personal dreams. Archetypal dreams have more than a personal significance and the relationship to the dreamer may be difficult to trace. Thus one of the tasks of the analyst is to provide historical and mythical analogies to help the patient understand the significance of these themes to people of different cultures and times. Knowing the 'similarities helps deepen our experience, opens up new possibilities and gives us stability and vigour which comes from discovering our roots' (Fordham, 1966, p 99).

Jung also argued that subjectivity may reside in both patient and analyst; neither can be divested of subjectivity, nor can it be kept out of the process. The analyst should therefore be aware of what he or she brings to the process, including his or her theoretical assumptions which are likely to play a role. Jung foreshadows Bion in advocating that theoretical predilections be kept out of the process as much as possible and also that the analyst should not 'fill in the gaps of understanding by projection' (Jung, 1964, p 61). The analyst should regard every dream as a new source of information and have no preconceptions other than that the dream contains meaning.

The last two steps of the process involve the interpretation as such and the assessment of the interpretation. These two issues are discussed in Chapters 6 and 7. In short, both agree that the interpretation should bring together the elements of meaning emerging from the associations or amplifications, but the goals of this exercise are different. In

Freud's view, the disguised wish needs to be unearthed, whereas in Jung's, the message contained in the dream needs to be unearthed. Despite these differences, both men were mindful of the problems of imposing interpretations on the patient and both argued that the accuracy of the interpretation resides with the patient.

5.1.5 A summary of Freud and Jung's contributions

Despite the different goals of Freud and Jung's methods, there is considerable overlap in their views. Essentially, the analyst does not need to interpret the dream single-handed, as in the archetypal situation of dream interpretation where the dreamer narrates the dream and the interpreter provides the meaning. Rather, the patient's input is required.

A few different technical issues emerge from the classical methods which have gained currency in contemporary literature. These will be explored in the next section:

1. Should dreams be the focus of attention rather than other material? Freud sometimes gives this idea in *The Interpretation of Dreams* and he certainly valued dream material, but his later writing suggests that he would not focus on dream material as a matter of course. Although Jung consistently and throughout his life examined dreams and introduced them in virtually all of his writing, he was cautious about overvaluing unconscious material and underplaying conscious reality. There is a tendency among classical Jungians, however, to focus on dreams as the primary material of analysis (c.f., Gordon, 1985; Lambert, 1981).
2. Once a dream is presented, should the dream must be fully 'unpacked'? If so, is the patient required to 'free associate' or 'amplify'?
3. Both Freud and Jung agreed on the qualities required of the analyst or dream interpreter, but apart from these and the mandatory input of the dreamer, they argued that there are no basic guidelines for interpreting dreams. However, some of the issues that they both raised were taken up in the literature on interpretation and technique in a general sense as well as in the literature on dreams. These include the optimal attitude and conditions provided by the analyst, the fact that not all interventions are interpretations, and the notion that the process is a joint venture between the patient and the analyst.

5.2 Contemporary Views on Process

Freud's *Interpretation of Dreams* in particular and Jung's works in general give the idea that dreams are a special focus and that all associations need to be unpacked. For

example, there are 32 pages of associations to Freud's 'Irma' dream, a feat which could not have been achieved in a 50 minute analytic session. It is likely that Freud dealt with dreams in his clinical practice as he would other material, a tendency reflected in his later works on technique. Similarly, Jung only devoted a few papers to the topic, although dreams do infiltrate his works to a much greater extent than Freud's. In contradistinction to Jung, many of his followers have written books on the topic which creates the impression that many Jungians are likely to favour dreams over other material (Hillman, 1979; Mattoon, 1984; Whitmont & Perera, 1991). This latter body of work differs from mainstream psychoanalytic literature where there is little on the nuts and bolts of dream interpretation, despite the value of dreams being upheld. This examination of the process in between the narration of the dream and the interpretation tends to favour the broader picture where dreams are valued but, for various reasons, are not focused on in the consulting rooms to the exclusion of other material. Thus the next section (5.2.1) looks at basic principles which can be extracted from the literature on the process of interpretation in a general sense and is followed by a look at the rather sparse literature on the specifics of the process of dream interpretation (Section 5.2.2). The salient features of this literature include Meltzer's distinction between dream exploration and dream analysis¹, and Ogden's (1996) idea that dreams in psychoanalysis (or psychotherapy) are products of the intersubjective third (or 'analytic object', a subject also addressed by Green, 1978). Both Meltzer and Ogden touch on the qualities which Freud and Jung (like Aristotle) considered important tools or qualities required in the processes of dream interpretation, namely intuition, imagination, the ability to grasp similarities (a process akin to metaphor), and self-knowledge. This raises the issue of the countertransference; Meltzer, again, is one of the few writers who addresses potential countertransference reactions and resistances specific to dream material. These factors tie up with the basic issues emerging from the literature on general interpretation. The latter body of literature is vast, thus only a brief overview is given of the factors arguably useful in understanding the process from the analyst's point of view. All references used provide a broader picture of the process of interpretation in general, for the interested reader.

5.2.1 The process of interpretation in a general sense

Whereas Freud and Jung focus more on the patient's role in the process of dream interpretation, later theorists who examine interpretation in general look more at the contribution of the analyst and underline the joint venture of the process (Green, 1978;

¹ This is in effect what has been done in this thesis, namely the distinguishing between 'methods of dream interpretation', the title of this chapter, and the 'meaning of dream', discussed in Chapter 6. It is however a difficult division (in theory and in practice), but considered useful given that little is written on the analyst's tasks prior to the interpretation.

Hill, 1994; Symington, 1986). This overview contextualises the process of interpretation in the broader framework of the analytic endeavour and looks at issues germane to work with dreams, including the roles and tasks of patient and analyst, the conditions conducive to the enterprise, and the fact that not all interventions are interpretations.

Freud likened the analytic enterprise to a game of chess. Green (1978) contests this position, arguing that the analyst and patient have different advantages, responsibilities, and tasks, despite the process essentially being a mutual enterprise. The patient has the advantage of making the first and last moves, as well as greater freedom in the attendance of sessions. Conversely, the analyst has the advantage of setting the rules and of having had the experience of being both analyst and patient. Furthermore, the analyst has access to supervision, collegial discussion and – potentially – a variety of theoretical points of view. Secondly, the patient may voice what is on his or her mind, remain silent, leave the room, and so on, while the analyst is required to maintain the basic frame and to provide clear boundaries (c.f., Hill, 1993). (It might be added that, like a game of chess, the purpose of both parties being there is similar, namely, ridding the patient of symptoms through talking and finding meaning.)

The disparity between the roles of each participant in the analytic relationship puts further responsibilities onto the analyst. Those discussed here refer to the optimal conditions provided by the analyst in order for meaning to emerge, as well as techniques and interventions leading to an interpretation, which fall within the ambit of the analyst's tasks.

As a general principle, Bion (in Meltzer, 1978) gives the optimal attitude of the analyst which is one of an 'experienced officer' (qualities which he identified in his group work with the military during World War II). The attitude he proposes includes an awareness of the analyst's own failings, a respect for the integrity of the patient, and a lack of fear in the face of the patient's hostility or good will. More specific to the process of finding meaning, Bion (1962/1984, 1988, 1990) provides a number of basic rules: 1. that the analyst adopt a stance of participant-observer to facilitate an understanding that is both internal and external to the relationship; 2. that there should – paradoxically – be two rather frightened people in the room, meaning that neither analyst nor patient have the answers or the truth, but that the openness required is not easy for either party; 3. that the analyst endeavour to suspend 'memory and desire', i.e., memories of past sessions, patient's history, earlier insights, and so on, as well as the desire for cure and understanding (Bion advocates a stance of 'not knowing', the reverse of minus K which is associated with arrogance, omnipotence, and a hatred of the truth). Bion argues that memory and desire

constitute a defence against the immediacy of the moment and the mutual quest for new understanding. (The last two points presumably refer to analyst as participant, rather than observer; the analyst as observer is the side that thinks about things, contains difficult emotions, assesses the situation, and finally offers an interpretation.)

More specific issues regarding listening and the type of attention required to pick up unconscious communication have also been elaborated. As Spence (1986) points out, the 'revelation of [Freud's] Dora case lies in a significant shift in mode of listening which Freud illustrates over and over again, showing us how it is possible to 'read between the lines' and to listen to several contexts at the same time' (p 221). Thus a careful reading of the case shows that 'symptoms can be treated as words, that repetition can be treated as remembering, and that Dora's comments to Freud can be treated as comments intended for her father'. Freud himself spoke about how listening is not so much an active process since the analyst needs to:

... surrender himself to his own unconscious mental activity, in a state of *evenly suspended attention*....to avoid so far as possible reflection and construction of conscious expectations [so that he can] catch the drift of the patient's unconscious with his own unconscious (Freud, 1923, in Ogden, 1996).

As Ogden points out these words foreshadow Bion's elaboration of 'maternal reverie' discussed in Chapter 3. Ogden (1997) suggests that Bion's concept of 'reverie' is a useful way in helping the analyst to 'catch the drift' of the unconscious dimension of the communication between the two. 'Reverie' in these terms includes the monitoring of the most mundane thoughts, feelings, fantasies, and bodily sensations which may feel quite disconnected from what the patient is saying. Ogden sees reverie as an aspect of conscious experience which needs to be captured before it is 're-claimed' by the unconscious (p. 721). {This process sounds very similar to the need to hold on to a dream upon waking before it is reclaimed by the unconscious, lest it be lost and forgotten. Although again, as Freud notes, some dreams have a way of not being reclaimed but 'following [the dreamer] about all day' (Freud, 1900/1976, p 218.)}

Over and above these issues regarding the analyst's attitude and state of receptivity, it is the analyst's role to interpret the material; however it is not quite so simple as this, not every intervention is an interpretation and not every thought that the analyst entertains is verbalised or indeed conscious (Hill, 1994; Symington, 1986). Hill points to the importance of initially understanding and communicating to the patient what he or she is

saying at a conscious level. Added to this are the clarifying, explorative, reflective interventions which lead to the analyst's understanding of both conscious and unconscious material. In a similar vein, Symington (1986), divides interpretations into three classes:

... expressions of insight, of a unique moment of understanding; guesses necessary to keep the conversation going or moving in the right direction; and interpretations that have partial understanding, and are midway between an insight and a guess (p 33).

Symington goes on to say that moments of creative insight are rare and that a 'welter of preparatory work has to occur first' (p 33). Similarly, Bion's (1990) view is that an interpretation has a history as well as a forward looking dimension and may be the result of weeks, months, or even years of work. Bion's words underline the possibility of the patient not necessarily being able to use an interpretation and thus the importance of timing and assessment of the situation, prior to the voicing of an interpretation.

Schwaber (1990) has more to say regarding the phrasing of an interpretation which is in keeping with Bion's optimal attitude of 'not knowing' and also Winnicott's idea that meaning, like a transitional object, needs to be found by the patient (Phillips, 1988). Schwaber (1990) suggests that an interpretation be derived from a question to which the analyst does not have the answer, and, further, that the analyst allow the patient to attribute meaning to the interpretation. She states that assertions of truth on the part of the analyst result in a unilateral rather than a joint discovery of meaning. Rather than guiding the patient to the analyst's answers, the latter should provide the opportunity for the patient to consider different perspectives and to 'attain a sense of discovery and recognition of his or her inner world, of what feels real' (p 238).

Implicit in these views is that while theory may be borne in the analyst's mind, it is not introduced in a way that detracts from the immediacy of the moment. Theory is an important factor (e.g., the rules of the game) and clinicians are inevitably 'embedded in a system' (c.f., Schafer, 1985), but any form of domination of theoretical perspective is likely to hinder the mutual pursuit of meaning.

This brief overview of some general principles regarding interpretation shows the link between the analytic relationship and the early mother/infant relationship, particularly the optimal attitude of the mother/analyst outlined by Bion and Winnicott. Furthermore, like early development, one of the goals of the endeavour is to develop or restore the

symbolic function (Green, 1978). These principles are all relevant to the specifics of dream interpretation which are discussed below.

5.2.2 The specifics of work with dreams

The principles examined in this section include the issue of specifically focusing on dreams and the problems which emerge if this practice is followed, the issue of whether dreams are fully 'unpacked' in terms of associations to each element of the dream, and the roles of therapist and patient in relation to a dream. As mentioned earlier, in each of these issues the position of mainstream psychoanalytic and Jungian Developmental School practitioners is diametrically opposed to the so-called classical Jungians who tend to pursue dreams as the 'royal road' (e.g., Hillman, 1979; Whitmont & Perera, 1991).

1. To focus or not to focus on dreams in the consulting room

Kahn's words sum up the predominant view with regard to dreams in analysis:

We do not pursue the dream as a hermeneutic fetish. It is treated like all other reported or expressed behaviour, a piece of psychic reality and function, to be evaluated and interpreted relatively, in the here and now of the total transference situation. To say this is not to undervalue the unique character of dreams as 'the royal road to the unconscious' (Kahn, 1976, p 328)

This position is a move away from calling on the patient to stick rigidly to any agenda, whether it be dreams or any other material. Dreams are part of the fabric of psychoanalysis and analysts are unlikely to ask patients to focus specifically on a dream, to actively imagine different outcomes of a dream, or to instruct patients to record their dreams. The task of the analyst is to understand the patient as a whole using the range of material the patient brings (Meltzer, 1984). Furthermore, a number of reasons have been posited as to why it is not wise, in principle, to focus on dreams.

Lambert (1981), from the Jungian Developmental School, suggests that requests for dreams interfere with the spontaneous emergence of material. Imposing preferences, such as dreams or any other material, can introduce resistance, influence the interplay between the transference and countertransference, and foster rebellion or compliance, rather than encouraging the communication of the patient's real concerns at any given moment. He adds that it was not Jung's style to request dreams, except when he was stuck or at a loss. (In this respect, Jung foreshadows the practice of analysts of different schools.)

As Lambert points out, analysts get dreams whether they like it or not and patients motives for bringing them may be extremely varied. Compliance in bringing dreams may conceal a wish to divert attention from real or feared problems. Swamping the analyst with too many dreams may indicate aggressive and other defensive manoeuvres. The patient may present a dream but offer no associations in order to tantalise the analyst, or else they may 'fling' a dream at the analyst and be contemptuous about the analyst's attempts to understand it. These defences are brought to bear against the power of the analyst and the behaviour needs to be addressed rather than the dream.

The opposite view is a classical Jungian perspective which sees dreams as being at the forefront of research and theory building, as well as in the room, where dream-life seems to be focused on to the detriment of waking consciousness (Welman, 1995). This position is implied by writers such as Hillman (1979) and Whitmont & Perera (1991) who sometimes reinforce this notion. 'It is up to the ego whether and to what extent it wants or is able to avail itself of the dream's revelations ... aiming toward incarnation, the dream's dynamic also aims at being put into living reality, to be realised, that is, made real in one's personal life' (Whitmont, 1990, quoted in Welman, 1995, p 154). It may be noted that Hillman (1979) and Whitmont & Perera (1991) provide extremely useful books on the nature and meanings of dreams, but they do not look at the process – namely, between the patient's provision of associations or amplifications, and the interpretation reached. For this reason and because of the implicit pursuit of dreams to the detriment of waking consciousness, these contributions are not discussed in this chapter. Rather, the intention is to look at methods and techniques where dreams are not overtly favoured above other material.

2. **Free association**

There is general consensus among most schools regarding the use of Freud's (1900/1976) method of free association in its original form both in relation to dreams and other material. As a general principle, Freud (1912) called free association 'the fundamental rule' (in Ogden, 1996). Although there has been debate about free association the necessity of the patient's associations – particularly in relation to dreams – has been noted by most writers since, 'in the absence of the patient's associations, the analyst is left in the position of interpreting only manifest dream content, thus engaging in a superficial (and probably largely inaccurate) form of interpretation' (Ogden, 1996, p 891). The importance of the dreamer's associations is upheld by most contemporary writers, including Jungians, such as Whitmont & Perera (1991), although there are a few lone voices which decry such policy, (Perls

1971; Boss, 1977a). Both writers may be considered existential or phenomenological and their viewpoints are given in brief.

Perls's method of dealing with dreams was to regard every image in the dream as an alienated part of the self. He used dreams in group therapy and called on the dreamer to act the part of each dream image with the aim of bringing alienated parts of the personality into harmony with each other. Boss's method is similar in that the dreamer (and the analyst) needs to stay with the dream and not be led off the mark by the 'supposedly indispensable 'free associations' (1977a, p 31). Both Perls and Boss were opposed to 'free association' (or 'free dissociation' as Perls called it) as well as the idea that meaning lies *behind* the dream and needs to be interpreted. In this regard, Boss's method is one of questioning the dreamer as to how the dream ties up with the dreamer's waking life (1977b). Thus both methods constitute an active engagement with the dream itself which is seen as a 'royal road' in its own right.

3. The mutual venture

Most writers, including Freud and Jung, consider the process of working with a dream a mutual venture involving both patient and therapist (within the basic frame and as part of the fabric). Here too, the process may be likened to the game of chess metaphor; it has its own set of rules and a common goal (finding meaning for the dream), but, unlike chess, the role of each player is different. The patient makes the first move in bringing the dream (and perhaps the second move in terms of associations) and the therapist needs to make the last move by giving an interpretation. Few writers look at the intricacies of the game between these – arguably – opening and closing moves. This section considers some of these writers, particularly Meltzer (1984), Ogden (1996), and Rycroft (1981).

Meltzer's view is that the 'in between' is the most important part, thus distinguishing between dream exploration and dream interpretation (which he, like Kahn quoted above, considers the same as any other form of interpretation). Furthermore, Meltzer, like Ogden and Rycroft, comments on the attitudes and skills required of the analyst during the process. These writers hold in common that technically the analyst would not focus on dreams and that theoretically a cross-pollination of classical, contemporary and outside ideas is useful particularly with dreams. They also agree that dreams are particularly useful in psychoanalysis or psychotherapy in shedding light on the dreamer, the analyst, and the relationship between the two. Finally, they agree that dreams are different and that different skills are useful when it comes to making sense of dreams in the context of a session.

4. Role of patient

Given that analysts on the whole do not actively seek out dreams, the patient has to make the first move by bringing the dream, and, classically, the second, by associating to the dream. (It is not necessarily as straightforward as this, since the dream may be remembered in a session and thus turn out to be an association in itself, or indeed the analyst may make the first move by asking for a dream when he or she is stuck, thus breaking the rules.)

As we saw earlier, patients have different motives for bringing their dreams (Lambert, 1981). Probably, the most common reason for a patient bringing a dream is that it is remembered, but is unintelligible and thought-provoking. The patient feels the dream has meaning or significance which is obscure and hopes or expects that the analyst will have some idea about what it means. (This is the likely scenario when Jung told Freud his 'house' dream, cited in Chapter 2.) Some writers suggest that it may be more than this. Meltzer (1984) considers the presentation of a dream as a very intimate gesture, an 'act of great confidentiality and inherent truthfulness' (p 133), a position which he holds in common with Jung, and one which he feels is overlooked. Dreams may be less than this, however, given that dreams may emerge as an association to other material. Dreams may also be defensively introduced to 'pull the wool over the analyst's eyes', to overwhelm, or to bombard. As Segal (1991) suggests, they may be presented at the end of a session and so leave no time for exploration and interpretation and they may be used for getting rid of unwanted feelings (i.e., as a form of projective identification as discussed in general terms by Bion). In such cases, patients may flood the analyst with dreams in a way that detracts from getting to their meaning and disrupts the relationship.

The more common view which falls somewhere between the notion of a dream being presented as an act of great intimacy and the defensive presentation of dreams, is expressed by Kruger (1982):

Most dreams presented in psychotherapy are unlikely to be banal. The dreamer evaluates and discriminates even while dreaming and he will, in any case, select for remembering and presentation dreams which seem to have some significance in the context of the therapeutic relationship (p 164).

In a similar vein, Ogden (1996) suggests that a dream narrated in therapy is a representation of the 'inter-subjective analytic third'¹ (namely, the unconscious

¹ Ogden (1996) defines the 'analytic third' as the sum of the dialectical interplay of subjectivities of analyst and patient. The 'analytic third' 'stands in dialectical tension with the analyst and analysand as separate individuals with their own subjectives' (p 884).

interplay which exists between analyst and patient) and that dreams cannot be seen as exclusive to the patient. Thus Ogden argues against the historical position that the analyst should not interfere with the patient's associations by offering premature interpretations based on his or her own associations. The analyst's associations are also drawn from the experience of the 'analytic third' and are therefore as important a source of meaning as the patient's.

5. The tasks and skills of the analyst

Meltzer makes the distinction between dream exploration and dream analysis or interpretation. He sees the former as much more important than the latter which resembles other forms of interpretation. (Interpretation itself, which will be discussed later, is a matter of transference or reconstruction.) A number of possible steps are involved in the exploration of the dream from the analyst's perspective. These include the analyst's thoughts or voiced associations, attempts to clarify and sort out the dream from the associations, to foster exploration, to point out different links, and finally to formulate something.

Meltzer's description of the inner thoughts of the analyst leading to interventions are based on his own experience as analyst, and are worth outlining here. He welcomes patients bringing dreams because, on the one hand, they are 'playing the game' on his own home turf and, on the other, it takes the pressure off transference and countertransference issues. Like Bion (1988), he finds it useful to suspend 'memory and desire' while listening to the narration of the dream and to imagine the scene as it unfolds.

The next step is to sort out and clarify the dream content and the associations. The associations which Meltzer refers to are not only those offered by the patient but also those evoked in the analyst¹, such as previous material, other dreams, the material of other patients, and his or her own experience. He feels that it is important not to interpret prematurely in order to cover up ignorance, but to contain the likely feelings of confusion, anxiety, and resistance which may be exacerbated by the patient's expectations. In order to give himself time and space, he reviews the material and may offer links which emerge in his own associations. He then waits for an 'intuitive grasp of the dream which carries an emotional charge' (1984, p 133) and describes how confusion moves to excitement as interpretive notions begin to form (Ps-D, in Bion's terms).

¹ Here there is accord between Meltzer's position and Ogden's which was presented on the previous page.

At this point he may venture a formulation or a summary. He points out that the process here is one of transformation from one symbolic form to another, one mainly visual and the other mainly verbal. The art, for Meltzer, is to try and match the poetic diction of the dream.

Some of the salient points of Meltzer's dream exploration need to be commented on or defined before moving on to the interpretation itself. There are stages and steps which presumably are not always adhered to, but constitute a potential sequence. His stance may be likened to that of Bion's participant-observer attitude; the analyst as participant is imaginative, receptive, and intuitive, whereas the analyst as observer, clarifies, sorts out, evaluates, contains, and ventures a formulation that ideally matches the 'poetic diction' of the dream. He thus brings in some of the qualities universally held to be associated with good dream interpretation, namely, intuition, imagination, and a knowledge of metaphor or poetic diction. These issues will be defined below; they are all linked to the nature of dreams themselves, but differ in their more active use by the analyst in engaging with dream material. Finally, a contradiction is evident in Meltzer's theory and practice of dream exploration. He suggests that dreams take the heat off the transference/countertransference situation, yet he also talks about how dreams may evoke resistance in the patient as well as the analyst. In a similar vein, he suggests that the analyst's imagination is likely to be coloured by his or her own personality, experience, and training. These points imply that self-knowledge is important in relation to understanding dreams (as earlier theorists suggest), that the analyst cannot be fully objective, and that a knowledge of the role that dreams play in the room may be useful.

6. **Intuition**

Writers since Aristotle speak about how intuition is associated with the capacity to understand dreams. Freud echoed Aristotle's sentiments, but was concerned about the lack of objectivity associated with intuition; later writers talk about it being a necessary ingredient of dream interpretation and show that an intuition can be evaluated, therefore its scientific or empirical truth can be tested (e.g., Britton, 1998; Meltzer, 1984). Jung's (1919/1969) was a relatively early definition of intuition in the psychoanalytic world:

Intuition is an unconscious process in that its result is the irruption into consciousness of an unconscious content, a sudden idea or 'hunch'. It resembles a process of perception, but...is unconscious. That is why we speak of intuition as an 'instinctive' act of comprehension. It is a process

analogous to instinct, with the difference that whereas instinct is a purposive impulse to carry out some highly complicated action, intuition is the unconscious, purposive apprehension of a highly complicated situation (p 132).

Rycroft (1981) offers two ways of understanding dreams both of which finally require intuition. The first he calls the negative, passive, intuitive approach which draws on Keats's 'negative capability'. This method entails contemplating the dream as a whole while entertaining uncertainty and doubt and actively refraining from seeking facts and reasons until meaning emerges (c.f., Bion). The second approach is positive, active and intellectual. Here a dream is treated as an objective phenomenon for which the dreamer's associations and knowledge of symbolism are sought. Again, however, there comes a point when the 'exercise ceases to be an active and intellectual one and becomes instead passive and intuitive' (Rycroft, 1981, p 51). In analysis, it is the task of the analyst to oscillate between both methods, to oscillate between participant and observer.

Intuition is like a leap of faith; the problem with intuition is that it is a conviction which has a 'hazardous similarity to the crystallisation of delusional certainty' (Britton, 1998, p 97). If an intuitively grasped insight is offered to the patient, the distinction can be evaluated by listening carefully to the patient's conscious and unconscious reactions to the insight, a point that is addressed further in Chapter 7.

More specifically, Britton looks at intuition in terms of Bion's 'selected fact'. 'Selected fact' is the 'coming together, by a sudden precipitating intuition, of a mass of apparently unrelated incoherent phenomena which are thereby given coherence and meaning not previously possessed' (p 98).

Clearly, intuition is a quality which cannot be learnt (or indeed verified objectively), but, as many writers have noted, it is akin to the process of dream construction where the dissimilar is linked to the similar, as in condensation or in dream metaphors. In this regard, intuition resembles imagination.

7. Imagination

Most writers see imagination – like intuition – as linked to the nature of the dream process – and of value in the process of reaching meaning. Imagination differs from intuition in that it involves the active interaction of both unconscious and conscious processes (e.g., thinking and remembering), as well as a suspension of belief.

Imagination also 'relies on a capacity for metaphorical understanding and ... being open to the perception of new horizons' (Kelly, 1994, p 149). Thus imagination is an active process during which 'we are potentially aware that we live in, and are able to experience, different realities, and that we are part of and can move in a multi-dimensional world' (Gordon, 1985, p 121). As we saw earlier Rycroft compares dreaming with imagination. Imagination, as a possible aspect of the analyst's role in the process of dream interpretation, is linked to symbol formation in so far as reality and fantasy are differentiated.

8. A knowledge of symbols and metaphors

Intuition, imagination, and a knowledge of symbols and metaphors are useful to the analyst, but these qualities need to be distinguished from their manifestation in dreams. In dreams, the meaning of intuitive insights, imagination, and metaphor, is only potentially evident on waking reflection. As Rycroft (1981) puts it:

Dreaming is an imaginative activity and the imagery occurring in dreams is to be understood metaphorically; ... dream interpretation consists in discovering to what subject or theme the concrete imagery of dreams metaphorically applies. When used as a figure of speech, metaphor is used with consciousness of its nature as a substitute for direct statement, when used while dreaming, metaphor is presented as though it meant itself, and it requires the addition of waking, reflective consciousness to ascertain to what it applies.' (p 71).

Contemporary writers (e.g., Segal, 1991; Ogden, 1997) maintain that a knowledge of the whole process of symbol formation in general and metaphor in particular is necessary for the work in general and not only in relation to dreams. However, symbols, poetic diction, myths, and other narrative forms (discussed in Chapter 4) are particularly useful for understanding the 'stuff' of dreams, and arriving at their truth (to be discussed further in Chapter 7). Thus, whereas intuition cannot be learnt, the analyst's knowledge of metaphor, symbol, myth, and so on can be developed.

9. Self-knowledge and a knowledge of the role of dreams in analysis

All of the main players refer to the importance of self-knowledge in working with dreams, since it is easy to project the analyst's own meanings onto the material. But do dreams evoke specific countertransference reactions or resistance? Given the universal belief that dreams are valuable in analysis, Meltzer (1984) raises the important if paradoxical point that resistance to dream interpretation may not only

reside with the patient but also with the analyst. According to Meltzer, dreams more than any other material, evoke strong resistance in the analyst. Telling a dream is an intimate act of inherent truthfulness which both the analyst and the patient may distance themselves from. No material is as deeply evocative as dreams since they stem from the most creative and passionate levels of our being. Factors likely to mobilise resistance include fear of invasion, fear of confusion, and impotence. There is an intimacy about reporting a dream. Dreams not only contain truths about the patient but may also contain penetrating insights and disturbing perceptions of the analyst.

Dreams may evoke specific resistance and countertransference reactions in the analyst; thus some examination is needed regarding the specifics of working with dreams. There are repercussions to avoiding, requesting, or enjoying working with dreams, as the analyst's interest and effectiveness influences dream-life and the frequency with which dreams are presented Meltzer (1984).

10. **Interpretation**

Although the main players see the process of dream interpretation as a joint venture, the phrasing and the formulation of the interpretation classically falls within the analysts' tasks. And it might be remembered that for Freud, the 'royal road' was the *interpretation*. He uses the word interpretation in two senses, the work of the interpretation (the patient's 'free associations') and the completion of the work which is the repressed wish. From this one might say that he had a general picture of the process which was to link unconscious contents with more conscious ones, and then a more specific goal, namely the wish that triggered the dream. Meltzer's expanded view is perhaps comparable. He sees the interpretation as a spiral structure which circles around previous material, linking elements of the dream, associations, and interpretive intuitions until they are 'corralled' together and can be offered. This seems to be a general principle of dream interpretations, but not the endpoint or the formulation which has to do with transference and the 'here and now' (c.f., Kahn, 1976), or, for others, reconstruction.

This trend is evident across different schools and over time. There are general issues which seem to transcend different theories and there are the specifics which may be doctrinal. The variety of these is presented and discussed in the next chapter. There is debate about what is right or wrong in theory, but there is also a surprising amount of agreement about how we potentially get there (as discussed in this chapter) and also how we assess the results (c.f., Chapter 7).

11. Role of theory

The issue of the 'basic frame' and the rules governing the analytic endeavour are based on theory. However, a common point is that theory be kept out of the consulting room as much as possible. Thus doctrinal differences should not be voiced in the interpretation, nor should they get in the way of finding meaning (Hill, 1994). As Jung (1933/1961) puts it, the basic principle is that the dream has meaning and that theory needs to be bracketed. (The role of theory is discussed further in Chapter 7.)

5.3 Summary

There are more similarities than differences in the variety of theories on technique over the century and across schools. As a general principle, the dreamer narrates the dream and is usually required to provide associations, whereas the analyst assists in the further clarification and exploration of the dream. However, the process is typically seen as a mutual venture with the goal of discovering and creating meaning. There is a potential sequence to the endeavour and a variety of different techniques and skills which the analyst may bring to bear on the process, including the value of his or her associations, intuition, imagination and a knowledge of symbol, poetic diction, and myth.

Dreams are valued in all schools, but the most common policy among different schools and over time is that dreams are not 'pursued as a hermeneutic fetish', as Kahn puts it. Analysts do not actively seek them out (apart from within some Jungian circles), however, dreams may be requested at certain times. Given that it is a general policy not to ask for dreams, that patients may be required to free associate to dreams as to other material, and that dreams themselves may be part of the ebb and flow of analysis, dreams are likely to be explored to a greater or lesser extent, depending on the analyst's ongoing assessment of the situation. However, dreams also play a different role from other material and the nature of this role needs to be explored further, which is one of the aims of the clinical study.

Theory also has a role to play; it is universally held that dreams tell the truth but interestingly most schools have an 'ideal' theoretical stance, which might even differ within schools. Whereas there is more overlap than difference in the way dreams are explored, there is considerable diversity in theoretical focus. The next chapter examines the favoured keys of different schools, the rationale for their favour, and an offers an argument in favour of bringing together the different keys available on the basis of common themes.

THE MEANING OF DREAMS

Every dream reveals itself as a psychological structure which has a meaning and which can be inserted at an assignable point in the mental activities of waking life.

Freud (1900/1976)

All theorists discussed thus far concur that dreams tell the truth or at least shed light on the dreamer's current concerns. However, when it comes to the meaning reached, there is paradoxically considerable diversity which the rifts and developments over the century have thrown into relief. This chapter provides an overview of the main keys of dream interpretations used over the century and across different schools so that their value can be assessed and their commonalities brought together. Obviously the various keys are influenced by the theories of dream construction and function, discussed in Chapters 2, 3, and 4, but not entirely.

6.1 Freud: Repressed Wishes

As discussed in Chapter 2, Freud (1900/1976) argued that dreams depict a disguised fulfilment of a repressed, infantile wish triggered by events of the day preceding the dream. Thus, in Freud's theory, the central goal of dream interpretation is the unearthing of this wish. The keys with which he proposed to achieve this endeavour include the distinction between the manifest and latent dream content (since the dream in itself is a disguise), the identification of typical dreams and symbols, and the context and/or trigger of the dream.

6.1.1 Manifest and latent dream content

Freud (1900/1976) made a conceptual distinction between the manifest and latent dream content. The manifest content is the dream as remembered, reported or related; it is typically linked to recent experience, particularly experience, feelings, and thoughts which have not been processed or which have been suppressed or denied during the day

preceding the dream. To return to Freud's dreams cited in Chapter 2, these constitute the manifest content. The 'Irma' dream specifically picks up on Otto's visit of the previous evening and feelings evoked in Freud. Freud thought that he detected reproach in Otto's comment about Irma being 'better, but not quite well'; however, as he puts it, his 'disagreeable impression was not clear' to him at the time (p 181). The manifest dream content is distinct from the latent content, or dream-thoughts, which is the object of interpretation and the meaning that is revealed by the interpretation. The latent content constitutes the repressed wishes which often go back to the 'first three years' (p 288), or the most 'ancient experiences' (p 311). As discussed earlier, the manifest and latent dream contents are two drafts of the same subject matter but the latent content is transformed via the 'dream-work' into the manifest content to disguise meaning and to preserve sleep. In order to arrive at meaning, the analyst proceeds with the manifest content where the point of contact with the previous day can be found, and then follows all connecting paths that lead from the manifest content to the more important latent content.

Freud's concept of repressed wishes contains two related aspects, repression involves a temporal aspect and the idea of a wish involves instincts, drives, or emotions. Meaning found needs to take cognisance of both. Freud's contribution in terms of the temporal dimension is far less controversial than his theories on wishes and drives. He argued that the dreams relate to current, ongoing concerns, but they may depict or reawaken issues relating to any point in the dreamers recent to distant past. The dream may contain a succession of meanings imposed on each other; thus many levels of interpretation may be possible, but the deeper one takes the analysis of a dream, the more one comes upon experience of early childhood. Interestingly, Freud looks more at current experience with his own dreams, and more at early experience with his patients' dreams.

The early experience which Freud primarily focused on was repressed sexual wishes. For example, in the case of Dora, one of the wishes he interprets is Dora's Oedipal longing for her father (1905/1953). (In Dora's first dream, *the house is on fire, her father is standing next to her bed, he and Dora hurry out, and Dora's mother is left in the burning house.*) Common themes and symbols depicting hidden sexual wishes are discussed further in the next section; however, Freud does not only look at sexual wishes, but also a number of others (Freud, 1900/1976). For example, in the 'Irma' dream – which alerted him to the wish-fulfilment propensity of dreams in the first place – the repressed wish is that Freud is not responsible for the persistence of Irma's problems, but that both Irma and Otto are culpable. In the 'micturating dream', he cites the hidden wish as two-fold: omnipotence in the wake of his sense of failure after the lecture of the previous evening and a wish to be 'away from the grubbing in human dirt' (p 606). Perhaps he might have also wished to

urinate on his detractors. He reminds us that censorship and distortion continue after waking, and also that he wishes to retain some privacy in his associations, and indeed his interpretations of his own dreams. Thus – as with these dreams – his interpretations centre around his current conflicts and his feelings or wishes related to his work life.

Arguing the validity of his wish-fulfilment theory, Freud explains why distressing and anxiety dreams can be seen as disguised wish-fulfilments. These dreams are concerned with issues which the dreamer does not want to admit and which come under the sway of the censor. Thus the wish evades the censor, but the painful feelings are still experienced. In some cases, there is a breakdown of the censorship and the dream is so distressing that the dreamer wakes up. In other cases, wishes are so repressed and outlandish that they evade the workings of the censor completely. Dreams depicting Oedipal desires are a good example of the latter. (Who would *dream* of sleeping with their mother?). Some of the ‘typical dreams’ cited by Freud are given below. These of course refer to the manifest content, in which he reads meaning in the light of the likely wishes repressed. But he often reminds us that there are no fixed keys to meaning, since we require the individual dreamer’s associations.

6.1.2 Typical dreams and symbols

Freud remarks that many typical dreams depict themes of legends, myths, and fairy tales, and that their meaning is perennial. These are not usually pleasant dreams. He points out that dreams of being naked and feeling shame which are at odds with the indifference of onlookers are the basis of the fairy tale, *The Emperor’s New Clothes*. Similarly, the common theme of being glued to the spot recalls *Odysseus* bound to the mast when sailing past the sirens, and typically reflects a paralysing conflict of will. Freud cites the Oedipal theme, being in love with one parent and hating the other, as being among the most common dream themes and ‘among the essential constituents of the stock of psychical impulses’ (Freud, 1900/1976. p 362). If we return to the drama itself, Oedipus’s mother Jocasta, tells Oedipus that many men dream of sleeping with their mother and that he must disregard his troubling dreams. Freud would say that her sentiment is common and that wish is repulsive, hence the need for its further repression.

Typical themes also depict common experience of a more contemporary nature. Freud gives the example of examination dreams. In these, the experience is re-evoked in the dream. He makes the salient point that the dreamer has typically passed the examination in question but, in the dream, finds himself rewriting or failing it. Freud calls these ‘punishment dreams’; the dreamer, being adult, does not have parents to inflict punishment or to take responsibility, so the dream does the work for them. These dreams

may reflect concerns about failing to do something or having done something wrong on the previous day; they may also anticipate concerns for the following day where the dreamer anticipates that his or her mettle may be tested and found wanting.

Freud also looks at typical themes which emerge in the dreams of patients in analysis. These commonly depict the course of treatment as a journey, the unconscious as a subterranean region, and the passions or impulses which are evoked in analysis as wild animals. Thus the journey or the animals depicted are symbolic and represent hidden meaning which needs to be interpreted. This is also true of the many dream symbols which represent some aspect of sexuality, and Freud mentions an abundance of these in *The Interpretation of Dreams*. Thus he associates a variety of elongated objects, sharp weapons, guns, and tools with the penis; boxes, cases, cupboards, and ovens with the uterus; and haircutting and teeth falling out with castration. In childhood, both the genitalia and the anus may be regarded as a single area, the 'bottom' and, in the dreams of adults, 'down below' may represent the genitalia, while 'up above', the breasts or head.

Freud cautions against arbitrary judgement by the interpreter in finding meaning in these symbols. Of importance is the patient's associations, the context of the dream, and the interpreter's cognisance of the ambiguity of symbols, given the tendency of dreams to represent different thoughts and wishes as a unity. Symbols thus both help and hinder the interpretation of dreams and may reflect both universal and individual meaning.

6.1.3 The context

Perhaps the most important key that Freud mentions is the context. This may be events of the previous day (as in his 'micturating' and 'Irma' dreams) or an ongoing situation (as in the series of dreams about visiting to Rome in the light of his current ill health). The context he commonly uses with his patients' dreams is their symptoms both past and present (e.g., he links the burning house in Dora's dream with her childhood enuresis, and the situation with her mother in the burning house and her escape with father – unresolved Oedipal issues – with her 'hysteria' (Freud, 1905/1953). The context may be given in the dream content or it may emerge in the associations.

6.1.4 Summary

Freud's main key, the repressed wish is the most debated. Jung argues that it is too narrow, dreams have more meaning than the repressed past and they are not just wishes. Meltzer argues that the term is too loose: 'it is not possible to derive from Freud's writings any clear conception of what he means by 'wish'. Intention, motive, plan, desire, impulse, expectation?' (p 12). Most of these are future or 'other' directed, and stem from

within. To start off with the temporal factor, although the wish in Freud's terms is governed by the repressed past, the importance of the temporal dimension is perhaps Freud's biggest contribution to meaning, despite the fact that different theorists all have a favoured dimension as a focus of interpretation.

Secondly, the fact that the wish is linked to the body and its instincts, and that the energy is mainly sexual or aggressive is contested, except in Kleinian circles. Jung argues that many more instincts are at play, and Bion would include K or knowing as an important factor. However, as we have seen in Chapter 4, symbols and poetic diction are sensorial and concrete, having their roots in childhood when things were more concretely represented (Jones, 1916). Particularly in dreams, they are linked to the body and the most concrete bodily functions or actions. Thus a wish in this sense ties up with the phenomenological idea of 'embodiment'.

Thirdly, from Klein onward the idea of a wish would have the proviso that it is linked to an object. Jung starts the ball rolling with his differentiation between objective and subjective levels of interpretation (which Freud noted but did not expand on).

Fourthly, the dream has a context, evident in recent and ongoing life of the dreamer. This is the anchor of the interpretation, seen as important in all subsequent theories.

Finally the issue of the manifest versus the latent dream content has been much debated. What Freud probably meant was that dreams could not be taken at face value, but that the clues are within the manifest content, where understanding the primary processes – condensation, displacement, and so on – helps to detect what is hidden.

6.2 Jung: Compensation

Jung's contribution to the meaning of dreams is both a departure from and a development of Freud's. Although he disagrees that the meaning of dreams is to be found in the so-called latent dream content, he adds new insight regarding the focus of interpretation. On the temporal dimension, he argued that the value of dreams is not what they reveal about the past but what they reveal about the dreamer's unfulfilled potential. Secondly, building onto Freud's notion that figures in dreams may represent aspects of the self as well as the object, Jung identified and expanded this concept, suggesting a dream could be interpreted on either of these levels. Thirdly, as we have seen in earlier chapters, Jung took Freud's ideas on universal themes and images into a new realm, the collective unconscious. For the purposes of this study, Jung's ideas on interpreting archetypal imagery are given, not because of any allegiance to the idea of a split between the

personal and collective unconscious, but because his ideas about universal themes and images provide a useful category in the pursuit of the meaning of dreams. They encompass Freud's 'typical dreams'.

Jung provides a number of keys for understanding dreams, which will be discussed below. These keys all hold in common Jung's contention that dreams do not disguise but constitute a message which *compensates* the dreamer's conscious view of things. While Jung (1933/1961, 1948/1969) agreed that the meaning of a dream may not be identical to that suggested by the manifest content, he disagreed with Freud's view that the manifest content is a facade which disguises the true meaning of the dream. Using the analogy of the front of a house, he suggests that rather than obscuring that nature of the inside of the house, it gives clues about the inner arrangement and design of the house. Thus Freud's argument might be that one cannot judge a book by its cover, whereas Jung suggests that one can.

Jung (1948/1969) argues that while Freud's wish-fulfilment theory has merit, it is too narrow a focus and does not do justice to the richness of meaning which may be revealed in a dream. These include 'ineluctable truths, philosophical pronouncements, memories, plans,' anticipated events, and telepathic visions (Jung 1933/1961, pp 12/13). Nor are wishes necessarily infantile or sexual. Dreams do not only uncover repressed content, but they also look forward to the future, pointing to unfulfilled potential or unrealised aspects of the self. Finally, dreams do not only represent sexual material or one particular instinct, but rather a multiplicity of instincts, needs, desires, and feelings, as well as physical and psychological conditions. Jung argues that different theories, such as Freud's, provide different points of view, but they do not constitute a definite statement on the meaning of dreams, nor do they cover the full picture.

The actual situation in the unconscious may differ to a greater or lesser extent from the consciously perceived situation, because, according to Jung, dreams fulfil a compensatory role. Thus when interpreting a dream, a useful question to ask is 'For what conscious attitude does the dream compensate?' According to Jung (1948/1969), dreams bring to light thoughts, inclinations, tendencies, and feelings which are neglected, denied, ignored, repressed, or simply unknown in conscious life. The compensatory significance of dreams is often not immediately apparent and in fact may contrast in a striking way to its real significance. The more one-sided the conscious attitude, the more contrasting the dream content is likely to be. Conversely, dreams may be complementary in a balanced person who has adapted to his or her objective situation and inner needs. Dreams thus present a different point of view from what the patient expresses consciously and a goal

of dream interpretation is to bring the dream into the closest possible connection with the conscious state.

6.2.1 Retrospective and prospective dream interpretations

Jung (1948/1969) agreed with Freud that dreams bring up repressed material which may indeed refer to childhood, but he felt that Freud's approach was too reductive and retrospective. Dreams are not only a memory bank of the past but they also contain 'the germs of future psychic situations and ideas' (Jung, 1964, p 38). In Jung's opinion, Freud's causal view of dreams is important, but incomplete. Dreams also reveal a sense of purpose and are thus prospective. In this respect, dreams may symbolically depict untapped potential, the solution of a current conflict, or they may predict the likely outcome of current behaviour patterns. Jung thus sees dreams not only as defensive but also creative. By portraying an anticipatory combination of probabilities, dreams may reveal a fusion of subliminal elements, such as perceptions, thoughts, and feelings not consciously registered. These dreams are therefore not necessarily prophetic, but convey future possibilities inherent in ongoing life styles.

At a more concrete level, Jung gives many examples of dreams which he called 'anticipatory'; these are commonly presented at the beginning of treatment. A sequence of three dreams of a woman patient who consulted three different analysts illustrates the point well (Jung, 1933/1961). In the first dream, the woman *has to cross a frontier into the next country but does not know where it is nor whether anyone can help her*. This analysis was cut short soon after it began. In the second, the dreamer *again has to cross a frontier but has to pass through a dark wood. She loses her direction and then finds someone with her who clings to her like a madman*. Again the treatment was terminated as the patient felt 'disoriented by the analyst's unconscious identification with her' (p 8). In the third dream, *she has crossed the frontier and finds herself in a Swiss customhouse. She is only carrying a handbag and so feels that she has nothing to declare but the custom's official opens her bag and produces two mattresses*. This dream occurred shortly after the woman had started treatment with Jung.

As Jung points out these dreams anticipated the difficulties the patient was to have with her analysts. Either she would not get help, she would be engulfed or, in the third, she has no reason to be in therapy but the analyst/custom's official/magician sees things differently. Whereas Freud would look at the roots of these difficulties, Jung would look forward and point out her unconscious expectations. As he points out, 'these three dreams give clear information about the analytical situation, and it is extremely important for the purposes of therapy that this be rightly understood' (p 9). Although Jung does not spell out his interpretation, he makes the point that the analyst needs to

combine both retrospective and prospective points of view in order to offer a complete interpretation. But what of the figures of the madman and the Swiss custom's official? Do these represent the patient's projections or is there some link to the real analysts?

6.2.2 Subjective and objective levels of interpretation

Freud (1900/1976) maintained that figures in dreams represent figures in the dreamer's life and also that part of the dreamer's ego resides in every figure. Jung (1948/1969) distinguishes between these two levels of interpretation; a subjective or intrapsychic level sheds light on aspects of the dreamer, whereas an objective or interpersonal level may relate to people and situations in the dreamer's outside world.

Dreams are essentially subjective as they are constructed out of our own perceptions and ideas; they express 'this or that meaning, not for extraneous reasons but from the most intimate promptings of our psyche' (Jung, 1948/1969, p 266). An interpretation of the dream's meaning on the subjective level takes all figures in the dream as personified features of the dreamer and his or her inner complexes.

But dreams also reflect perceptions of figures in the external reality which to a greater or lesser extent speak of the reality of these people. Thus an objective interpretation throws light on what is happening in the patient's environment and the patient's perceptions of and relationships to figures therein. However, as Jung notes, projection plays a role in our perceptions of others and one can never be totally objective about the discrepancy between perceptions and reality. Similarly, an interpretation which only relates dream characters to real people and thus treats them as identical does not distinguish between the object and the idea of the object. Although dreams may only have an ostensible connection with the real object, there is always some subjectivity. Thus Jung emphasises the need to take into account the real qualities of the object without which projection would not take place. The object often offers a hook on which projections are hung or even unwittingly drawn out.

Jung seems to be the first theorist to discuss the object in much the same way as it emerges in Object Relations theory, although he is rarely acknowledged in these circles. He notes that when a projection corresponds to quality present in the object, the projected content is nevertheless present in the subject too, where it forms a part of the object-*imago*. He describes the object-*imago* as a psychic entity distinct from actual perception of the object which has its own independent existence, yet is based on perception. The relative autonomy of this image remains unconscious as long as it coincides with the actual behaviour of the object.

Although Jung deems it necessary to distinguish between subjective and objective levels, a complete interpretation would need to include both dimensions. The first step would be to identify the predominate meaning. Dreams depicting people with whom the dreamer has an important connection may call for an interpretation on the objective level. However the more emotionally subjective and intense the impressions are, the more likely they contain projections. Conversely, if characters are relatively unimportant, a subjective level interpretation may be nearer the truth.

In the previous section, Jung's interpretations of the dreams of a patient at the onset of three different analyses looked towards unconscious issues emerging or likely to emerge. He also interprets the clinging madman at an objective level as the analyst. Like other dreams symbolising the analyst, accurate and valid perceptions may be revealed, but the dream is also likely to reflect an aspect of the dreamer from which he or she needs to escape. (Jung does not consider the subjective level of his dream about Freud as the Austrian custom's official.)

Like Freud, Jung considers the transference implications of dreams. In the third dream of his patient, he sees himself portrayed rather transparently as the Swiss customs official cum magician who is likely to pull unexpected rabbits out of the bag. But, as he suggests, the onus is on the analyst to work out whether projections are being 'lured out' by the analyst (Jung, 1948/1969). Projections evoke counter-projections if the object is unconscious of these qualities. Similarly, the transference is answered by a counter-transference when the analyst is unaware of something that nevertheless exists in him.

6.2.3 Individual and universal themes

Jung developed Freud's thoughts about universal themes to the extent that they became central to his theories. Jung (1948/1969) talks about typical motifs as being more important than typical dreams. These motifs occur in numerous variations in myths, legends, the literature over the ages, and in different cultures. In dreams the universality of these motifs sheds light on individual meanings as they have a similar significance.

These universal motifs are characteristic of archetypal dreams which Jung distinguishes from personal dreams. The latter have subjective significance, are more easily brushed aside, and have meaning for the individual alone. On the other hand, archetypal dreams have meaning across different cultures and epochs; they are collective and objective and are rarely forgotten. These dreams are more difficult to interpret as they are further removed from consciousness, associations may not be forthcoming, and they seem to have little connection with conscious life.

Archetypal dreams typically occur during critical phases of life such as early youth, puberty, the onset of middle age, and when death is in sight. They express universal and eternal human problems by using collective figures and mythological forms. Typical motifs include the life of the hero, dangerous and helpful animals, the wise old man, and they depict characters which 'in no way touch the banalities of life' (Jung, 1948/1969, p 293). Another characteristic is that they often involve different constellations of figures (as, e.g., in the myth of Oedipus which involves a dead father, a mother, and a son).

When interpreting archetypal imagery, Jung draws on the basic bipolarity of archetypes and thus looks at both their positive and negative connotations, their creative and defensive aspects, their imagery and instinctual levels, and their individual and collective significance. Since archetypes may be blended with unique individual elements, dreams need to be analysed in terms of both individual experience and collective meaning (as Freud does with his 'micturating' dream).

6.2.4 Typical symbols

Jung (1948/1969) suggests that symbols do not have only one meaning or indeed a fixed meaning and feels that Freud interprets symbols too concretely and literally. Long objects do not only have sexual connotations. The snake or serpent, for example, is universally regarded as a symbol of energy, but it also has a variety of meanings which may relate to the reptile as a whole or to any of its main characteristics, such as its movement, the way it sheds its skin, its threatening tongue and bite (Cirlot, 1978). In the *Bible*, the snake symbolises temptation or evil, in eastern mythology it represents wisdom, while the two snakes of the Caduceus represents health balanced by sickness. At an individual level, an image of a snake may have an intrinsic meaning of its own depending on personal experience.

6.2.5 The context

Jung emphasises again and again that dreams are not cut off from daily life and that we cannot interpret a dream with any certainty unless we establish its context, including the events preceding the dream, the dreamer's current situation in life, and the conscious attitude of the dreamer. These may emerge during the amplification process and may also be informed by the analyst's knowledge of the patient. These contextual factors are needed in order to unravel the network of relationships between the dream and the dreamer's life. This not only sheds light on the significance of the various images of the dream but also aids the process of assimilating conscious and unconscious dynamics. Thus in order to interpret a dream correctly, we need a thorough knowledge of the conscious situation of the dreamer. Jung (1933/1961) cautions against overvaluing

dreams; it is not that the point of view of the dream should replace the conscious point of view but that there should be an assimilation and a merging of conscious and unconscious contents so that neither view predominates.

6.2.6 Summary

Jung's theory of dream interpretation has a lot of practical value. It compensates Freud's theory in a few important ways. His distinctions between subjective and objective levels, retrospective and prospective, and individual and universal meanings each incorporate an angle of meaning which Freud considered but did not make central to his theories. Furthermore, as writers have noted, Jung's focus often appears more positive than Freud's (dreams as a message rather than a disguise, as forward looking rather than to the repressed past, and so on). It is argued here that his 'hermeneutics of faith' have a role to play in our understanding of dreams and well as Freud's 'hermeneutics of suspicion' (cf. Ricouer, 1979; Steele, 1985). These more philosophical issues are discussed in the next chapter, as well as the the issue of a 'complete' interpretation, namely, one that takes cognisance of all dimensions of a dream, which Jung raises.

The rest of this chapter examines further keys raised by different theorists. These all shed further light on the themes that emerge from Freud and Jung's work, namely, the temporal dimension of meaning, the role of the body and instincts, and the importance of 'object relations' depicted in dreams.

6.3 Klein: Infantile Conflict in the 'Here and Now'

Meltzer (1984) argues that the interpretation of dreams is not essentially different from the interpretation of other material; in both cases, the interpretation focuses on the 'here and now', specifically in the light of infantile conflict evoked within the analytic relationship. The 'here and now' thus encompasses both the temporal dimension and the interaction between the analyst and patient. It also includes internal and external factors, the nature of the relationship, the emotions, and bodily sensations. All these dimensions may be portrayed in dreams which provide a picture of the internal world.

6.3.1 The 'here and now'

As we have seen, Freud focuses primarily on the past in his interpretation of dreams, while Jung looks more towards the future. The Kleinians take up the third dimension of time as a central focus and interpret dreams and other material in terms of the immediate present, namely the interaction between the patient and the analyst at any given moment in the room or in the ongoing analytic relationship.

Despite this emphasis, there is ongoing debate in Kleinian and other psychoanalytic circles about whether the past should be included in an interpretation (Bott Spillius, 1994). The argument in favour of a purely 'here and now' interpretation is that reconstruction and links with the past are misleading and detract from the emotional impact of the session, where the relevant consequences of the past are most immediately experienced. The analyst may subsequently make the link with the past or leave it in the hands of the patient. As Meltzer (1984) points out, the meaning of the patient's history is a product and not the root of the analytic encounter (p 145).

The other view, represented by Segal (in Sinason, 1991) and Brenman (1980) is that the link with the past is a crucial aspect of an interpretation. Brenman points out that reconstruction enriches meaning and gives the patient a sense of continuity. It also helps the patient to discover his or her origins, roots, past objects and lost parts of the self. Segal looks at the elements of a 'full' transference interpretation; these include the here and now, the link with the past, and the link between the internal figures and the external ones (in Sinason, 1991).

This useful outline of a 'full' interpretation considers temporal issues as well as interpersonal and intrapsychic ones. Segal does not bring the analyst's contribution into the equation. She follows Klein's technique closely with the emphasis on the patient's material; however, as previously noted, Kleinians increasingly use their own feelings as a source of information about the patient.

6.3.2 The interplay between the transference and the countertransference

As noted earlier, Jung spoke of the countertransference as early as 1948. His use of the term – similar to Bion's (1990) – connotes the unconscious feelings of the analyst toward the patient, that is, the analyst's transference. However, Heiman's (1950) seminal paper on the subject takes up the concept of the countertransference in a broader sense, as a state of mind partly induced in the analyst by the patient.

Both the broader and narrower types of countertransference are invariably linked. Patients constantly nudge us to behave in terms of their unconscious phantasy and expectations in order to create a particular scenario, so that an internal relationship between self and an object might be enacted in the relationship with the analyst (Brenman Pick, 1988; Sandler & Sandler, 1978). Thus the analyst needs to be receptive to the patient's projections and needs to tease out what belongs to whom.

In this respect, Steiner (1994) reminds us of the importance of a third point of view, in the form of collegial discussion or supervision, given that many countertransference

reactions remain unconscious. It may be added that dreams may provide a third perspective. Dreams may depict the patient's unconscious perceptions of the analyst which may have some degree of accuracy and say something useful about the interaction between the two. In her paper 'Working through in the countertransference', Brenman Pick (1988) presents clinical material including the dream of a patient, which graphically illustrates this point. The material also illustrates her contention that the patient's dynamics intermingle with those of the analyst and that patients do not just project into the analyst but into particular aspects of the analyst.

The patient reports the dream after seeing Brenman Pick at a public lecture during which psychoanalysis was under attack. In the session, the patient commends Brenman Pick on the way she dealt with the attack, she becomes aware of feeling flattered, and intervened at this level. Her intervention triggered the patient's memory of the dream:

Freud was undergoing an operation for shoulder lesions. There was a worry that the operation was not fully successful; when Freud tried to lift his arm he could not do so. A group of people, including the patient, were trying to protect Freud in various ways, including sedation, so that he would not have to bear the pain.

Brenman Pick's own associations to the dream are that Freud had undergone surgery but that it was for cancer related to smoking; she also recalls that the patient had seen her smoking at the lecture. She notes that she had a strong urge to avoid this area, that is, her countertransference reactions. The patient's associations are that Freud and herself both need support. Brenman Pick is suspicious of the sedative support posited in the dream and puts to the patient that he is trying to protect her, as though what he needs her to shoulder might be more than she can bear. She thus uses the image of Freud in the dream to make a countertransference interpretation.

Brenman Pick shows how this patient projects into her and his internal objects two contrasting aspects of himself, one who copes competently and one who is broken down. In so doing, he affects her; she is at first lured into thinking she is coping impeccably with the attack (the patient's voiced remarks) and then that she cannot cope at all (like Freud in the dream). She suspects that the truth lies somewhere in between, but this is not the patient's perception, according to the dream...

6.3.3 Analyst-centred and patient-centred interpretations

Another angle relating to countertransference interpretations is Steiner's (1994) idea of patient-centred versus analyst-centred interpretations. In the first instance, the

interpretation focuses on the role the patient is playing in inducing a response from the analyst; more specifically what the patient is doing, feeling, thinking or wishing with regard to the analyst, together with the associated motive and anxiety. In the second instance, the analyst interprets the patient's perceptions or fears of his or her impact on the analyst.

Countertransference interpretations usually involve a link between the patient's behaviour and the analyst's state of mind (as in Brenman Pick's interpretation of her patient's dream); Steiner, however, examines the value of breaking these down, so that they can be framed according to the patient's current anxieties and preoccupations. Patient-centred interpretations may be experienced as blaming or even persecutory, particularly if the patient needs the analyst to contain his or her feelings in their projected form, rather than have them immediately pushed back. Furthermore, interpretations may need to recognise the patient's more pressing concern about the analyst's state of mind rather than his or her own. (Brenman Pick's interpretation is an analyst-centred one; a patient-centred version, based on the material, would have focused on the patient's need to flatter and sedate her.)

The countertransference may profitably be included in the concept of a 'full' interpretation. Both transference and countertransference interpretations draw on the temporal dimension of the patient and his or her relationship to the analyst as well as the question of what belongs to the self and what belongs to the object.

6.3.4 Dyadic and triadic object relationships

The analyst is an object in the patient's inner and outer world. As we have seen, one of Klein's major contributions to our understanding of object relations is the distinction between part objects and whole objects and the relation between these and the two levels of functioning, the paranoid-schizoid and depressive positions. These positions have typical object relationships, defences and anxieties, which may be depicted in dreams.

If the patient were functioning at the paranoid-schizoid level, we would expect to see evidence of part objects, namely, part objects in the anatomical sense (breasts, buttocks, penis, and so on) or as a result of the process of splitting of self and objects into stark opposites. If dyadic object relations are depicted, themes of persecution, attack, and omnipotence may abound.

Conversely, evidence of whole objects and themes of reparation, loss, and damage would suggest functioning predominantly at the level of the depressive position. This is the case

of Brenman Pick's patient whose dream suggests that the patient had some concern for his objects who are perceived as whole yet damaged and depicts his attempts at reparation.

Dreams in general would also shed light on whether dyadic or triadic relationships are in the foreground. Typically, Kleinians focus on dyadic relationships and early versions of the Oedipal situation. There is not always a clear divide between the two positions and there is evidence in the literature of a type of patient who has a foot in each camp, so to speak. In a paper entitled 'The border between the paranoid- schizoid and depressive positions in the borderline patient', Steiner (1979) uses the term 'borderline' in its diagnostic sense as well as a metaphor for both the divide between the two positions and the subjective experience of these patients. These patients cannot work through depressive anxieties and are thrown back on earlier defences, particularly projection and pathological forms of splitting. These defences lead to parts of the self being disowned and attributed to objects and parts of the object being taken over, resulting in identity problems characterised by a blurring of self and other, a confusion between male or female, adult and child, good and bad.

The dream material of these patients reflects 'combined objects'. Britton (1994) cites one of these patient's dreams where *the dreamer is driving a car with his mother, each with one hand on the steering wheel*. Their dreams also reveal the dominance of destructiveness over the rest of the personality and a rigid defensive network, known as a pathological organisation, which may be depicted as an internal Mafia at work.

6.3.5 Drives and bodily functioning

Klein's theory is both a drive and an object relations theory. In her view, the body is not so much the source but the medium through which psychological drives of love and hate are expressed. Whereas Freud reads an unusually high degree of sexual content into the dreams of his patients, Kleinians traditionally focus more on the destructiveness of their patients and the defences brought to bear. According to Bott Spillius (1994), destructiveness and self-destructiveness is still analysed but with less emphasis on the 'bad' patient and more awareness of the subtleties of conflicting aspects of the personality. Here, Bion's influence is felt both in terms of the interaction between analyst and patient, mother and infant, and the role of innate aggression versus the capacity of the maternal object to contain the aggression.

However, the Kleinians resemble Freud in reading bodily parts into many dream images in quite a concrete fashion. Meltzer (1984), for example, finds many images of breasts in his patient's dreams, such as a 'sandcrop' and a 'front drive'. He also builds onto Freud's

view of 'above and below' dreams by suggesting that dream symbolism often reflects a picture of different geographical zones of the insides of the maternal object. For example, the rectum may be reflected in images such as downstairs, backdoor, or in any smelly or sadistic motifs. The vagina may be seen as an erotic place and the breast as an idyllic one.

6.3.6 Summary

Although the Kleinians tend not to focus on dreams as a specific form of interpretation,¹ dreams are a fundamentally important feature of their mode of psychoanalysis and it is rare to read literature from the Kleinian camp which does not make some reference to dreams. The literature suggests that their central focus in interpreting dreams is the transference and countertransference, and any infantile conflicts currently being re-enacted in the patient's internal world and in the room.

If Freud had taken his 'micturating dream' to a Kleinian, it is possible that the analyst would have interpreted the dream as a sign that Freud wanted to 'piss' on his analyst, particularly if the analyst felt under attack. This dream is also a useful example of how the body is the medium through which the emotions are expressed. Similarly, if Jung had taken his 'Austrian customs official' dream to a Kleinian, the analyst, like Freud, may have seen death wishes in the material directed towards the analyst.

There is not so much focus on universal symbols and themes except in terms of the early mother-infant dyad and the Oedipal situation. In this respect, Jung's contribution is richer. Segal's definition of a 'full' interpretation is useful in indicating the many links that can be made in an interpretation of a dream; these can profitably be extended to include other links. But as Segal notes, such an interpretation would be too unwieldy to offer as a single intervention; for an interpretation to be complete, all elements need to be brought together at some point. It should be noted that many of these linkages are a development of those suggested by Jung. To use Joseph's (1985) phrase, we need to get to the 'total situation', an issue which is discussed further in the next chapter.

6.4 Other Contributions

The aforementioned keys are variations on the range of possible interpretations which analysts use for interpreting dreams. A final key needs to be discussed in brief and some typical dreams examined.

¹ Even Hinshelwood's (1991), *Dictionary of Kleinian Thought* gives dreams only half a page; interpretation is not given its own entry.

6.4.1 Meta-meanings

As Rycroft and others point out, it is sometimes necessary to distinguish between the intrinsic meaning of the dream arising from the text and the meta-meanings derived from the manner in which dreams are presented (Rycroft, 1981; Lambert, 1981). The latter is commonly felt to be a reflection of the patient's relationship with the analyst. Thus dreams may be offered as gifts to please or impress the analyst, they may be withheld, or they may be red herrings to divert the analyst's attention from more pressing issues. Similarly, as others have noted, patients may flood the analyst with so many dreams that they cannot be dealt with at all (Segal, 1991). The important point that dreams may be used in different ways by patients needs to be noted and indeed interpreted before the dreams themselves are addressed.

6.4.2 Typical dreams

In bringing together Freudian and Jungian thought, Rycroft (1981) offers a different perspective on typical dreams which both these masters addressed in their idiosyncratic ways.

A common dream is one in which the analyst is represented in the dream. This has consequences which analysts need to be aware of. It may lead to a one-sided focus on interpersonal issues in the room rather than intrapsychic issues. These dreams may also reveal the patient's perceptions of the analyst's true nature as well as comments or criticisms that the patient has not yet consciously formulated. Such dreams may feel like intrusions and may be uncomfortably accurate and difficult to deal with, but they may also reflect concerns which need to be verbalised.

Anxiety dreams are also common and include sitting examinations, illness, public speaking, loss, or abandonment. These dreams confront us with thoughts, memories, and wishes evoked by similar current situations, but may also be directed to the future in terms of imaginative conclusions of prospective anxiety-provoking situations. Rycroft's view is that waking from these is like escaping from the situation rather than confronting it.

Recurring dreams are common to most people and are generally not an exact repetition of each other but rather constitute recurring themes (for example, finding an unknown room in one's house). These dreams are believed to depict unresolved issues in the dreamer and the degree to which they remain unaltered reflects the extent to which the issues remain unresolved. In therapy, recurring dreams are useful to analyse in the light of earlier versions.

6.5 Summary of Keys to Meaning

All keys discussed in this chapter have their roots in Freud's seminal work. The value of the ideas of later theorists is that they are identified and examined further, thus providing the possibility of a categorisation of keys. Despite the favoured foci of the various schools, it is argued that there are basic themes common to all: time, subject-object relationships, and the instincts or bodily functioning. It is further argued that despite doctrinal differences, there is a surprising amount of consensus in the area of the assessment of interpretations, as well as the role which dreams themselves play in this aspect of the process. This, the final element of the process is discussed in the next chapter.

THE TRUTH OF DREAM INTERPRETATIONS

*If the doors of perception were cleansed everything
would appear to man as it is – infinite.
For man has closed himself up, till he sees all things
through narrow chinks of his cavern.*

Blake (1790/1972, p 114)

This chapter considers the final element of the process of dream interpretation, namely, issues regarding assessment and accuracy. The areas examined include the objectivity of dream interpretation and the question of who is the arbiter of the truth, classical views on accuracy of dream interpretations in the light of later ideas on the accuracy of interpretations in a general sense, and the link between accuracy of interpretation and the inherent truth of dreams. If dreams tell the truth, are there ways and means of guiding the use of dreams, in theory and in practice? The chapter moves on to the role of theory in relation to accuracy and to dreams, and presents a model of dream interpretation in theory. It concludes with the pattern of research on dream interpretation and the aims of the clinical study which follows.

Within the final element of dream interpretation, there is more similarity than difference across schools. And an important question to be considered is whether accuracy is the goal or indeed the only goal of the exercise. This chapter looks at theoretical and practical issues regarding the truth of dreams. All aspects discussed pose issues which will be examined further in the clinical study.

7.1 Assessment of Dream Interpretations

Freud argued that the *interpretation* of dreams is the royal road, Jung saw dreams themselves as a royal road. Jung's position finds currency in all psychoanalytic schools

who regard dreams as portraying a true picture of the dreamer whether or not it is interpreted. But reaching this truth is not necessarily easy. Firstly, as discussed earlier, the dream itself cannot be fully known by the dreamer who relies on the memory of a fleeting experience, if it is remembered at all. Furthermore, the imagery of dreams is made up from the dreamer's private store of memories, past and present experience, interests, and aspirations. Secondly, there is the dreamer's contribution in terms of reporting and working with dreams. Finally there is the analyst's contribution, not only in guiding exploration, making links, and interpreting, but also in grappling with the often obscure and confusing nature of dreams. There can be no public consensus on meaning and no absolute objectivity either on the part of the dreamer or the person who is told the dream.

7.1.1 Freud's view of the assessment of dream interpretations

As with the material in general, it is the analyst's role to assess the validity or accuracy of the dream interpretation. Freud (1900/1976) gives reasons which militate against finding the absolute truth of a dream. Dream interpretations are not necessarily easy and cannot always be accomplished in one session. Secondly, one can never be sure a dream has been completely interpreted as it is impossible to determine the amount of condensation which has operated in its formation. Finally, even an interpretation that makes sense, is coherent, and throws light on the dream may in due course be replaced by a different interpretation. Despite these difficulties, Freud suggests that with sufficient interest, discipline, knowledge, and experience, it is possible to go some distance towards arriving at meaning. Freud argued that aspects of the dream are likely to remain obscure. Freud talks about the navel of a dream which reaches down into the unknown and is unplumbable:

There is often a passage in even the most thoroughly interpreted dream which has to be left obscure; this is because we become aware during the work of interpretation that at that point there is a tangle of dream-thoughts which cannot be unravelled This is the dream's navel, the spot where it reaches down into the unknown (Freud, 1900/1976, p 671).

However, he cautions that interpretations should never be arbitrary. On the one hand, the interpretation needs to be anchored by the context and, on the other, succeeding dreams allow us to confirm and take interpretations further. We have seen that Freud valued the concept of a dream series (exemplified in his dreams of Rome). Dream series are often based on common ground and need to be interpreted in relation to one another. He also looks at consecutive dreams and suggests that the central point of one may be on the periphery of the other and vice versa. Therefore interpretations may be complementary.

Although it is the task of the analyst to assess the interpretation, Freud says that the truth of the dream resides with the patient. There are two problems with this view. Firstly, he did not always practice what he preached. In the case of Dora, e.g., the truth of the interpretations of her dreams was not affirmed by Dora (c.f., Schafer, 1985). Secondly, the notion of the truth residing with the patient is somewhat in conflict with the concept of resistance. (These points will be returned to later on.)

7.1.2 Jung's view on assessment of dream interpretations

Jung's position is very similar to Freud's. Jung argues that a dream's interpretation cannot be assessed on the basis of theoretical fit or the analyst's subjective view but rather 'mutual agreement which is the fruit of joint reflection' (Jung, 1933/1961, p 11). He insists on taking the patient's view as a point of departure but cautions that the patient's assent or rejection is not necessarily rational (Jacobi, 1968). An interpretation may be confirmed by the patient's ability to elaborate on interpretations, to integrate the dream's meaning with an ongoing psychic situation, and to internalise such meaning. This measure of the accuracy of interpretations suggests a longer process.

Jung (1933/1961) also maintains that interpretations are hypothetical and that the analyst can only make inferences about single dreams. He consequently attaches more importance to a series of dreams than to a single dream. A dream series can help rectify mistakes and shed new light on earlier dreams. Series also reveal central themes and clarify the significance of recurrent images.

7.1.3 Summary of assessment issues

Later views are in keeping with those of Freud and Jung. Meltzer (1984), e.g., argues that there is no such thing as a single, correct interpretation; since dreams are symbolic, there is bound to be more than one meaning. Furthermore, an interpretation of a dream may not emerge in a single session; sometimes meaning only emerges retrospectively informed by the material of subsequent sessions.

There is more overlap than difference in these views. On the one hand, the analyst cannot get to the absolute truth of a dream; it is not possible to achieve a single, correct interpretation, since there is always more meaning to be found, yet a dream interpretation should not be arbitrary. On the other, the difficulties may in part be addressed by further dreams (or even a series), the patient's input, and the analyst's 'discipline' (c.f., Freud, 1900/1976). Where difference lies is in the *goals* of dream interpretation. The issues of doctrinal differences in terms of goals and the location of the truth will be addressed by looking at the issue of assessment in the general literature on interpretation.

7.2 Assessment of Interpretations in a General Sense

Whereas Freud did not look further at the issue of assessment of dream interpretations, he examined the issue of the veracity of interpretations in general in many of his papers over the decades following the publication of *The Interpretation of Dreams*. Thus the interrelated issues of where the truth resides and how it may be evaluated, the confounding problem of resistance, and the role of repression, were studied in depth by Freud as well as by subsequent writers. It is not possible to provide more than a cursory look at the debates regarding the confirmation and goals of interpretation. (An extensive discussion may be found in Kelly, 1994.) The following overview looks at issues which are also germane to the specifics of dream interpretations.

At this juncture, the term 'hermeneutics' requires definition as it is pertinent to the following discussion. Hermeneutics is the study of the interpretation of texts. The discipline can be traced back to the early Greeks and, in more recent times, the concept of 'text' has been extended in philosophical circles to include 'discourse' and 'human action' (Gadamer and Ricoeur, respectively, in Kvale, 1996). Typically the philosophy of interpretation is concerned with finished texts and the central focus of hermeneutics is the *process* of interpretation of the texts. "The interpretation goes beyond what is immediately given and enriches the understanding by bringing forth new differentiations and interrelations in the text, extending its meaning" (Kvale, 1996, p 50). Hermeneutics has a two-fold relevance to the present study; dreams in themselves constituted 'finished texts' and the process of interpretation happens between patient and therapist in relation to the dream.

7.2.1 Goals of interpretation: The temporal dimension

Freud and Jung had diametrically opposed goals of interpretation; Freud's goal was the lifting out of repressed material, whereas Jung's was the lifting out of future potential. To return to Freud's position, in his earlier writing, he likened the analyst's task to that of the archaeologist in the quest for the truth (Freud, 1905/1953); later on, Freud (1937b) addressed the differences. Kelly (1994) summarises his position:

Whereas in the Dora case-history Freud uncritically compares himself to an archaeologist and declares psychoanalysis to be a kind of archaeology, in 'Constructions in analysis' the psychoanalyst is given an important advantage over the archaeologist. The psychoanalyst discovers a past in the form of psychic structures which are intact and unaffected by the ravages of time. The archaeologist on the other hand, must settle for, at best, a partial reconstruction (p 47).

The archaeology simile has evoked a lot of criticism to do with the nature of memory and the dependence of historical truth on the current situation (Bonanno, 1990; Meltzer, 1984; Spence, 1982). On the one hand, the analyst does not discover a past unaffected by time. Memory does not record completed events but stores fragments that are continually reconstructed and interpreted during remembering (Bonanno, 1990). Furthermore, as Freud (1914) demonstrated, memory is not necessarily verbal, but can also be enacted, say in relation to the analyst, or depicted, as in dreams. In these instances, structures may indeed be intact but they may also be affected by time. The past which is recaptured is 'neither completely original nor a pure and simple repetition of what has gone before' (de M'Uzan, 1974, p 461). Repetitions are elaborations which incorporate new realities. On the other hand, repetitions cannot be seen in isolation of the context which contributes to the variation of these repetitions (Romanyshyn, 1975).

In 'Constructions in analysis' (Freud, 1937b), he changed his position to one in line with some of the later criticisms. The analyst's constructions do not necessary end in the patient's recollection of the repressed, but rather 'an assured conviction of the truth of the construction' (pp 265/6). Similarly, Schwaber (1990) argues that it is not 'the relinquishment or renunciation of childhood wishes that makes treatment effective [or an interpretation valid], but their discovery and elucidation, the search for their meaning, and the re-establishment of their historical continuity' (p 237).

But the validity of temporal interpretations is not only the discovery of the repressed past and the validity of reconstructions, Jung focused on the opposite dimension of time, the latent unfulfilled potential, his point being that, e.g., symbols not only look backward in time but also point forward. The more important goal of interpretation from a Jungian perspective, is the latter.

This temporal duality has been addressed by Ricoeur (1979) who argues for the validity of both perspectives (c.f., Steele, 1985). He terms the two conflicting styles of interpretation, the hermeneutics of suspicion and of restoration or faith. The hermeneutics of suspicion entails a reduction of illusion, a demystification, and a discovery of what is hidden or repressed. Conversely, the hermeneutics of restoration or faith looks not for the repressed but for the new possibilities, growth and integration. Thus amplification in this regard is an elaboration which takes, for example, symbols beyond their significance of the past and present. It may be argued that the hermeneutics of restoration or faith does not really require interpretation and evaluation as much as provide the ideal or optimal conditions for the elaboration of the significance. Thus, for example, Spence (1986) advocates two different types of listening based on Ricoeur's

conflicting style of hermeneutics. Listening at a vertical level requires an openness to surprise, puzzlement and contradiction, whereas listening at a horizontal level, requires a focus on parallels, repetitions, and variations on themes. At the first level, listening requires less suspicion and an 'ability to detect similarity in difference' (p 226). Listening at the second level requires keeping in mind the old in order to detect the new. 'To listen in the first vein is to listen to the harmony of the hour; to listen in the second vein is to listen to its melody' (p 226). In either case, the focus is on discovery, of the new or of the known. But to return to the issue of assessment, who is the arbiter of the truth of the interpretation, the patient or the analyst?

7.2.2 Confirmation by patient

Freud's view that the accuracy of an interpretation resides with the patient remained quite central to his thinking, although it was elaborated to accommodate the problems of resistance and repression. For example, Freud (1910) wrote about the need to deal with or interpret resistance before interpreting repressed material (in Schafer, 1985). Freud regarded interventions as examples of 'wild analysis'¹ unless two preconditions had been met:

First, adequate preparatory analysis of resistance must have been done already to allow the repressed material to come very near to consciousness; second, the analysand must already have developed a transference attachment to the analyst so that he will not flee from the analysis as the repressed material is brought to light (Schafer, 1985, p 279).

As writers have noted, Freud did not necessarily do this himself in practice; it is not evident in the case material of his analysis with Dora who indeed fled from the analysis much to his surprise (Freud, 1905/1953). However, Freud became increasingly mindful of the force of patient resistance, the need for it to be addressed prior to the interpretation of repressed material, and the importance of timing. Irrespective of what is interpreted by the analyst, the interpretation itself is subject to confirmation by the patient. An early model of confirmation posited by Freud (1912) was his 'tally argument' (in Kelly, 1994). The patient's 'conflicts will only be successfully solved and his resistances overcome if the anticipatory ideas he is given tally with what is real in him' (Freud, 1912, cited in Kelly, 1994, pp. 36/7). This position may appeal to Bion who, in describing his analysis with Mrs Klein, referred to those of her interpretations that were most useful as *harmonising* with his experience (Bion, 1985, in Hill, 1993). The possible issues which this

¹ The prototype of 'wild analysis' was Freud's account of a clinician suggesting to a patient with anxiety that she could effect a cure through sexual discharge, namely, through masturbation or a sexual liaison.

perspective raises include suggestibility on the part of the analyst and the idea that confirmation by patient is quite conscious. To some extent these are addressed by writers who suggest that the accuracy of an interpretation is to be assessed from both verbal and non-verbal, conscious and unconscious material following the interpretation. Thus Malan (1979) posits that an interpretation may be validated by a deepening of rapport evident on the part of the patient.

7.2.3 The analyst's objectivity

Freud's case studies imply that he considered himself to be an objective authority on the truth of his findings. This impression is gleaned because his early focus was to formulate his theories rather than to elucidate factors which influence the analyst's objectivity in the clinical setting. However, towards the end of his career he suggested that the analyst – like the patient – is not immune to the influence of unconscious factors. The role of analyst resistance, countertransference, and the optimal conditions provided by the analyst for arriving at meaning, have been discussed in Chapter 5. What needs to be discussed here is the nature of understanding versus interpretation and the problems of evaluating interpretations in the light of the analyst's lack of objectivity and his or her theoretical proclivities.

Gadamer argues that meanings are constructed from impressions and are influenced by the context (in Spence, 1986). Neither the reader of a text nor the psychoanalyst is neutral, but rather each has some preunderstanding and assumptions which colour an understanding of anything new. In this context Heidegger distinguishes between the interpretive nature of human existence (another *existentialium*) and the process of interpretation. The former is an engaged, prereflective activity which precedes conscious thought, and the latter, a secondary process of making tacit understanding explicit. In the consulting room, another distinction is important, namely, between understanding and interpretation (Ricoeur, 1979). In the hermeneutic sense, understanding involves intended meanings, 'immediately and indubitably given to consciousness' (Kelly, 1994, p 22); this may translate into certain goals of interventions preceding an interpretation, e.g., clarification, empathic reflections, and the numerous ways of conveying understanding at the level of the patient's feelings and perspectives about things. However, intended meanings are distinct from hidden meanings, causal considerations, contextual factors, and explanations. That is, what is not just descriptive and which exceeds that which is immediately given to consciousness.

All schools discussed thus far argue for the importance of interpretation in addressing what is unconscious (in a past, sometime 'known' sense, as in Bollas's 'unthought

known', or in a future, 'unknown' sense which is the position of the Jungians and phenomenologists). Furthermore, what is unconscious may reside in between the analyst and patient. These factors need at some stage to be brought into consciousness through interpretation. (Even those theorists who value the exploration or the joint venture of getting to meaning see this as an aim.)

As we have seen, *what* to interpret, is a contentious theoretical issue, which needs to be distinguished from the goals of interpretation which in the long run are often the same, the discovery and creation of meaning (as discussed in Chapter 5). The first issue, the past or the future, has been addressed in the previous subsection; the second issue, the patient's perspective or the therapist's, needs to be addressed briefly. Theorists have largely focused on the patient's truth, namely, that the interpretation should correspond with the patient's reality; but this is only one side of the dialectic. More recently, theorists have suggested that an interpretation also needs to provide a different perspective, so that the patient's boundaries of self-understanding are challenged and expanded. On one level, as Ogden (1990) puts it, meaning accrues from difference, thus a contrast is necessary for the recognition and definition of meaning (c.f., Lacan). Similarly, Friedman (1992) argues that the individual's uniqueness can only be confirmed or validated if a sense of 'otherness' is introduced (c.f., Winnicott).

Whatever the focus, clearly the analyst has theoretical forstructures and is 'embedded in a system' (Schafer, 1985); he or she also has his or her history, experience, and so on (Meltzer, 1984). Recent literature on interpretation gives ways of addressing these issues. Gadamer argues that the interpreter needs to be mindful of biases and assumptions which constitute the perspective with which an unfamiliar text – like any material introduced into a session – is initially grasped (c.f., Spence, 1986; Woolfolk, Sass, & Messer, 1988). Thus in order to understand the newness of the unfamiliar, a circular enquiry is needed between pre-understandings and the object of understanding (known as the hermeneutic circle). In a similar vein, the hermeneutical circle necessitates a to and fro movement between parts of the text and the whole text. Both of these circular enquiries deal with prejudice and preunderstandings on the part of the interpreter. But they also do more, ideally the circular nature of the enquiry results in a transformation of understandings of parts and whole as well as pre-understandings and interpretations so that new possibilities and understandings emerge. A third related concept from a hermeneutics perspective is the 'fusion of horizons'. In the act of interpretation, the interpreter and the object of interpretation 'coparticipate in a fusion of horizons' (Gadamer, in Woolfolk, Sass, & Messer, 1988, p 17). The word 'horizon' is used to depict the scope and limits of an individual's understanding, whereas the notion of a 'fusion of horizons' suggests a broadening of two

perspectives. These three concepts tie up with the discovery and creation of meaning, not only dealing constructively with biases but also aiming for a truth. As Gadamer puts it, 'truth and method complement one another' (Spence, 1986, p 228).

7.2.4 The truth

Neither patient nor analyst can be objective but the truth needs to be the focus of attention (Bion, 1970). Eigen (1981) addresses this point using the contributions of Winnicott, Lacan, and Bion. He calls it the 'area of faith', by this he means 'a formal condition that makes psychoanalytical experience possible and, descriptively, as a state of mind' (p 431). The first aspect of 'faith' is evident in Bion's method and the second, is evident in Winnicott's transitional experiencing coupled with object usage, Lacan's Symbolic order and the 'gap' between self and other, and Bion's 'O', constituting ultimate reality. These three models have in common the idea of a fluctuation of true and false turns of mind which are an intrinsic condition of self-other awareness and 'mark the central point around which psychic turmoil and conflict gather' (p 413).

Eigen's point is that the experience of truth is emotional and ineffable. Our formulations of the truth or psychic reality can be expressed in terms derived from sensuous experience or spatial reference (as in dreams), but emotional truth is not sensuous nor can it be located. Thus the terms used point to a realm beyond the terms used. The truth (O) which is unknown and unknowable needs to be the focus of the analyst's attention. Thus, for Bion, openness to the unknown is the formal and working principle by which psychoanalysis must proceed. Eigen presents Bion's perspective:

No starting or ending point can be envisioned for O. It is always evolving. As we aim to express the emotional truth of a session, we cannot know ahead of time what this truth will look like. It may take the form (Lacan's, Freud's) of elemental situations travelling in disguise via condensations and displacements (Lacan's metaphor and metonymy). Or it may take as yet unperceived forms which require fresh methods of approach (p 427).

Similarly, Lacan sees the road to meaning as unpredictable and the Real as impossible to pin down. Thus Bion talks about the need to have 'binocular vision', the differentiating and correlating of conscious and unconscious points of view, and Lacan talks about the different languages used in conscious and unconscious thinking. As Eigen suggests, both writers emphasise an attitude which allows a 'simultaneous reading of a plurality of dimensions' (Eigen, 1981, p 427).

Bion (1962) and others argue that the process of arriving at the truth takes time (and some pain), and further that an interpretation which lies close to the truth is often one that the analyst most fears and wishes to avoid (Brenman Pick, 1988; Strachey, 1934). In Bion's terms such an interpretation may provide nourishment for the mind but is threatening to patient and analyst alike because of its potential explosiveness. (This discussion is germane to dream as an area of faith or truth and to methods of finding and evaluating their interpretations, to be discussed shortly.)

7.2.5 The goals of interpretation redefined in relation to dreams

As discussed in Chapter 5, ideally, interpretation is a collaborative process of discovery and creation and meaning is temporal, contextual (as it is influenced by the history and horizons of both the analyst and the patient), and potentially infinite. Green (1978) – drawing on Freud and Winnicott – suggests that meaning does not emerge clearly, or indeed accurately, but is constituted in and by the analytic situation. The communication between the two creates a third entity which Green calls the 'analytic object', since communication in this context is an object made up of two parts. Like a transitional object, the analytic object is neither internal nor external to each, but is situated between the two in the intermediate area of potential space. The communication between the two is both real and imaginary and only bears a potential relation to the truth. This does not mean that interpretations can be arbitrary, nor their evaluations bypassed.

Ricoeur's (1979) method is one of striking the balance between the notion of a single, correct interpretation, and an infinite number. The validity may be assessed in terms of its comprehensiveness and its convergence between diverse features. This links up with the notion of a full or complete interpretation and the potential of a number of linkages, such as past/present, self/other, and internal/external.

In summary, the goals of interpretation which take into account the temporal, contextual, and potential nature of meaning may be (1) the discovery and creation of meaning; (2) the validation of the meaning conveyed to the patient in the form of the analyst's interpretation; or (3) Winnicott's version of the validity debate, namely, the extent to which it is 'used' by the patient. These goals may be tied up with dream interpretation in the following ways:

1. Melzer's distinction between dream exploration and dream analysis suggests two different elements which tie up with Ricoeur's understanding versus interpretation dialectic and the attitude of analyst as participant-observer described by Bion. On the one hand, dream exploration has the connotation of both discovery and creation,

evoking the analyst as participant, and perhaps in line with understanding in Ricoeur's terms. On the other, dream analysis *is* the interpretation in Meltzer's terms or the explanation in Ricoeur's. This is where there is a disjuncture of roles; it is the analyst's task and is likely to be based in a theoretical understanding at least in terms of what is interpreted, the 'here and now', the past, the un-lived potential, and so on.

Within the dialectic of dream exploration and dream analysis, with a foot in each camp, would fall 'partial interpretations' (c.f., Symington, 1986). For example, Freud and Jung provide us with two interpretations of the same dream (Jung's 'house' dream discussed in Chapter 2); Freud lifts out repressed wishes, whereas Jung lifts out a more archaic and a more universal truth about himself and the rest of humankind. These may both be seen as partial interpretations with some validity. In the first instance, Jung says he had 'violent resistance' to Freud's suggestion that the skulls may represent repressed wishes against someone, yet he recalls this interpretation in his thinking about the 'dead Austrian customs official', suggesting – unwittingly – that Freud had a point. In the second instance, the unfulfilled potential of the dream which Jung alluded to was realised in the central focus of his life's work.

2. In each case, it remains the analyst's role to evaluate. The analyst may turn to the patient for evidence of a deepening rapport or the reverse, to his or her own associations which may provide a clue to resistance and countertransference issues, and finally to further dreams.
3. This takes us to the point about usage. The interpretation of a dream may be 'used' by the patient, but dreams themselves can be used in a variety of ways by the analyst. Firstly, in terms of illustrating conceptual understandings, secondly, in terms of understandings about the dreamer, and thirdly, in terms of understandings about the analyst and the analytic relationship. In each case, Freud's 'Irma' dream has been variously used, to illustrate theoretical issues (Freud, 1900/1976; Faraday, 1973). These in turn throw light on Freud himself. And, finally, they shed light on the relationship between Freud and his patient Irma; in this regard, Rycroft (1981) wonders whether Freud could 'have found Irma attractive and been jealous of Otto, who had just spent a week-end with her' (p 31). These further interpretations – or speculations – do not detract from the validity of the original meaning found, rather they provide a more comprehensive understanding.

7.3 Dreams in Analysis: A Mixed Blessing?

Dreams in analysis may be explored, interpreted, or used. There are difficulties inherent in getting to the truth of dreams, but there are also a variety of uses which writers have suggested, particularly from the perspective of the analyst.

Dreams may be fleeting and not necessarily easy for the dreamer to remember. However, from the analyst's point of view, a dream narrated in analysis is potentially easier to remember than other material; they are perhaps easier to visualise (c.f., Meltzer, 1984), a dream is a text with a beginning, middle and end, and is symbolic in the same way that poetry is symbolic: 'symbolism purveys a purer intuition of a higher or more important kind of reality and uses words not less but more meaningfully than is usual' (Nowotny, 1965, p 174). If we replace 'words' with 'dream images' we can see that this description fits with dream symbolism. Dreams contain a truth and the images say more rather than less than what they represent. But, as Freud remarked, 'the presence of symbols in dreams not only facilitates their interpretation but also makes it more difficult' (1900/1976, p 469). The difficulties in understanding dream symbols are similar to those posed for the reader of poetry; they may, e.g., be obscure (c.f., Nowotny, 1965). With dreams, the dreamer may help by providing associations to motifs, and a dream series may provide further understanding of particular symbols (in much the same way as the symbols of a poem may be understood by examining similar elements in other poetry by the same poet). However, symbols in poetry or dreams are not necessarily easy to understand, thus to follow Meltzer's (1984) suggestion that a dream interpretation should aim to match the poetic diction of the dream may be a tall order which requires a knowledge of the individual's private imagery, as well as a knowledge of poetic diction and of the process of symbol formation (c.f., Segal, 1957/1986; Ogden, 1997).

Another difficulty is that dreams can evoke great resistance in both patient and analyst (Meltzer, 1984). This is likely to be exacerbated if the dream seems to depict unpalatable truths about either party or the relationship between the two. Thus if the truth of the dream is grasped, it may be difficult to convey, in much the same way that the truth in general is difficult to convey (c.f., Bion, 1965/1984). The link between dreams and the truth may make dreams 'doubly difficult'. A dream itself is an act of faith, as is one remembered and brought to analysis. This knowledge is likely to put some pressure on the analyst, whether it appears meaningful or indeed as confusing to the analyst as to the dreamer upon waking. Furthermore, as we have seen in earlier chapters, dreams are also prone to resistance at every level, from the dreaming to the response to the interpretation, on the dreamer's side, and a fear of invasiveness as well as of uncovering a truth, on the analyst's side. Drawing on Freud's theory of the function of dreams as the preservers of

sleep, it may be argued that this dynamic may be evident in a metaphoric sense in the interaction between patient and analyst in relation to a dream.

Finally, even the doctrinal differences may present their own difficulties. On the one hand, a non-Jungian may be presented with an 'archetypal dream', find no better description for it, and try to imagine what Jung would have made of it¹. Thus, different theories may not be known yet may be potentially useful in making sense of the manifestly senseless. On the other, a clinician with many theories about dreams may make a valid and comprehensive interpretation without due concern for issues of 'fact, timing, and dosage' (Schafer, 1985, p 283).

Despite these difficulties, dreams are a sort of royal road compared with other material in terms of the various benefits and uses in the analytic setting. Firstly, only dreams lend themselves to a series and to an ongoing unconscious commentary about the dreamer and potentially about the analytic relationship (consciousness only becomes a factor in the recall and narration of the dreams). A dream interpretation is ideally a conjecture to be confirmed and corrected by later dreams (Jung, 1933/1961 and c.f., Freud, 1900/1976). Furthermore, in a hermeneutic sense, a dream series lends itself to verification via a hermeneutical circle between parts and the whole. (This is one of the issues which possibly deserves special attention but which is not considered much in recent literature.)

Secondly, Freud (1900/1976) suggests that dreams which are remembered for years or decades may be easier to interpret than more recent dreams because some of the resistance may have been overcome. He finds these long remembered dreams particularly useful for understanding the passage of the dreamer's mental development and the development of his or her neuroses.

Thirdly, the truth of the dream may not be the immediate goal. Meltzer (1984) argues that dream exploration is more important than dream analysis as it provides a basis for the patient to work with his or her own dreams in the absence of the analyst. Thus what is learnt in analysis may become a resource between sessions or after analysis is over. (This was also Jung's view.)

Fourthly, writers from different corners have identified certain uses of dreams which do not hinge upon the necessity of them being interpreted for the dreamer. Linking dreams

¹ This was my experience some years ago. The patient brought a series of dreams over a period of time; they were replete with archetypal themes and images which neither the patient nor I could make any sense of. This series is discussed further on.

to Green's idea of some of the goals of analysis, namely, to restore or develop the symbolic function, work with dreams almost seems tailor-made. But not every dreamer can or wishes to see the symbolic side of dreams. Green also notes that patient may need to develop the capacity to play with transitional objects. As suggested in Chapter 3, dreams are transitional and 'playing' with them in the room may be fostered.

More specifically, Jung (1933/1961) demonstrates the value of dreams in helping the analyst to understand issues related to aetiology, diagnosis, prognosis, and suggestions regarding the course of therapy. A type of dream which has this potential, is 'initial' or 'anticipatory' dreams, namely dreams which are presented at the outset of therapy, triggered by the prospect of starting treatment (as in the series of his patient discussed in Section 6.2). Initial dreams may sum up the problems which the patient needs to address in therapy, provide insight into his or her attitude to the analyst, and give hints of how they might be resolved. Jung suggests that dreams presented at the beginning of therapy are often very clear-cut but lose their clarity as analysis proceeds. (This comment reveals the possibility of some form of resistance gaining momentum as the therapeutic relationship develops.) Here insights gleaned from initial dreams are presumably hypothetical and need ongoing assessment. These further uses of dreams which Jung discussed find almost universal currency without Jung necessarily being acknowledged.

Fifthly, not all dreams are interpreted or even explored. On the one hand, dreams are used as a technique in their own right, for example, asking the patient for a dream when the work feels stuck or taking cognisance of the first dream brought as a reflection of the work that needs to be done or the 'preconceptions' with which the patient comes for treatment. On the other hand, a dream may capture something about the patient (or the analyst) which needs to be borne in mind rather than spelt out. Sometimes the meaning only emerges later when the patient's interactions in the external world bring the dream to mind.

Finally, we may include the analyst's dreams about his or her patients, a topic which has only been given anecdotal attention in the literature. In a psychoanalytic setting these would not be discussed with the patient, yet the analysis of these dreams might reveal fruitful insights about the analyst's resistance or countertransference issues related to particular patients. Brice (1993), e.g., writes about his difficulties in dealing with a patient's sexual feelings towards himself which both he and the patient avoided. At the time, he had the following dream: '*the patient and I were getting married and, lo and behold, my mother was at the wedding!*' (p 111). Brice suggests that the dream brought home what he could not deny, that he also had sexual feelings for the

patient; what had been happening in the psychotherapy was a collusion between the two that the reciprocal sexual feelings would be denied and avoided. Of course the first recorded dream which an analyst had about his patient was Freud's 'Irma' dream, which indeed set him thinking about whether he had failed his patient. These issues will all be studied further in the work of local, experienced clinicians.

In summary, it may be argued that the analyst needs to distinguish between the process of dream interpretation and other uses of dreams. In the first instance, dream interpretation has its own inherent value, but is not necessarily easy; there are potential pressures facing analysts which may be aided and abetted by the patient's expectations. In the second instance, there are a number of potential uses of dreams which perhaps deserve further attention.

7.4 The Role of Theory

There is much overlap regarding evaluation and use of dreams across different camps; although these are not examined in detail in the literature, a review suggests that these issues transcend theory. But theory itself plays an important role, even in the preceding subsection, terms such as 'play', 'usage', and 'countertransference' are theoretical. Similarly, the stance that we do not 'pursue dreams as a hermetic fetish' is theoretical (Kahn, 1976). As with dreams in practice, the role of theory is a mixed blessing which needs to be briefly addressed.

7.4.1 Theory in general practice

The idea of optimal conditions for the discovery and creation of meaning imply that theory is not introduced into the consulting room, but, firstly, theory to a large extent guides the process and, secondly, as Bion (1962/198) argues, it is incumbent on the analyst to have many theories at his or her disposal. In the first instance, the similarities between different schools of thought are evident; however, the second, is a more contentious issue.

The issue of the basic frame discussed in Chapter 5 is generally universal with its set starting and finishing times¹ and the preservation of the analytic boundaries (c.f., Hill, 1993). 'These in themselves are not only essential prerequisites to analytic work but are usually experienced as therapeutic by the patient in that they provide a reliable holding function' (p 471). Within this broad framework, dreams are part and parcel of the material which the patient brings.

¹ The followers of Lacan seem to be the only cluster where a flexible time frame is used, in theory.

A second issue is that of technique. There is agreement between schools that not every intervention is an interpretation. However, as Spence (1986) puts it, there has been a 'failure to report specific technical procedures [which] has plagued the psychoanalytic literature up to the present time, and the tendency to report clinical insights without paying attention to precisely how they were arrived at' (p 216). These shortcomings have been addressed latterly, particularly in psychoanalytic literature citing clinical material, where the finer detail of the interchange between patient and analyst, as well as the analyst's concomitant thoughts, is given. In this body of literature, dreams are commonly part of the material.

The detail evident in clinical papers is very much part of the Kleinian tradition, according to Schoenhals (1994):

Theory should develop out of the clinical material and is not used as a framework to be either superimposed onto the clinical situation or developed as an end in itself. The analyst is constantly in search of a theory that will fit, that is, 'contain' what he or she has experienced in the consulting room (p 323).

This position probably finds currency within all major schools in principle; however, the issue of superimposing theoretical beliefs does happen, particularly in terms of what is considered the central focus of the analyst-patient interaction. Hill (1993) argues that analysts are selective in their focus and that their personalities impact on the work. As Hill (1993) remarks, whereas a group of analysts may agree about their common adherence to a specific theory or group of theories, 'this common adherence in no way determines or even indicates how they will behave in the consulting room' (p. 474). These points are not new, but require further examination in Hill's view. In terms of focus, Bott-Spillius (1994), e.g., gives the Kleinian position which is one of emphasis on transference interpretations (since they are seen as the agent of change) and 'interpretation of anxiety and defense together rather than either on its own' (p 348). The Kleinian focus is one of the many available models discussed by Schafer (1985). The Kleinian model is preoedipal whereas the Freudian model is oedipal, others include self and deficit models, and object relations and interpersonal models. Each model necessitates a somewhat different way of relating to the patient or different lines of interpretation. Schafer makes the point that clinicians are inevitably 'embedded in a system' (p 297) with preferred lines of interpretation. The correctness or incorrectness of these lines is not so much the issue, rather the case where an interpretation about 'what *could* be the case is taken as what *is* the case' (p 281). The danger here is that a theoretical

stance may preclude issues of timing and the exploration and tolerance of ambiguity. Thus for example a transference interpretation, stated as a fact, forecloses on meaning, rather than fostering a discovery and creation of new meaning.

Schafer (following Freud's 1910 paper) considers this interpretive shooting from the hip as more common among less experienced clinicians. Hill (1993), who also addresses this problem, sees it more as an issue of personality than doctrinal compliance. He gives some interesting detail about his various Kleinian analyses. He found one, typical of some of the Kleinians criticised in the literature who exonerate the parents/analyst and 'blame' the child/patient (c.f., Schafer 1985). Hill (1993) questions whether he is a Kleinian. He not only had three Kleinian analysts, but also three Kleinian supervisors; in theory, he could be considered a Kleinian. Yet these six – with Bion, Rosenfeld, and Segal among them, all analysed by Mrs. Klein herself – all worked totally differently, from Mrs Bick's 'authoritative oracular pronouncements' (p 467) to Rosenfeld's 'continual mood of search' (p 469). What both Schafer and Hill imply is that theoretical stance does not define practice, but is indeed necessary to the work in general.

Schafer (1985) addresses the issue from his understanding of the 'prevailing Freudian conventions' (p 279). He writes that 'we find ourselves under increased pressure to abandon a monistic conception of analytic method and to embrace a pluralistic conception in its stead' (p 275). Different models have validity, yet there are basic principles which are theoretical and transcend different models. (Examples include the goals of interpretation in discovering and creating meaning, being open to the new and unknown, thus not seeing 'all things through narrow chinks', to quote William Blake once more, and being aware of the role of theory and one's own basic preconceptions.)

This brings us back to Bion and his suggestion that the analyst have many theories at his or her disposal, not to impose upon patients, to get in the way, or to be a form of eclecticism, but to help in furthering understanding and getting to the truth. Neither rigidity nor eclecticism is conducive to this endeavour. Some of the different models which Schafer (1985) refers to cited earlier, e.g., oedipal versus preoedipal models and object relations versus interpersonal models, cannot be meaningfully brought together except as dialectics. It is also true that bridges can be built, but only when there is separation first (c.f., Willburn, 1979). In the interplay between theory and practice, there is a tendency to bring together different theories in areas of common ground. On a larger scale, we find bridges being built between schools, the Jungians and the developmental theorists, Klein and Winnicott, the phenomenology and psychoanalysis (Merleau-Ponty, 1960/1982-83; Romanyshyn, 1977), and phenomenology and Jung's analytic psychology (Brooke, 1991).

On a smaller scale, there are alliances in areas of theory or technique, e.g., Eigen (1981) on the area of faith. Within this category of literature, the intention is to marry different schools of thought in order to provide a fuller picture while not compromising the important tenets of each. This provides a useful way of looking at things rather than suggesting an 'anything goes' form of eclectism.

The central goal of this thesis has been to investigate to what extent this can be done with dreams. On the one hand, the two theorists who had the most to say on the subject – Freud and Jung – are difficult to reconcile except in so far as their theories are brought together as dialectics, or their areas of common ground underlined. On the other, these men did not reveal the technical procedures and processes. They gave us dreams, the tasks required of the patient (free association and amplification), and the meanings of the dreams. But they did not provide the detail of their thoughts in arriving at interpretations or indeed assessing their truth. Looking back to publications in the early and middle decades of the century, Spence (1986) says that 'almost no paper on technique or changes of technique concerned itself with the specifics of where attention should be focused, which part of the patient's associations should be addressed, how the meaning of these associations varies with the context of the session' (p 217). This has changed in the last couple of decades. Some of the publications referred to earlier, particularly Meltzer (1984), Ogden (1996), and Brenman Pick (1988), among others, provide evidence of the closer detail. Here the literature is paradoxical. Dreams are subsumed in the general literature, they illustrate patient and analyst dynamics, as well as theoretical concepts, but they are seldom examined in their own right, particularly the processes of arriving at their meaning.

7.4.2 Theory and dream interpretation

It has been argued that all theories have something different to offer when it comes to understanding dreams and that there is also much common ground. For example, there is agreement that dreams constitute an 'archaic' language and are symbolic. Symbols are by definition ambiguous – on the one hand, something may stand for something else (displacement, metonymy), on the other symbols bring together disparate things, creating a new entity (condensation, metaphor). Thus dreams are likely to contain something unknown. However, for the dream to be of value to the patient as well as the analyst, it is generally agreed that it is beneficial for the analyst not to 'go it alone' but to encourage the dreamer's associations.

The major difference between theories is the preferred foci of dream interpretations. These, as Schafer (1985) suggests of interpretation in general, are often not acknowledged

and 'there is always room for us to improve our work by confronting our inhibitions and prejudices and by curbing our tendencies to set ourselves up as supreme authorities on reality' (p 291). It will be argued in the next section that even doctrinal differences may be complementary if we consider the various foci thematically and, where possible, dialectically.

Finally, when it comes to issues of assessment of interpretation and the role of dreams in furthering assessment in general, there is more consensus than dissent on the subject.

Thus there is more similarity than difference in the various theories on the process of dream interpretation as a whole and in the view that dreams depict a truth. In the only element where major dissent prevails – the focus of dream interpretations – it is possible to extract common themes, which often contain binary opposites. It is argued that Bion's idea of multiple perspectives or theories at one's disposal to get to the truth may be particularly useful for understanding dreams, and, in fact, is contained in the notion of a 'full' or 'complete' interpretation (Segal, in Sinason, 1991; Jung, 1948/1969), or even the 'total situation' (Joseph, 1985). The advantage of this would not be to impose many theories on the patient, but rather to enrich understanding, particularly in the context of collegial discussion, supervision, and training.

7.5 A Model of Dream Interpretation (in Theory)

As we have seen, theory plays an important role in clinical practice; it is used in training, it informs the clinician's work, and is useful for discussion. It is also a forestructure with which the clinician tries to understand material. Yet the universal caveat is to keep theory out of the consulting room and – when working with dreams – not to overvalue dreams themselves. But dreams are different and do deserve a special focus, in theory if not in practice. The proposed theoretical model looks at the process of dream interpretation sequentially, according to the elements used in the literature review. The problems and potential uses of the model will be examined in the clinical study which follows, together with the issues raised in the previous sections.

The model in theory is little more than a summary of the of the four elements examined thus far – dreams 'as such', methods of dream interpretation, the meaning or focus of dream interpretations, and assessment – with the contributions of the various theorists seen in the light of their complementarity. It is given here as a preface to a brief review of research on dreams and the goals of the clinical study.

7.5.1 Dreams 'as such'

Freud's (1900/1976) description of the 'dream-work' is a building block for later developments on the nature and language of dreams. His ideas about the primary processes which characterise dream-life are in principle accepted and developed by his followers. These processes are governed by the laws of association which underpin symbol formation.

Jung's (1964) broader emphasis on symbolism is both a development of Freud's work, and a precursor of the work of the Kleinians concerning the process of symbol formation. Symbol formation, seen in this light, is a developmental achievement with its origins in unconscious phantasy. The Kleinians show how unconscious phantasy is the 'stuff' of dreams whereas the symbolic significance of the dream only emerges after waking or when the dream is brought to the session.

Despite the distinction between dreams and symbol formation, dreams are symbolic, metaphoric, and dramatic in themselves. They constitute a 'pure' form of unconscious material. It has been argued that each pole of the debates about the existence of an unconscious (Merleau-Ponty, 1962), the distinction between a personal and a collective unconscious, and between primary and secondary process thinking, can profitably be brought to the table to get a more comprehensive view. And further that topics which in classical terms closely resemble dreams be studied from within their own frame of reference, such as, the language of poetry, linguistics, drama, and myth (c.f., Eliade, 1975; Schafer, 1985). These and other topics (e.g., play) open up a vast area of potential and fruitful examination.

The views on dream-life over time and across different schools and disciplines – although doctrinally or conceptually irreconcilable in places – together provide a comprehensive picture of the idiosyncracies of dreams, their functions, their link with early development, and their relation to the truth.

7.5.2 Methods of dream interpretation

It is argued that Freud's method of free association closely resembles Jung's amplification and that the methods of these two masters may be distinguished from more contemporary methods of interpreting dreams.

Theorists writing in the second half of the century are fairly united in not focusing exclusively on dreams, but rather using them in Freud's original sense of seeing dreams as associations in their own right. Thus dreams are not necessarily exhaustively

explored and interpreted; an element of meaning may be given which may be elaborated upon in the ongoing work, a dream may be used to corroborate other observations, or else dreams may not be interpreted at all but used for the analyst's own information.

Furthermore, whereas Freud and Jung's methods focus on the role of the patient, contemporary writers examine more broadly the roles of both patient and analyst. Useful contributions from Meltzer (1984) include the distinction between dream exploration and dream interpretation and the insight that resistance to dream interpretation may reside in the analyst as well as the patient. Despite the division of the roles of each of the participants, contemporary writers emphasise that the process of dream interpretation is a mutual, collaborative venture.

Elements 2, 3, and 4 of the process are germane to interpretation in a general sense and this literature provides a number of general principles which are or need to be linked to the specifics of dream interpretation as well as the similarities and differences to the interpretation of dreams in its various stages.

7.5.3 The meaning of dreams

Dreams are held by all theorists considered in these chapters to reveal the truth of the dreamer's inner world and current situation, despite the recognition that truth is only approximate and needs to be anchored in a context. However, different schools do seem to have preferred foci of interpretation.

We have seen that the different foci cluster around a few basic themes. In an attempt to consider the possible elements of a 'full' interpretation, these themes are presented with the variations of the different theorists where relevant. These themes are more or less addressed in the different schools; they also bear a similarity to a number of *existentialia* which the phenomenologists have identified. These themes may be seen as molecules within the element metaphor (c.f., Bion, 1962/1984).

1. Time

Whereas many theorists follow the classical and prevailing view of the importance of the past and reconstruction; others – even within schools – argue that the 'here and now' is the most valuable dimension to consider (this is the predominant Kleinian view). The third dimension of time – future possibilities or unfulfilled potential – is the focal point in Jungian and phenomenological circles.

2. **Body, instincts, and emotions**¹

The sexual and aggressive drives are the focal point of Freud's and Klein's interests respectively; later Kleinians focus on the emotional connotations of these drives, and so talk about loving and hating. To these, Bion adds 'knowing'. These emotions, instincts, or drives evoke conflict, defence and anxiety, which the Kleinians have identified and which – they argue – need to be included in an interpretation. Thus to use Jung's 'house' dream, coupled with his associations, we may say that the defence was denial, the anxiety persecutory, and the feeling one of anger. (This would have been Freud's interpretation within a Kleinian framework but without the associations which we are privy to, namely, Jung's repulsion at Freud's interpretation, the fact that he lied to Freud about his associations, and his linking of this dream to the 'dead Austrian customs official'.)

But dreams do not only represent a few basic instincts, they also reveal universal behaviour patterns. Jung's ideas here certainly enrich those of Freud and Klein. The notion of archetypes, defined as bipolar entities with one pole expressing itself in instinctual drives and behaviour, and the other through imagery, would come under this rubric, but the introduction of imagery takes us to the next, closely related molecule.

3. **Individual and universal themes, imagery, and symbolism**

Jung makes the useful distinction between the dreamer's personal imagery and the more universal and mythological themes and imagery which have meaning both for the dreamer and for humanity over time and space. The value of both sides was recognised by Freud and later theorists (the Kleinian good or bad breast is nothing if not the archetypal good or bad mother). But whereas the Jungians may search for the archetypal, other psychoanalytic schools would stay more with the individual patterns (although they may see them as universal in terms of their inherent symbolic or metaphoric meaning). For example, Brenman Pick takes from her patient's dream cited earlier, the image of Freud having a shoulder operation, couples it with the pressure she feels to avoid a difficult topic, and brings together these strands in a metaphoric understanding by suggesting that the patient feels he needs her to shoulder more than she can bear.

This may be an example of Meltzer's point that one should try to match the poetic diction of dreams. Clearly the analyst needs to lift out the concrete symbolism,

¹ These three categories incorporate the phenomenologists' 'embodiment' and 'attunement'.

metaphor, puns and other linguistic devices evident in the dream and put them into words. Like the symbolism of poetry, the poetic diction of dreams may be peculiar to the individual dreamer and to a greater or lesser extent related to broader more common, colloquial usage. Segal and Ogden among others, highlight the need to understand the individual's private imagery and the developing imagery, symbolism, and metaphor within the analytic relationship. Similarly, borrowing from Bion, it may be useful to see private myths in the light of public ones, and there is a whole range of myths beyond the Oedipal myth.

Some symbols may be common to dreams in a psychoanalytic context. It may be noticed that four dreams cited thus far – one of Jung's and three of his patient – have a 'bordercrossing'. Jung sees his as urging a separation from Freud in order to enter a new and different country. He notes his patient's attempts to cross a border into analysis which she is unable to do with her first two analysts and only manages with Jung, her third.

4. **Object relations**

The different theories address a number of different types of self-other relations which may be depicted in a dream. These are all dialectics; an interpretation could address each pole, but this would not result in understanding the full picture. Rather the two together are likely to approach this point. Thus Jung argues for subjective and objective or intrapsychic and interpersonal interpretation, but suggests that one angle may be more likely than the other. To return to his dream of the 'customs official who refused to die', at a subjective level, this figure may be seen as representing Jung himself (since he has also been 'killed' by many important theorists, but he refuses to quite go away). At an objective level, the figure clearly relates to Freud, as per Jung's original interpretation.

Secondly, introducing Kleinian thinking, it may be useful to look at the interaction between aspects of the self and aspects of the object, part and whole object relations, as well as, dyadic and triadic types of relationship.

5. **Other dialectics**

This category is designed to encompass possible foci which have not been included above but are worth mentioning. It has been suggested by several writers that whereas Freud (and Klein) focus on the 'negative' side of things (such as the repressed, the aggressive, or the defective), Jung's tendency was to emphasise the positive side of things. A similar situation exists between literal and metaphoric understandings, with

some theorists going for the concrete (the manifest content) and others going for the metaphoric (the latent content). In practice, most of the theorists discussed often address both levels of each dialectic, despite maintaining a monistic theoretical position.

6. **Meta-meanings**

Aside from the inherent or constructed meaning of the dream, is the manner and timing of dream presentation. Dreams may be understood as gifts, defences, or attacks. Furthermore, the patient's manner of engaging with them, and with the analyst about the dream, in turn has meaning. These meanings may or may not be reflected in the dream.

7.5.4 Issues of assessment, truth, and usage

The common ground between theories is that dreams have meaning, but that the analyst needs to rely on the patient to find meaning and to assess the meaning found. The analyst typically formulates a partial or 'full' interpretation, is mindful of how the patient responds to the interpretation, and may get further confirmation or meaning in later dreams.

Commonly, truth or accuracy is contingent on a context – in time, between the two, within a broader series (as in the hermeneutical circle). Validity may also be assessed in terms of a movement between intuitive understanding and the verbalised interpretation (as in the hermeneutic circle).

Finally, it is common among schools to consider the truth of the dream interpretation as less important than a 'good enough' understanding that is 'used' by the patient and the collaborative work of 'dream exploration' (Meltzer, 1984), as this can be a transitional experience outside the confines of the actual analyst-patient interaction. Some patients cannot engage at this level, and need to learn to 'play' with dreams. From the analyst's perspective, dreams have many uses which do not necessitate their being fully interpreted or even verbalised to the patient. These include asking for a dream when the work feels stuck, bearing a dream in mind for diagnostic or prognostic purposes, and providing a new perspective on the patient and potentially on the analytic relationship and the analyst.

7.5.5 Summary of potential problems of the model

It is argued that this model based on different theories and using the elements of the process is feasible. However, its value for actual practice is perhaps questionable given the proviso that dreams are not preferential forms of material, actively sought out by the analyst. Thus the question arises as to whether they should be a focus in training or in

the literature. Furthermore, dreams and their interpretation are not necessarily sequential, they are part of the ebb and flow of material, at times focused on and fully 'unpacked', at others, an association in their own right. Thus can we get the fine detail required and can we extract basic principles, the two points which Spence (1986) raises of the work in general?

7.6 Dreams and Research

Commonly, research in the area examines types of dreams, dreams of types of patient, the meaning and usage of these dreams, but not what happens between the patient and the psychotherapist. Thus, e.g., some of the types of dreams examined include archetypal and dehiscence dreams, two categorisations from different theoretical perspectives, Jungian and phenomenological, respectively (Aanstoos & Citron-Baggett, 1990; Cann, 1979; Zabriskie, 1997). The Aanstoos & Citron-Baggett study looks at transformative dreams which occur during a life crisis and which offer a potential solution. Having 'lived' this solution, the dreamer is then able to realise the dream. Other types of dreams include 'initial' dreams (Bradlow & Bender, 1997). Secondly, dreams of different types of patient have been well researched; these include dreams of dying patients (Welman, 1996), of depressed patients (Beck & Ward, 1961), and dreams of transsexuals before and after sex-reassignment surgery (Schön, 1987). This research underscores the value of dreams as a diagnostic or assessment tool and as a means of gaining insight into different nosologies and developmental stages and crises.

The shortcomings of most of the current research is that it does not look at the everyday dreams which are common to general practice and it does not address the situation as it arises between the psychotherapist and patient in the room, but rather the situation between the researcher, the dreams and sometimes the dreamer's associations or amplifications (e.g., Welman, 1995). The research which does look at the process between patient and clinician in relation to dreams tends to be from one theoretical school, mainly Jungian, or else it is 'intra-clinical' (i.e., conducted from the perspective of the clinician and his or her own patients). This body of research is quite vast and indeed valuable, but it falls short in terms of the needs of the current project in either being monistic or only looking at the work of one clinician. Intra-clinical case studies are indeed valuable but they might, as Spence (1986) argues, suffer from 'narrative smoothing', and they lack the facility of replication.

Research which does address both the detail and the 'extra-clinical', multiple case requirements which Spence considers valuable, tends to address other aspects of the psychotherapy, such as interpretation (e.g., Kelly, 1994) and projective identification

(Thorpe, 1989). As with the literature in general, dreams may feature in the material but are not addressed in their own right.

Thus there is either an unwieldy amount of research or there is very little. This pattern again raises the question of the value, need, and feasibility of research into work with dreams in the type of psychotherapy where dreams are not actively sought or revered. These are some of the issues which are examined in the clinical study that follows, but, more importantly, the study looks the role of dreams in this sort of psychotherapy, and the methods and processes involved in work with them. It also endeavours to pinpoint areas requiring further research and to seek ways in which they might be addressed.

7.7 Goals of the Clinical Study

Much of the literature reviewed refers to work with dreams in psychoanalysis in Europe, rather than psychotherapy in South Africa. Similarly, there is little in the research that addresses work with dreams in local clinical practice. For this reason a clinical study was undertaken which aimed to investigate the topic, using case material and interviews with experienced clinicians, in order to capture detail of the work in the consulting room and to investigate whether general principles of work with dreams could be extracted. More specifically, the following questions were examined:

1. What is the role of dreams in psychotherapy where dreams are not a specific focus of the work but are nevertheless regarded as a useful and potential type of material encountered in the clinical setting? What are the similarities and differences of work with dreams to other material? What are the values and pitfalls?
2. How does the picture in local practice tie up with the model in theory, based as it is on predominantly European psychoanalytic theory? How can the problems of the model be addressed?
3. Can we talk about a structure of dream interpretation? Can we – or indeed should we – include the topic as an element of training?

METHODOLOGY

*Profusion, even extravagance and exuberance,
within the confines of the utmost linear severity.*

Sackville-West (in Hill, 1993, p 471)

Hill (1993) uses Sackville-West's description of her garden at Sissinghurst as a metaphor for the strict boundaries of the analytic framework within which is the variety of experience which the patient brings as well as the individual style of the analyst. This description may also be apt for a type of research which seeks to investigate aspects of clinical practice – a qualitative endeavour – within a standardised, empirical framework.

The current research uses a multiple case study design consisting of different phases and levels of enquiry. The various procedures used were drawn from phenomenological research (Moustakas, 1994), the grounded hermeneutic research approach (Glaser & Strauss, 1967; Packer & Addison, 1989), and qualitative interview research (Kvale, 1996). What these works have in common is that they are concerned with qualitative research and are exploratory, discovery-oriented, and theory-generating rather than hypothesis testing. These authors recommend choosing procedures suited to each stage of the research in order to address the research questions posed and the goals of the research, rather than following prescribed formulae mechanically. However, within this flexibility, rigor and transparency of methods is essential for the reliability, validity, and generalisability of the study.

Within this broad category of research, it is considered important to bear the goals of the research in mind from start to finish and to clarify the researcher's point of entry to the research, namely, the motivation for the project and his or her theoretical forestructures, as these have a bearing on the evaluation of the research. These are presented below as a stepping stone to an overview of the design, methods, participant selection, and the procedures employed to analyse the data:

1. **The goals of the research**

To reiterate, the main aim of the project as a whole is to develop a basic model for dream interpretation drawing on the major theories of dreams and their interpretation as well as the practices of local, experienced psychologists who have been influenced by some of the theorists. A model based on theory is presented in Chapter 7 and the clinical study seeks to investigate the uses and limitations of the model, while at the same time, examining what clinicians actually do with dreams in practice and their beliefs about their practices.

2. **The researcher's knowledge and theoretical forestructures**

The researcher's knowledge and interest in the topic is considered a valuable point of departure for the research (Edwards, 1991; Kvale, 1996). As Edwards points out, a topic that has been examined from many different perspectives leads to a deeper understanding of the nuances and complexities of the topic. This helps guide the collection of useful material and the analysis of the findings. Secondly, the preliminary understanding of the topic provides a point of entry to the research from which the literature and the data is understood (Glaser & Strauss, 1967; Packer & Addison, 1989). Based on Heidegger's 'circularity of understanding', namely, that we understand in terms of what we already know, it is important that the researcher avoids a vicious circle in which the research simply confirms what is already known, but rather endeavours to accommodate and assimilate emerging data. It is thus important that the researcher's forestructures are clarified. I will thus clarify my position with regard to these two points.

My motivation for the project follows over 15 years of clinical practice, including the supervision and training of junior colleagues. I have been intrigued by the 'mixed blessing' quality of dreams, their value and the difficulties of making sense of them. I have searched the literature over the years for a basic text for clinicians, and have been intrigued by the dearth of material addressing the specific topic. No one has matched Freud's *Interpretation of Dreams*, which continues to be the most insightful text on the topic (c.f., Meltzer, 1984) but, as argued earlier, there are other contributions, sometimes from quarters which do not 'speak' to each other, which might usefully be included in a basic text. Some of these different quarters have informed my work.

My theoretical framework may be considered to be a combination of object relations, psychoanalytic, and psychodynamic perspectives and has been influenced by the work of Freud, Klein, Winnicott, Bion, and, to a lesser extent, Jung. In addition, my

training as well as my own psychotherapy and supervision were influenced by trainers and clinicians whose work has been informed by some of these theorists.

3. Evaluation and practical implications of the research

The value of the research is not to find absolute truths (Packer & Addison, 1989). Rather the truth is the uncovering of a solution to the problem that motivated the research. Thus the outcome of the study needs to be evaluated according to its coherence, its relationship with the literature and the data, the consensus and communicability of the findings, and its practical application.

In order to generate theory which is grounded in data, the study needs to investigate everyday practices and not only beliefs about these practices (Addison, 1992). Furthermore, it needs to combine concepts that emerge from data with existing ones that are considered useful (Glaser & Strauss, 1967). These points are taken up in the research which seeks to combine theory and practice and to integrate therapists' practices and their beliefs about their practices.

Regarding the validity of the theory generated, Glaser and Strauss (1967) point out that a theory based on data cannot easily be refuted, although it may be modified or reformulated. Its adequacy is linked to the process by which it is generated, its fit with the situation, and its ability to work when put into use. All the qualitative researchers cited, stress the importance of the research advancing the practical concerns which motivated the investigation. Hence it needs to open up new possibilities for self-reflection and changed practices (Addison, 1992) as well as having a wider application, including the teaching of the next generation (Glaser & Strauss, 1967; Spence 1986).

Finally, the model that is the outcome should work well with the other activities related to the topic (Packer & Addison, 1989). It is hoped that the current research will develop a model for dream interpretation that fits into the broader framework and corresponds with other aspects of psychodynamic psychotherapy, so that it can be used for training or a basic text.

8.1 Case Study Design

The case study method has a long history and in its classical sense examines the patient and his or her presenting problem. Case studies have played a key role in the development of psychoanalytic theory and practice, since their earliest use by Freud and Breuer over a century ago. This approach is still widely used in psychoanalytic circles to

develop theoretical formulations, to illustrate clinical interventions, and to examine specific procedures. Clinical studies from the Kleinian camp, e.g., have been cited as useful because of their 'clear and fruitful attention to fine detail and their constructive self-criticism' (Schafer, 1994) as well as their ethos of ensuring that theory develops out of clinical material rather than being used as a framework to be superimposed onto the clinical situation or being developed as an end in itself (Schoenhals, 1994).

With the upsurge of quantitative research in the 1950s, 1960s, and 1970s, there has been considerable debate about the validity and reliability of case studies. A crucial issue is that the analyst or therapist classically uses the material of his or her own patients in order to develop theoretical and technical issues. This raises questions of the authors' subjectivity given their involvement with the case as well as their commitment to illustrating the theory or technique in question. The latter may lead to a process which Spence (1986) refers to as 'narrative smoothing' where material which does not support the author's thesis is omitted. Another problem which may be overlooked is the distinction between theoretical ideals and actual practice (Kelly, 1994).

These problems have been addressed in different ways in recent clinical research (Thorpe, 1989; Kelly, 1994). Both Thorpe's and Kelly's research was 'extra-clinical', that is, they were conducted from the perspective of a clinical psychologist who was not a participant in the research but rather a researcher investigating the work of fellow psychologists. Whereas Thorpe's study uses interview material with psychoanalytic psychotherapists to examine the process of projective identification, Kelly's research looks at the interaction between therapist and patient in the room in order to study the process of interpretation, using clinical material and interviews with both therapist and patient.

Although neither of these studies are classical case study methods according to Edwards' (1991) criteria, they have much in common. Obviously the 'case' in this sense is not material of patients (as in Freud's case studies) but rather an investigation of the therapist's role or the interaction between therapist and patient. In this sense, the case study in qualitative research today has been likened to case-law in jurisprudence (Edwards, 1991; Kvale, 1996). As Edwards points out, in both instances a few cases are investigated in depth in order to build up a basic theory which incorporates the major concepts and principles of the topic, each linked in a logical manner. As new cases emerge, the case-law may need to be altered, refined, or extended. In the current research, as in Thorpe's (1989) study on projective identification, the literature review is used to understand the existing 'case-law' on dreams and their interpretation as well as to provide a conceptual framework to understand the data.

Thus contemporary case studies have a wider focus of application than their classical counterparts. They not only look at patient dynamics but also at the interaction between the patient and the clinician, and issues pertaining to technique. For the current research, case study design was considered useful as it provides (1) the framework to investigate the practices of a small number of clinicians in depth; (2) a structure to incorporate different stages; (3) the possibility of standardising data collection and data analysis; and (4) the opportunity to use suitable methodological procedures from various qualitative research models (Edwards, 1991, 1998).

8.2. The Search for Suitable Participants

There is not a perfect fit between the theories examined in the literature review and the various conceptual frameworks to which local clinicians subscribe. In most of the major centres in South Africa, the more dedicated clinicians continue to have their own supervision after they are registered, and many belong to reading or study groups. The groups which are most closely linked with the theorists cited in the literature and whose members may be categorised, fall into three broad camps: 1. an object relations or psychoanalytic approach which is influenced by Freudian, Kleinian, Winnicottian thinking; 2. a specifically Kleinian approach (e.g., the Johannesburg Psychoanalytic Study Group); and 3. a specifically Jungian approach (e.g., the Johannesburg Jungian Study Group or the Jungian training analysis in Cape Town). It was thus decided that therapists would be sought who subscribed to one of these models, ideally a few from each camp.

Aside from these differences, I was looking for clinicians who had certain factors in common, namely, at least 15 years of experience and a level of dedication evident in their continued commitment to examining and developing their own work through supervision or postgraduate training. Given the goals of the research, participants were sought who were involved in the supervision and/or training of their junior colleagues.

It was felt that interviewing these senior members of the community would shed light on the issue, but that a more immediate, in depth look at how they worked with dreams in practice would necessitate having access to material from actual psychotherapy sessions. Thus a multiphase design was conceived, consisting of interviews with a sample of 6 – 10 psychotherapists and case material from part of this sample, say 3 or 4.

8.2.1 Pilot studies

Firstly, the topic was informally discussed with a number of experienced clinicians subscribing to one of the three frames. The purpose of this reconnaissance was three-fold:

1. to find out whether they could see any value in such research; 2. to discern their relationship with dreams in practice; 3. to find clinicians who had the required level of experience, who subscribed to one of the three frames, who felt comfortable working with dreams, and who considered them to be part of the work, but who did not focus on dreams to the exclusion of other material.

Many considered it a useful research project and commented on the dearth of suitable literature and the lack of training in the specifics of working with dreams in practice. Some comments that emerged were: 'I can't work with dreams and in any case patients rarely bring them', 'I tend to shoot from the hip when a patient brings a dream', and, of their own therapies, a few remarked that their therapists tended not to work much with dreams, while others said that it was working with their own dreams in therapy that helped them in working with their patients' dreams.

Secondly, in order to arrive at a standard general interview, a set of questions were formulated and test run with an experienced clinician who did not participate further in the research. The questions were related to those emerging from the literature review and covered the following areas:

1. The value and difficulties involved in working with dreams;
2. The differences between working with dreams and other material;
3. Methods and processes of dream interpretation;
4. Assessment of dream interpretations.

The final version of the initial interview (Appendix 2) also addressed issues relating to levels of experience, theoretical influences, and factors which had helped their work with dreams.

Thirdly, this preliminary work helped to find suitable participants. Criteria included a consistency of approach, an articulation of common ground, and most importantly a welcoming of dreams without a specific focus or demand for dream material to the exclusion of other material. The preliminary work also raised a number of potential problems; few declined to participate in a general interview, but it proved difficult to find a variation of clinicians who fell within the discrete conceptual frameworks (particularly those who considered work with dreams as part and parcel

of the work and who did not focus specifically on dreams). A major problem, however, was finding clinicians who were prepared to negotiate consent with their patients and intrude into their therapies.

Given the lack of purists, a slightly different form of categorisation was implemented in order to find some diversity among the interviewees. The eight interviewees finally selected for the research are described in *Table 1* (see page 155) which gives their professed conceptual framework and main theoretical influences. Three of these participants – B, C, and D – agreed to participate in the next phase of the research, the presentation of case material. These three fall within an object relations/ psychoanalytic/ psychodynamic mode of practice. Their selection was also based on their being well-versed in presenting case material in public fora, to avoid the problem raised by Spence (1986) whereby certain detail about what the clinician does in the consulting is excluded, 'in part for narcissistic reasons' (p 230). These participants all saw the need for the research as overriding the problems of the intrusion into suitable patient's therapies. (This issue resembles Freud's rationale for publishing the case of Dora; however, the issue of consent and intrusion remained contentious, particularly in the views of other participants and indeed the researcher herself. This factor is discussed further below and in Chapter 11.)

These three participants were involved in a final interview. Furthermore, three of the remaining participants were also involved in a final interview. The rationale here was to glean an objective view of the case material from clinicians who held the promise of providing some doctrinal variation.

8.2.2 Finalisation of phases of research

The research comprised three discrete phases:

Phase 1

General interview (also referred to in following chapters as the 'initial interview')

Phase 2

The collection of suitable case material

Phase 3

Final interviews

8.2.3 Interview research

The various phases of the research were constituted by interviews, either between the researcher and the participants (Phases 1 and 3) or between participants and their patients (Phase 2). Phases 1 and 2 drew on Kvale's (1996) *InterViews* which presents a sequential approach to qualitative interview research. As Kvale points out, the research interview is a form of interaction in which knowledge evolves through dialogue. There is an asymmetry of power in this context since the researcher defines the situation, introduces the topic, and steers the interview. Clearly interviews in Phases 1 and 3 differ from the interviews in Phase 2 in nature and purpose. The former are primarily a knowledge-generating process with a specific goal in mind, the latter, are part of ongoing therapy with purpose of facilitating change in the patient.

Table 1

PARTICIPANTS AND PHASES OF RESEARCH

Phase 1			Phase 2	Phase 3
Therapists	Conceptual framework	Influential Theorists	Case Material	Final Interview
A	Object Relations	Winnicott, Klein		A
B	Psychoanalytic	Klein, Freud	Nate: <i>The Incredible Hulk</i>	B
C	Psychodynamic	Guntrip, Perls, Fairbairn	Miriam: <i>Hanging on for dear life</i>	C
D	Psychodynamic	Freud, Bion, Winnicott	Rose: <i>She's leaving home</i>	D
E	Jungian & Kleinian	Klein, Jung, Winnicott		E
F	Jungian	Jung, Winnicott		
G	Kleinian	Klein, Freud		G
H	Psychoanalytic	Freud, Jung		

8.3 Phases of Research

8.3.1 Phase 1 – Initial interview

Candidates considered suitable in terms of the selection criteria outlined above were invited to participate. In each case a letter was posted, faxed, or emailed to those interested, outlining what would be required of them (Appendix 3). The criteria for participation were explicitly given. These included over 15 years of clinical experience, the experience of their own long term therapy, and the experience of supervision and training from both sides of the fence.

The eight participants given in *Table 1* were individually interviewed according to the standard, structured interview finalised in the second aspect of the pilot study. The aim of this phase was to gain a general perspective on how experienced clinicians view dreams in their work, how they arrive at their interpretations, and how they assess the

accuracy of them. It also sought to investigate and compare similarities and differences in attitudes and approaches to dreams between participants. The interviews were tape-recorded and transcribed by the researcher as soon afterwards as possible.

8.3.2. Phase 2: Case studies

This phase of the research involved considerably more time and work on the part of the participants and constituted three stages. The three participants were required to transcribe a session in which a dream was presented, to negotiate consent with suitable patients, and to follow up the session by assessing whether the dream had any sort of life for a month after the session. At the end of this period, participants were interviewed once more to discuss this and any other issues emerging from the research.

The idea of the transcript of a session was intended to provide access to the actual process of interpretation in practice, in order to shed further light on the interview material. The follow-up was intended both to examine the life of the dream and the impact of the research on the therapist and patient.

Stage 1: Instructions to participants

The three participants were given printed instructions as to the requirements for further participation (Appendix 4) and issues pertaining to patient consent were discussed.

Stage 2: Negotiating consent

The three participants were asked to hand suitable patients a letter outlining the nature and purpose of the research (Appendix 5). It was suggested that a suitable patient would be one who had sufficient ego strength and psychological sophistication not to be unduly affected by the intrusion into their therapy. The fact that inclusion and consent were likely to have some impact on the ongoing therapy would also need to be discussed in the therapy.

The 'Letter to Patients' outlined the nature and purpose of the study as well as the researcher's need to have access to material from selected therapy sessions. The patients were assured that precautions would be taken to protect their anonymity and the confidentiality of their therapy. For example, they were told that their therapist would not disclose their names or any other identifying data. They were also told that their participation was voluntary and if they were interested they should discuss the implications and any questions with their therapist. If they remained amenable, they were to sign a consent form (Appendix 6) which their

therapist would keep. Finally, it was stressed that patients were free to withdraw their consent at any stage of the research. It was also emphasised that the therapists were the participants of the research and not the patients. Thus there would be no contact between the patients and the researcher; patients would not know whether they were included in the research, nor would they know which material was being monitored.

Despite these precautions it was understood by the researcher and the participants that both patient consent and the clinicians' participation would have some influence on the course of therapy. The frequency of dream presentation was likely to be affected as well as the clinicians' thoughts about working with dream material.

Stage 3: Written memory transcripts and further interview

Participants were asked to transcribe a session in which a consenting patient presented a dream. It was stressed that attention be paid not only to the verbal interchange but also to their thoughts, feelings, associations, and any unspoken material which led to the therapist's interventions.

Participants were instructed to write a full memory transcript as soon after the session as possible. A tape-recorded session was not considered an option, since clinicians generally stop recording their sessions once they have completed their internships. For the purposes of supervision or clinical presentations, memory transcripts are common practice, both locally and abroad (Jacobs, 1993). It was thus felt that the introduction of tape-recorders into the work of experienced therapists would constitute an unnecessary impingement upon the therapeutic process.

Once these transcripts had been submitted, the participants briefly outlined the context of the session and details regarding the patient's history and the course of therapy that were relevant to an understanding of the material.

Stage 4: One month tracking period

Therapists were asked to note the context and circumstances surrounding further discussion or thoughts about the dreams in subsequent sessions, for a period of approximately one month following the transcribed sessions.

Stage 5: Intra-clinical studies

The collection of case study material proved to be a lengthy and frustrating process. Between them, the participants had one blatant refusal and a few of their patients

were handed the letter but did not respond, either verbally or in terms of the production of dreams. During the several months which it took to collect the material of the three cases presented by B, C, and D, I considered alternative options. Firstly, I could change the design of the study to accommodate less experienced therapists and thus bring in a comparative dimension. A few agreed to do this, but I was keen to extract what Spence (1986) terms 'clinical wisdom', that which is evident in say clinical presentations but it not published. Secondly, I went further afield and approached more clinicians who met the original criteria. In every case, there was a reluctance to intrude into their patients' therapy and, I suspect, a lack of time and inclination to participate in the lengthy process of the various stages of Phase 2. Thirdly, I considered (a) approaching clinicians who had presented material in public fora, which contained some dream material; and (b) scouring 'extra-clinical' published research on other process of therapy topics which contained dream material. The former route posed the problem of consent once more but accommodated the possibility of the tracking period; the latter, accommodated the problem of consent but not the tracking period.

I rethought the consent and intrusion issue and became aware that I too would be reluctant to do what I was asking of therapists, unless I knew them well and trusted their clinical acumen. I thus embarked on a few 'intra-clinical' studies with patients who presented dream material during this time and whom I felt would be amenable to giving their consent. I followed the various stages of Phase 2. This 'alongside' study proved to be a useful adjunct to the main 'extra-clinical' leg of the research. Firstly, it provided a small range of different patients with the same therapist. Secondly, it provided an ongoing investigation of the consent issue; even with sophisticated patients with sufficient ego strength not to be unduly affected by the intrusion into their therapies, there were reasons why I would hesitate (e.g., histories of some form of destructive boundary crossings by former therapists and/or parental figures). However, after careful consideration, I did broach the issue with some and was able to track their unconscious and conscious responses. Thirdly, these 'alongside' studies presented useful points in terms of the different ways dreams are used in therapies, and the events surrounding their narration, which did not emerge in the 'extra-clinical' studies or the interviews. Fourthly, as a forerunner to the execution of the thesis as a whole, I wrote some papers which addressed some integration of different theories which I felt would be useful in understanding a certain type of patient and some gaps in the literature on dreams resulting from doctrinal differences. In each paper, I presented 'intra-clinical' material to illustrate or develop the argument. In the first instance, e.g., an

integration of archetypal and Kleinian theory was mooted to understand certain borderline functioning in relation to dreams. In the second instance, the differing theoretical attitudes to, e.g., temporality in dreams, were examined.

These studies are not presented in full; however, snippets of dreams and the interaction between the patient in question and myself as therapist, are given in Chapters 10 and 11 to develop or identify points requiring further investigation.

8.3.3 Final interviews

Final interviews were conducted with the three therapists who participated in Phase 2 and with a further three who participated in Phase 1 who fitted in with the three conceptual framework categories. The final interviews were conducted to explore newly emergent foci or themes, to consolidate my understanding of the relationship between the material collected in the various phases of the study and the stages of the case studies, and to explore outstanding issues. The final interviews with participants A, E, and G, also focused on the case material of B, C, and D, which provided a supervisory angle from somewhat different conceptual frameworks.

8.4 Data analysis

As Kvale (1996) notes, a transformation occurs at every stage of the process, the transcriptions, the analysis, the data reduction, and the interpretation; thus it is important that these procedures are standardised as much as possible.

8.4.1 Phases 1 and 3 – interviews

1. As noted earlier, all interviews between the researcher and the participants were tape-recorded. I transcribed these myself while the material was still fresh, to facilitate another careful listening and to capture preliminary thoughts about the material. Executing this task myself also provided the consistency of method, considered useful with interview research (c.f., Kvale, (1996).
2. I reread the texts several times to obtain a wholistic grasp of the material and to examine the relationship between parts and the whole, as in the hermeneutical circle.
3. The material was structured according to the questions posed in the 'initial interview' and the questions posed in Chapter 7 based on the elements of dream interpretation identified in the literature review. Together these provided a form of 'reading guide', a method of data analysis developed by Brown, Tappan, Gilligan, Miller, & Argyris (1989), based on the grounded theory approach. An adaptation was used by Kelly

(1994) in his research on interpretation in psychotherapy. The procedure involves the generation of different levels of questions in relation to which the data is coded; questions are refined as the research proceeds.

The material from each interview was arranged to accommodate digression and exchange of ideas pertinent to the study. Material that was irrelevant or repetitious was edited, and at times reorganised as later questions shed further light on earlier ones.

4. The material from all eight interviews was then combined according to a refined set of questions, to extract common ground and idiosyncratic differences in the various issues addressed.
5. The combined version was used to compare the findings of the interviews and the case material (discussed in the next subsection). This aspect of the analysis was structured according to five central themes: the role of dreams in therapy, the role of the patient, the role of the therapist, assessment of the accuracy of dream interpretations, and the role of theory, training, and experience. These are presented in Chapter 10, Sections 10.2 and 10.3.

8.4.2 Phase 2 – case material

1. I transcribed the case material supplied by the therapists, edited it, and organised it according to standard case presentation format with a narrative structure (c.f., Edwards, 1998; Kvale, 1996). These were structured to provide a comparison of types of patient, dream material, style of therapist, and processes of dream interpretation (c.f., Spence, 1986). The transcribed session was contextualised within the broader frame of the course of the patient's therapy as well as the period of the research. Thus the material which followed the transcribed session was included in the narrative. Drafts of these cases were given to the respective participants to check for accuracy of reporting and to ensure that their patients' anonymity was maintained.

The case studies are presented in Chapter 9. The transcribed session provides a bird's eye view on the situation in the room; the remainder of the case material provides the context of the session and pertinent material which followed, from the therapist's perspective. There is some narrative smoothing in the case vignettes but sufficient material to get a good enough picture for the reader without presenting unreadable amounts of literature (c.f., Spence, 1986). The process of where to draw the line between too much material and too little was discussed with participants A, E, and G.

Although the case studies are standardised, there is considerable variety in terms of patient and therapist contribution. For example, in the case of C's account of Miriam's therapy, there is considerably more detail and many more dreams than in the other two cases. On the one hand, Miriam generated a surprisingly large number of dreams compared to the other two patients. On the other, C used a tape-recorder to recount the first and second sessions which provided much more detail than the written transcripts of B and D. It is suggested that future research seeking such detail follow C's method. Furthermore, in the case of C and Miriam, there are two transcribed sessions, a task not asked of participants. My rationale for presenting both in full is that the second session, and the dreams it contains, is closely linked to the first and also provides Miriam's conscious and unconscious response to the 'Letter to Patients'. (This case differs from those presented by B and D in that the latter participants negotiated consent with Nate and Rose, and presented the 'Letter to Patients' *after* the period of research.)

2. Although an attempt was made to analyse the case material according to the reading guide used with the interviews, it did not prove particularly useful, since it did not provide a means of comparing types of dream material and the contributions of patients and therapists. The case material at this level required a different form of analysis and a new cluster of elements (not questions). I thus identified these three elements, the dream material, the patient contribution, and the therapist contribution. This provided a structure which sets dreams apart from other material in the interaction between therapist and patient, in and out of the room. These elements and the intra-case variability are examined in Section 10.1. This arrangement also proved useful as it constituted a triadic, non-sequential structure, resembling the process of symbol formation as examined by Segal (1957/1986) and others, a process germane to work with dreams in the consulting room. Viewing work with dreams in this way provided a useful adjunct to the 'model in theory' presented in Chapter 7.

8.4.3 Summary

The analysis of the data of the various phases and stages of the research provides different perspectives on the case material and a broader focus on the role of dreams in the work in general, with the aim of achieving both detail and perspective on the process. Although the findings are presented in Chapters 9 and 10, the research in general is further analysed in Chapter 11 in the light of the literature review and the model of dream interpretation in clinical practice which is the outcome of the project as a whole.

RESULTS I: CASE STUDIES

The narrative account of a case, if done successfully will give us a feel of what it was like to be Dora and have her dreams interpreted by Freud; it will give us a sense of how he approaches her presenting problem.

Spence (1986, p 220)

Spence's (1986) problem with a narrative account of a case (such as Freud's case study of Dora published in 1905) is that they typically do not provide the detail of interventions, technical procedures, or the thinking involved in arriving at interpretations. Reports which are 'intra-clinical' typically bear the stamp of the author and are coloured by theoretical stance. 'As a result, it is almost impossible to consider similarities and differences between cases ... or to build up a coherent set of specimen reports; each narrative impression is more or less unique' (p 220). The case studies presented in this chapter endeavour to accommodate some of these issues. They are 'extra-clinical', that is, they were conducted by a clinical psychologist who was not one of the participating psychotherapists, they are specimen reports provided by three psychotherapists who followed the same instructions, and they were arranged and edited by the researcher. In order to provide the detail ideally required, at least one session is given in its entirety, so that the reader can have a sense of what it was like to be the patient and indeed the psychotherapist, and to see how each engaged with the dream material. The contextual details about each patient's history, the course of therapy, and any material following the transcribed session, considered relevant to the research, are included in each case.

Table 2 (overleaf) presents the therapists, the patients, the length of time they had been in therapy, and the number of dreams produced during the research period. Obviously each case differs given the diversity of patient and therapist contribution. What needs to be noted, however, is that Nate and Rose were told of the research and given the 'Letter to Patients' (Appendix 5) after the period of the research; they were thus unaware of it

during the sessions reported (at least at a conscious level). Conversely, Miriam was handed the letter at the beginning of the first transcribed session and gave her consent in the following session; this knowledge may have affected the content, recall, and presentation of her dreams. The three therapists had agreed to participate in the research and were on the lookout for dream material presented by a suitable patient. This may have affected their work to a certain extent. All therapists were clinical psychologists in private practice; C was also a priest.

Table 2
PARTICIPANTS, PATIENTS AND DREAMS

Therapist	D(ina)	B(renda)	C(hris)
Patient	Rose: <i>She's leaving home</i>	Nate: <i>The Incredible Hulk</i>	Miriam: <i>Hanging on for dear life</i>
Length of time in therapy	6 years	9 years with breaks	2 months
Period of research	3 weeks	4 weeks	6 weeks
Number of dreams presented during period	3	1	30

9.1 Rose: *She's leaving home*

Rose, a woman in her mid thirties, was in twice weekly therapy with D during the period of research and commuted by bus to her sessions. She had started therapy with D as an in-patient at a psychiatric hospital following a suicide attempt. Of note is her early history of physical and sexual abuse by her father and emotional abuse by her mother. At the time, Rose was a divorcee with two children.

9.1.1 The transcribed session

Rose entered the consulting room saying that she was just going to spend five minutes talking about her everyday problems. Her ex-husband had been abusive, causing her to feel very helpless. He had also been asking her to take over responsibility for his life as well as the children's. Although Rose had been finding it very stressful, she did not want to spend time talking about it but rather 'what is really important'.

Since the last session she had been thinking of herself when she was in high school and how life had been very dangerous both at home and at school. She recalled her first day, thinking she was not OK; she felt abnormal and not the same as the other children. Rose went on to say that she 'still feels inherently insane, abnormal, that there is something wrong with me'. She thought that it might be a learnt way of behaving and that she would like to tell D about her life as it was when she went to school.

D was aware that it was the first time that Rose had spoken about her schooling. She remained silent and Rose continued to talk about her early years. She had grown up in a well-known harbour city where her family had been for centuries and could trace their lineage to the Norman invasion:

My family were one of the few who had a lot of power and were very well-off. During World War II, the whole of the city was flattened and my family went to live on their country estate. They just made money out of the war. My father was made an officer, despite the fact that he did not go to war and was not fully literate; he got the position because of his family ties.

D thought that it was very important that Rose was able to talk about her family, because she had always stated that she wanted to cut herself off from her background, preferring to see herself as an isolated individual dropping out of nowhere. Rose proceeded:

After the war, the family's shipbuilding business was involved with the rebuilding of the docks. There were only a few rich families left; they were powerful and corrupt and the majority of the population were extremely poor.

When I was a child there was a lot of hatred. In the 1970s, when I was at school, there were a lot of strikes when the Labour Party came into power. My family were criminals, they were corrupt, they ran the docks, and were always buying people off and beating people up. The struggle between the working classes and the few aristocratic families was very stressful. I went to an elite private school. When the Labour Party came in, my family's shipping company was nationalised and the corruption got worse. The family then came to South Africa and bought a shipping company. It was a sham because, at the time, South Africa was not supposed to have connections with Britain. Then the docks collapsed and the British government asked the shipping companies whom they had nationalised to come back and run the docks once more. So the family returned to England and left me in South Africa. Between the ages of 13 to 15, I saw a lot of people being beaten up and a lot of corruption. I remember watching the Americans landing on the moon which changed me forever; I never believed any of it. I was sure it was a hoax, total crap. They made it up by putting a camera up somewhere. This confirmed my perception that the world was corrupt.

Rose went on to say that she had had terrible nightmares since the last session. Every night she dreamt about a psychiatrist who had come to her school when she was 14. She never hated anyone more than this man. He was a famous psychiatrist, who often appeared on the television. He was fat and had a moustache.

I dreamt that I screamed at him. I was out of control and I just screamed and screamed and screamed at him. I couldn't control it.

Rose proceeded to say that she was two years ahead of everyone else in her class; she had started school when she was young and also skipped two years of schooling. She was in a class of 12 gifted children and she wanted to go to university to become an archaeologist. She had been accepted and was due to start the degree the following year. It was during that year that her parents decided to go to South Africa and in so doing her dream was shattered. It was also at this time that the psychiatrist came to the school to give guidance lessons.

D noticed that Rose became very agitated when she remembered how he drew her aside to speak to her. He spoke to her about family therapy. She could not believe he could be such an idiot and felt a growing contempt for him. He had a file on Rose; he told her she was an interesting case and questioned her about her aggressiveness towards other children.

Rose interrupted herself to say that because of the abuse at home, she always refused to participate in any sport as she would not undress in front of anyone else. But finally she agreed to play table-tennis and she was very good at it. On one occasion, she went to table-tennis and there were other children in the room who had ruined the table-tennis equipment. She was sure that she would be blamed for it and so she told them she was going to lock them in the room with her so that when the teacher arrived, they would have to own up.

Rose returned to the episode with the psychiatrist:

He told me that when he was a child, he had stolen an apple, so I need not be afraid to tell him what I had done. He showed me a picture of a boy playing a violin. He asked why I didn't play with other children. I said, 'I don't play'.

Rose went on to tell D that she always knew that if anyone ever interrogated her, she would not tell them anything about her family or the sexual abuse. The psychiatrist said

he had decided to put her into his class. She could not stand him and refused because she hated him so much. She sought the help of a French teacher who she knew liked her and asked her to save her from this psychiatrist. But this man said he wanted to see her again. She told him that if he put her in his class, she would not go to school again. He said to her, 'We could do family therapy'. Rose then returned to the dream and said to D: 'I just remember in the dream, this incoherent screaming at him'.

At this point, D asked Rose if she could perhaps put words to the incoherent screaming. Rose closed her eyes, was quiet for a while, and then said:

You are so dumb, you want to get me killed, my father warned me all my life that he would kill me; you don't care about me, you are too self-involved. You are the dumbest psychiatrist in the whole world. I feel like torturing you. You stole an apple, you are a petty criminal, you are pathetic. I am not a low criminal like that. My father would wipe you out. I hate you more than anybody else, more than my father and more than my mother. You are a powerless authority. You're risking my life.

Rose opened her eyes and was silent for a while. She went on to say that he held out a slight bit of hope and that was the most devastating thing for her; she so hated useless, authority figures, she would like to tie him to a chair and gag him.

D reflected to Rose how devastating it must have been to have a little bit of hope that things could change if one spoke about it. Rose responded that she knew she could not talk about it, although she often hoped that she could tell someone about what was happening in the family.

D thought about the transference implications of what she had heard and put it to Rose that she had told her about her life and her dream and asked what Rose needed from her. Rose was quiet for a long time and then she said, 'Don't ever let those people get hold of me'. D asked who those people are and Rose said, 'Those people who want to use you and think you're an interesting case'.

At this point, D thought about the need to get Rose's consent for D's participation in the research and realised that she would have to postpone it.

Rose then asked D if she agreed that there was no hope in her childhood and no one to help her. D affirmed that in Rose's family, family therapy was an unworkable, impossible

suggestion. Rose responded by saying that her father had always threatened to take her to the forest, kill her, and eat her. He would also threaten to take her into the street and let cars run over her, 'and he meant it'.

The session was running a little over time and Rose said that she needed to get herself together again before she left. D agreed and returned to the theme of no help and no hope. Rose told D that D believed in her and must know about the hopelessness.

D described her next words as 'a bit pacifying' and said:

The help I can provide is the twice weekly therapy where I validate that your reality was terrible and perhaps that does makes a difference. For example, the incoherent screaming now has words, we can't make things that happened go away but you are more mature now and can deal with painful things in a more mature way because you do have more abilities now than when you were 14 years old.

Rose was silent and then said, 'I feel hope again, I am suicidal all the time, but I do feel life'. She then spoke about their first session and reminded D that D had put to her that her therapy was a choice for Rose between life and death; that it need not be a concrete death but rather a working towards life. D was aware that 'working towards life' had been a key phase whenever Rose felt very despondent.

D, trying to be supportive, closed the session by saying that perhaps Rose could leave some of the difficult stuff in her room if she wished and that they could deal with it together during the next session.

9.1.2 The following sessions

During the subsequent weeks, Rose reported two further dreams which were linked; they both took place in the house where the family lived when she was 14 and the motif of screaming was evident in each. In the session which followed the session transcribed above, Rose told D:

I dreamt that I was in my parents' house. It was freezing cold and they were screaming and shouting at me. I heard your voice and you were saying to me, 'You are not a child anymore'. I thought, why am I here in this freezing house? I'm going to leave on the bus. I asked my mother whether she wanted to come with me. My mother said that I could not go because I had to look after my father

and brother. I told her that she could come with me but that I was not staying. I got onto the bus and saw that it was the same bus driver who brings me to therapy.

Rose went on to say that she never believed that she was capable of walking away from her mother. She realised that she did not have to shout back or explain, but could save herself. All her life she had tried to please the family and to protect her father by not talking about the abuse.

Both agreed that the ability to 'walk away' was a major achievement. Rose ended the session saying, 'This means our therapy is working, I never thought there could be a positive outcome'.

A week later, Rose reported the following dream:

I dreamt I went back to the house. It was not cold this time but it was filthy. I looked in the kitchen and the floor was filthy, dirty plates were piled up and there were dirty clothes everywhere. I started cleaning up but there was too much. I came across my sister who was sitting in a tiny corner. It was neat all around her and she was having a cup of tea. She asked me not to scream when mom and dad come home. Then mom did come home and started screaming at me, saying, 'You've made everything terrible and filthy, I'm going to call your father'. She called him and I realised I wasn't a child anymore so I said to both of them, 'It's your mess, you clean it up, I was trying to help and I don't even live here'. I just felt contempt for my father. My sister asked me why I couldn't just do as she did and I said, 'I can't'.

Having reported the dream, Rose said to D that she hated it when D told her she was not a child anymore because she felt misunderstood, but now she realised that it had made a difference. It had even had an impact on her outside life where she found herself less submissive in her relationships.

D said that after three weeks no more dreams were reported and the content of the sessions became more concerned with D's imminent three weeks leave. D did however request permission to use the material for the research and Rose was pleased to oblige.

9.2 Nate: *The Incredible Hulk*

During the period of research, Nate was 30 years old, single, and worked in the media. He had entered therapy with B nine years previously, 'freaked out' about all kinds of issues, including his studies and relationships (he was a university student at the time).

There had been lengthy interruptions in the therapy as he had travelled extensively and had also studied abroad. B described him as a patient who was 'difficult to reach'¹.

The transcribed session is the second after a month's holiday. During the previous session, he had been quite detached and had told B that the holiday had been perfect but that everything back home was awful. He felt that there was nothing here and that nobody affirmed him. B put to him, as she had often before, that he yearned to feel special but that he did not feel special either in relation to her, or in relation to Gina [his ex-girlfriend]. Nate responded that with Gina he was totally defensive so there was no chance of getting what he needed. B then took up how difficult it was to make contact with him; he wanted contact but did not allow it. Again, as in the past, they discussed the possibility of twice weekly therapy. He was resistant to it but said he saw the point and agreed to come again that week. (They had worked twice a week during periods in the past.)

9.2.1 The transcribed session

Nate started the session saying that maybe he should actually stop coming to therapy. B was shocked to hear this, given the way the previous session had ended a couple of days previously. She said nothing, and Nate continued saying, 'I've had a chaotic, awful week ... and an awful dream ... a nightmare':

I was very small and then there was this huge 'other'... a sort of comic book monster ... like the 'Incredible Hulk'. He was sort of mild in some ways but when he came into the sunlight, he became powerful and destructive. I was not afraid but I woke up feeling very disturbed and anxious.

Nate was silent and B asked him when he had had the dream. Nate gave a day between the last session and this. After further silence B asked whether anything of significance had happened the day before the dream. He could not think of anything. B asked if the dream brought anything to mind. Nate found it difficult to find anything to say about the dream; according to B, he could not elaborate or link it to anything. B described him as being 'in his somewhat defensive, inaccessible place, and so, typically, he was difficult to engage and somewhat dismissive'.

Nate was silent and, after some minutes, B put to him that he equated powerful with destructive. She reminded him how much of a theme it had been in his relationship with Norma, less so in this more recent relationship with Gina. Nate responded by saying that

¹ This epithet was coined by Joseph (1988) in a paper entitled 'The patient who is difficult to reach'.

he felt aware of the lack of nurturance in his life.... 'I feel reduced to helplessness...too much is being asked of me.' He then began to open up and told B how awful the week had been and the details of the awfulness. (B was aware that he often said that he was freaked out and that things were awful but that it was very difficult to get any real sense of what was going on.)

Nate told B about a project that he was working on and how somewhat against his better judgement he had given it to Dion, because he wanted to give him a chance, but it had backfired in the usual way. Nate had extended himself, put himself out to help the guy, covered for him, and then, in the end, he had not delivered the goods. In addition, he had discovered that another project was in trouble because the co-ordinator that he had hired recently had been very erratic, she had even arrived late for a critical appointment that week, and had been rude to the backers of the project and in the interim he had discovered that she had a serious drug problem.

B put to him that he was rendered helpless because what he was afraid to bring into the sunlight was his power, because of his terror that any expression of his assertiveness became destructive. He could not tell Dion or the other person that he was dissatisfied with their performance, because he then felt he was destructive and was consumed by guilt. He was unable to differentiate between the appropriate exercising of his power and authority and destructive violence.

Nate nodded, saying that B was right but that he did not know how to do things differently. He said he felt much better, more alive, but he did not know what he could do with this. 'I can't see myself being able to do anything. I get passive and helpless.'

9.2.2 The following sessions

In the next session, Nate spoke again about how out of control everything felt and how he needed help but could not get it. He confirmed B's comments of the previous session about the 'Incredible Hulk' side of himself, saying that he had anxiety about asserting himself and how difficult it was to change. B suggested that he might not be ready to find a more potent adult part of himself until he felt that enough attention had been paid to his more messy part. He then said that he was considering employing a personal assistant and he spoke about his difficulties in delegating because that required him to use a more assertive part.

Over the next few weeks, the metaphor of the 'Incredible Hulk' was explored a little more in the therapy. What emerged, was that Nate could not establish whether the 'Incredible

Hulk' was on the side of the good guys or the bad guys. B was aware that something of this character was evident in the manner in which he characteristically entered the room or rather 'broke into the room' with his strident ringing of the bell, pushing the door open, banging it closed, plonking himself into the chair, putting his feet up, and almost throwing his cell phone onto the table. Then once he was seated, he became very self-effacing, rubbed his eyes, organised his clothes, and reminded B of a very overwhelmed little boy. He talked about being 'freaked out' but seemed quite unable to articulate what was freaking him out and the details of the other personalities in his life. B had the sense that at work he placated his colleagues, dealing with any anger in a masked way, and finally a few days later, becoming brattish and stomping around venting his feelings in this way.

The 'very small' side of Nate who observes the 'Incredible Hulk' in the dream reminded B of the first, and one of the few dreams Nate had brought to therapy. In this dream, Nate came across a 9 year old girl who looked as if she were cutting her fingernails. As he got closer, he saw that she was actually cutting off the tips of her fingers. At the time, B interpreted the dream as depicting how he was feeling 'cut to the quick' in the world and how he tended to do this to himself.

The interaction between the two figures in the 'Incredible Hulk' dream also recalled for B a third dream which Nate had presented more recently. In this dream, *he went into a storeroom in his house which was in a terrible mess and found a guitar. He looked at it and could not decide whether to pick it up and play it.* On being told the dream, B suggested – among other things – that the dream reflected his inability to use his creativity. Nate did not like the dream or B's comments which he dismissed as 'utter nonsense'.

B described Nate as a man with considerable talent and potential, but, both in the room and in outside relationships, he needed a complete focus on himself and yearned for people to know what he wanted without him having to spell it out. If the attention on him flickered, he went into 'brat' mode which would push the other further and further away.

After the 4 week tracking period, Nate had ceased to refer to the 'Incredible Hulk' dream and brought no further dreams. B introduced the issue of the research, Nate was delighted and gave his consent without hesitation. As B put it, Nate yearned to feel special and being singled out provided such an opportunity.

9.3 Miriam: *Hanging on for dear life*

Miriam embarked on therapy with C about two months prior to the period of research. She had had a mastectomy a few months earlier and was undergoing chemotherapy. She

had toyed with the idea of going to a psychologist a few years back and, as we learn in the second session, she regretted 'not coming years before'. Miriam was in her late 50s at the time, a freelance journalist who started her career after her children had grown up. C got the impression that Miriam 'kept her solid, rather dull husband afloat and kept herself busy looking after everyone and doing charitable work'. In terms of Miriam's early history, she was an only child. She was ashamed of her father who was an alcoholic and consequently did not bring friends home. Her mother 'ran the family and worked hard to support them'.

During the first month of therapy, Miriam reported a dream where she came across a lion and a lioness and was both fascinated and terrified. Her associations to lions included 'strength, power, and passion'. C was struck by the discrepancy between these associations and her view of herself as 'not very clever, a simple housewife'. He put to her that perhaps the lions were carrying around some of those qualities that were buried inside of her. This was a revelation to her and she came to the following session with a dream about elephants, remarking that she was 'thrilled to think that the qualities which she so admires in elephants, such as their stateliness and their intelligence in the animal world, might somehow reflect something about [herself]'.

9.3.1 The transcribed session

C gave Miriam the 'Letter to Patients' at the beginning of the session. She started the session by asking C about his arthritis and telling him the deal she made with her mother on holiday. She would say the rosary with her mother each day, if her mother would join her to gamble at a nearby casino. Then, unlike other sessions where there would be a few minutes of chit-chat, she immediately got into things by telling him that she had been thinking of his arthritis because she had had the following dream which she said, 'hasn't got to do with anything':

I was telling you how to deal with pain in your lower back by telling you, when you're sleeping on your side, to place a cushion between your knees, how if you sleep with a cushion between your knees then you can raise your right leg or your left leg, whatever it is, almost in line with your spine.

Miriam repeated that the dream had not got much to do with anything. C was silent and observed that she had a notepad on her lap. She went on to say that she had recorded four dreams during the break. (C thought that she might also be saying she had missed therapy, but remained silent.) She proceeded to recount the first recorded dream:

I am on a roller-coaster and anxious and scared. I'm going up on this roller-coaster and when I get to the top, I see this very beautiful, exquisite vista that lies before me.

C asked whether she would like them to look at the dreams one by one. She said, no, she would prefer to tell him all four dreams. She then remembered that there was another dream, also 'totally irrelevant'. C questioned what she meant by this and her earlier comment about 'nothing to do with anything'. She said, 'my therapy, what you call my 'inner world'. She went on to say she was hijacked recently, or rather, 'it was an attempt at hijacking', and had had a dream. *There were three guys with guns trying to hijack me.* (This was the second, unrecorded dream.) She then proceeded to relate the second dream from her notes:

I was dressed in the most unlikely fashion, sort of a large, flowing, billowing, crinoline type of dress with roses and swans on it – [she demonstrates] like those ornaments you can place over a toilet roll. I was dressed as a bridesmaid and this was the dress. There were a whole lot of other bridesmaids and they were at some sort of reception and they were flitting here and there and my son and daughter were there as well. I started dancing and leaping around the place and Mike [her husband] comes and becomes a dancing partner where he throws me up in the air and catches me and so forth

Miriam immediately went onto the next dream:

I'm walking along a beach and suddenly I see this enormous wave as high as the Carlton Centre approaching me and I'm terrified and feel I will be overwhelmed. Suddenly I think you can dive into the bottom of a wave and then you hope that you come out the other side

Finally, Miriam reported the last dream from her notes:

I'm at the top of a mezzanine floor of a office block or shopping centre. I find myself falling over and grab hold of a balustrade and I'm holding on for dear life and am terrified. I look down and there's an enormous drop to the ground floor. Someone on the ground floor says to me 'don't let go, you'll be killed'. Then I find a drain pipe next to me and I manage to get one hand on that and then one hand over the other and I clamber up to safety.

Having heard the dreams, C asked Miriam whether she had any associations to them. She was quiet for a while and then said, 'I suppose anxiety is the big thing, challenge'. She then became silent. C imagined that she had run out of associations and felt that there was a clear association between all the dreams, except the one about the bridesmaid which was not clear to him; with the others, there was a clear challenge. C asked what she thought the big challenge or anxiety in her life was at the moment. Miriam replied that it was 'no doubt cancer'. C asked if she wished to talk about her cancer. She admitted being worried about it but did not know what to say. She asked if he thought she was avoiding it. He asked what she could be avoiding. Miriam proceeded to talk about the other people who were receiving chemotherapy with her. 'They get terribly angry, they're furious. Some even get quite hysterical about it.' She felt no such strong feelings and wondered whether there was something she ought to feel. C commented on how much of her life was filled with 'oughts and shoulds'. Miriam was convinced that she was avoiding something and C suggested that they look at her dreams through the 'prism of cancer'. Miriam responded that she was anxious about it. C asked what her greatest anxiety was. Miriam went on to talk about death. She had seen two friends suffering from cancer; both had eventually 'shrivelled up and died'. She could not imagine her family seeing her through that; she hoped her mother would die before she did. C wondered whether there was a fear of her own death that she was not dealing with, but remained silent. Miriam proceeded to talk about another patient at the oncology unit, a young, pregnant woman with a tiny baby. At that point, she started crying bitterly. After a while, she commented on how tragic it was. C was tempted to make a connection between her ability to feel the suffering of others but not her own, but felt the time was not right. Instead, remembering the dreams and the manner in which she found a way out through her own resources and how this is mirrored in her everyday life, yet at odds with her trust in her own abilities, C suggested that her dreams were not only telling her about the anxieties and challenges in her life right now but they were also saying something else. C paused, hoping that she would see it. She did not, so he spelt out that in each dream she finds a way out. Miriam then immediately saw what he was getting at. C put to her that her day consciousness and her dream consciousness were saying different things and linked this with his perception that she lacked confidence in her own abilities. She agreed about her lack of confidence but said she had always done what she needed to do.

Miriam remarked that she had also lost confidence in her faith. C wondered whether the loss of faith had anything to do with the cancer. Miriam disagreed and told him that it had been creeping up on her for some time. He put to her that she had the resources and the wisdom to deal with both the cancer and the loss of faith, as suggested by the

dreams. Miriam did not know what he meant about her wisdom and C remarked that she has given him the wisdom of her experience in dealing with a bad back (in the first dream).

Miriam's immediate response was that it was now her turn to receive his wisdom. She wanted a session where they did not have therapy but discussed things. For example, she wanted to know what C thought about what was happening in the country. C referred to her concern about avoiding something in terms of her cancer and suggested that a session which had nothing to do with therapy but rather with his opinions might be a way of avoiding dealing with her own wisdom in terms of her cancer and faith. The session ended with her laughing about this 'wisdom thing' and promising to think about it.

9.3.2 The following session

Miriam gave her consent to C's participation in the research. She arrived late, which was unusual, but announced that she had saved time because she had been 'bombarded with dreams' and had typed them all out. She said she had much to offer C and his 'colleague doing the research'. She proceeded to read the first dream:

I am strolling through Grahamstown with a friend in an academic gown. I see an old stone building with a turret-like room upstairs. I long to go up but I get called away. Under the turret I see that the walls and ceiling are pulsating with blue and white rays. A luminous female apparition is feeding ghostly hens and chickens. In another room, someone has discovered a potion that can make lions smaller. I see a lion the size of a cat and another three times larger than normal. I think the experiment has gone out of control and speculate on the horrors of creating giant-size animals and people. Finally, I am driving a car which goes out of control. My family are hurling abuse about my driving. The car comes to rest outside the turret.

Having read C this dream, Miriam said that she had had three cancer-related dreams: 'In the first two, my hair became thin and fell out; I was heartbroken and horrified. In the third, my gardener was doubled up in pain, his skin grey, blotchy and decomposing'.

C, remembering the 'lion dream', asked for her associations to the lion. She said, 'dignified, beautiful, and powerfully strong'. They then moved on to the cancer dreams. She did not want to think about cancer, that way she could get on with her life. She felt that, as C had told her, she should face the fact that she had cancer (C did not recall saying this) but she did not know how to do it. He pointed out

that the qualities she attributed to the lion were being enforced for her in the dream. Miriam remarked that she was scared to think about the cancer and would have preferred to get on with things, but, after the previous session, she realised that she had been refusing to think about it. C suggested that they look at her cancer in the light of her dreams and asked what the most terrifying thing was about 'having had cancer', deliberately using the past tense.

Miriam said that death was the worst thing and went on to describe her fantasy of wasting away, looking 'haggard and terrible, and smelling'. But even worse, was the thought of others having to watch her. She went through her family and thought they would all handle it except her husband who would not come near her because of her appearance. She became tearful at C's reflection on her need for her husband to be available to her, in a physical way.

When they went on to look at her appearance, the potential loss of her hair as a result of the chemotherapy, Miriam became quite humourous. Should she lose her hair, she would not let anybody see her. She would get a wig and use the 'most super of super glues to glue it down'. Failing that, she would nail it to her head. C drew the link between the dancing wildly about in one of the previous week's dreams and her light-hearted description of coping with no hair, suggesting that these were ways in which she perhaps avoided dealing with the pain of her cancer because the thought was so overwhelming. C commented on the counterpoint in her dreams. In the previous session's dreams she was overwhelmed but managed to find a way out, as she had in her life before, but in waking life, the cancer seemed so overwhelming that she did not want to think about it at all. In her dream, she had the strength to face the reality of cancer, perhaps represented by the image of her gardener doubled up in pain and his skin appearing grey, blotchy and decomposed. Miriam identified this as the epitome of her fear and C went back to the old building with its turret, almost inviting her up. It scared her, she did not go up, she avoided it as she did the cancer.

C took 'a leap into the dark' at this point and suggested that the apparition feeding the hens and chickens perhaps represented himself, and her need for him to feed her. She was excited by this and said therapy was the most marvellous thing, she was sorry she did not come years before. C suggested that they could face the cancer together, but that she feared that he would abuse her, like her family in the dream, perhaps by forcing her to face things that she may not have felt up to facing or by not being available at all times. The session ended with her saying she was scared C would get bored with her going on and on about her cancer.

9.3.3 The following sessions

Miriam brought many more dreams, some typed and some remembered spontaneously. Many of the themes recurred in different forms, for example, images to do with the loss of hair, recovery from cancer, hostile and dangerous terrain, wild animals who were both scary and appealing to her, and various religious motifs. New themes emerged about neglected or damaged children with her sometimes cast in the role of the abuser.

Miriam brought two dreams during the last two week of the research period. The first was reported after the end of her chemotherapy and before getting the results of her tests and the second, about a week after getting the results.

The first dream was typed:

I am in an ancient crypt with my son. There is a very sinister atmosphere. He is examining part of a human body with spotty skin. They had discovered a secret group of doctors who were killing patients in the crypt, either euthanasia or for scientific experimentation. He leaves and I look up to see a blackened crucifix hanging upside down. Jesus' head was that of a fair girl killed by the doctors. The girl's eyes start opening and staring at me. I'm terrified and scream for help. [At this point, Miriam woke up. When she went back to sleep the dream resumed.] In the next room is another crucifix, the right way up. Jesus' foot moves and I saw he was alive but suffering and dying, the blood and sweat running down his exhausted, agonised face. I am desperate to find somebody – you [C] are gone. I phone John [the priest who referred Miriam to C] who says, 'Your trouble is you have a hang-up about Jesus. I wonder what is going on behind your cheerfulness'.

On waking from the dream, Miriam phoned C in great distress asking for an extra session. In this session, Miriam felt that she was being wimpish, but together they explored her great fear of the results being 'horrific' and his not being there for her. According to C, it took nearly the whole session to pacify her as her dream realised her worst fantasy, that he would not be available.

During the following session, C learnt that Miriam's test results were negative and that she had been given the 'all clear' from the oncologist.

In the last session of the research period, Miriam announced that she did not have 'a packet of dreams' for him and went on to say that she was becoming very busy looking

after her sick husband, doing his work, taking care of her grandchild, being a chauffeur for her mother, and many other things. C reflected that now that she had recovered her health, she seemed to be sabotaging it. Miriam then remembered the following 'silly' dream:

There is a precious chalice-like cup on a table. I go towards it and it levitates and goes off down the corridor. I go after it but can't quite get hold of it. I stumble and fall and see the cup vanishing.

C suggested that the chalice represented a gift, her health, all that was precious to her, moving away from her again. Miriam was startled by this insight and wondered how she could avoid doing her familial duties. She remembered putting her foot down and not doing these things after her mastectomy but agreed that the old pattern seemed to be recurring.

RESULTS II: FINDINGS OF CASE MATERIAL AND INTERVIEWS

To reveal technical procedures might have, in fact, clarified some of the more obscure passages in the case and given us ways of understanding how Freud arrived at certain conclusions.

Spence (1986, p 216, speaking of Freud's 'Dora' case)

The case studies presented in Chapter 9 reveal some of the technical procedures involved in the work. They also offer a range of different types of dreams and dream series, variable levels of engagement on the part of the patients, and the different styles of the therapists. Despite this variation, a few general principles can be gleaned if we consider the material in terms of the therapists' contributions and their perspectives on the material. The task of extracting these from the three cases is difficult, particularly in the light of the literature review, where an analysis of the process of dream interpretation was broken down into sequential elements. The case material requires a different form of analysis and a new cluster of elements. The easiest way of doing this is to break down the situation into three elements, the dream material, the patient contribution, and the therapist contribution. This provides a structure which sets dreams apart from other material in the interaction between therapist and patient, in and out of the room. It is a triadic, non-sequential structure, which accommodates the role of the patient (and not only his or her dreams as such). These elements and the intra-case variability is examined in section 10.1 (Phase 2 of the study, presented in Chapter 9). Section 10.2 assesses these findings in the light of Phase 1 of the study, the 'initial interviews' with all participants with regard to their beliefs about dream interpretation in the bigger framework of the general work. Section 10.3 looks at the role of theory and discusses whether there is a need for a special focus on dreams in training.

10.1 The structure of dream interpretation based on the three case studies

This section looks in brief at the structure and common features of dream interpretation as manifest in the cases. The following section will examine these in more depth, in conjunction with the therapists' understanding of the material and all participants beliefs regarding their practices which are relevant to our understanding of work with dreams in psychotherapy.

What can be said about the cases in general is that there is a sequence to the presentation of dreams, the exploration, and the possible steps towards finding meaning. But it is not a rigid sequence. In the case of Rose, e.g., the dream is announced at the beginning of the session but is only narrated midway through. In the case of Miriam's first session, the typed dreams are her main agenda; however, prior to the narration of these she remembers an 'irrelevant' dream, an association brought to mind upon seeing C after the break. The patient's associations are part of the work in each case; they are actively requested in two cases and in the third, they are given spontaneously, both before and after the dream. In all cases, the provision of associations by the patient precedes a number of possible interventions and interpretative links by the therapist. We are party to some of the thoughts that are entertained prior to the therapist voicing these. All patients engage to some extent with the dreams and the comments of the therapist. In the sessions, there is a movement away from the dream, a moving on to other topics, and then a return to the dream by way of a link or an interpretation.

Thus it is not particularly useful at this stage to examine the sequence or elements examined in the literature review. Although work with dreams is the focus of the study, they are not the focus of the therapies, from the therapists' points of view. The therapists did not overtly request or encourage their patients to bring dreams, except when they introduced the issue of the research. Rose and Nate were not aware of the research during the period of therapy examined; Miriam was aware of it after the first transcribed session.

Given the lack of any rigid sequence and the varying contributions of dream material, patient contribution and therapist contribution, the case material is examined according to these three contributions (sections 10.1.1 – 10.1.3). These encompass a triangular situation which is used as a structure to describe and evaluate the material in general terms (10.1.4).

10.1.1 Dream material

Each excerpt of dream-life differs markedly, in terms of dream series and types of dream. In the first case, the three dreams almost provide a developmental sequence, in the second, there is one isolated dream (which became linked in the therapist's mind to two

dreams, perhaps the sum total of dreams which Nate brought to therapy in nine years), and in the third there is a veritable flood of dreams.

Rose's first dream is not even visual, but almost a concrete replay of her screaming attacks in childhood. The following two dreams show a movement to a more symbolic frame of mind in tandem with a temporal move to a later stage of her life, adolescence; they are also linked to the therapeutic relationship in the present with both the imagery of the bus which brings her to therapy and the words of D from the first session. The dreams represent a breakthrough, given her reluctance to deal with her past.

Nate's one dream appears unrelated to the therapy or to his current or past life. In this sense there is an archetypal feel to it, a point which will be discussed later.

Miriam's dreams differ from those of the other patients in that they are more rooted in the present time and look more to the future than the past. They also seem to be more symbolic and depict a myriad of different, interlinking themes concerned with her cancer, her relationship with C, her faith, and various aspects of herself which are unrealised, unacknowledged, or disregarded. The series provides a very clear picture of mortality issues and transference issues either at play or to be expected in her relationship with C. Miriam was the only patient who was aware of the research during the period and her dreams pick up on it (for example, her being in Grahamstown with a friend in academic garb.)

Thus three different types of series emerge which include a variety of types of dream: trauma dreams, nightmares, important dreams, unimportant dreams, dreams of the therapist, and perhaps archetypal dreams.

10.1.2 Patient contribution

The case material provides an example of three different types of patient and varying degrees of motivation and resistance both in supplying and working with their dreams. Rose and Miriam are examples of the type of patient who readily brings and works with dreams. Nate provides an example of one who brings few dreams and manifests reluctance in working with them.

Rose is very forthcoming in her interaction with D and needs little encouragement or input from D. Much of the initial session, e.g., is a 'free association' to the 'screaming dream'. Conversely, Nate shows little interest in his dream-life. We learn from B, that he is an infrequent dreamer who characteristically offers no associations or thoughts about his dreams. Miriam is a patient who falls somewhere in between. She brings a flood of

dreams and provides her associations and thoughts to many of these. She even makes her own interpretive links (e.g., she brought a dream about elephants – prior to the research period – and used C’s interpretation of her previous dream to make sense of it). However, a modicum of unconscious resistance is evident in her labelling of dreams as ‘relevant’ and ‘irrelevant’. Unlike Rose and Nate, she is eager for C’s input, his ‘wisdom’ about what her dreams mean.

The three patients are grappling with different developmental issues and work with their dreams in idiosyncratic ways; together they provide an idea of some of the issues facing the therapist when presented with dreams by different types of patient.

10.1.3 Therapist contribution

D says very little and is quite concrete in her interventions, fitting in well with Rose’s level of functioning and what she can manage. D picks up that it is not meaning that is sought but a safe environment. She both helps Rose to find words (a developmental shift evident in the second and third dreams presented), and to access a more mature part of the self.

B’s style is more interpretative than the other two therapists. She tries to foster associations and to find the trigger of the dream. She links the two qualities in the ‘hulk’ figure which helps Nate to articulate his difficulties at work in more detail than usual. B is also more forthcoming about the countertransference issues evoked by Nate than C and D.

Like B, C endeavours (more successfully) to get Miriam’s associations to some of the dreams. He is aware of the discrepancy between Miriam’s perception of herself and his own. He tries to bolster her, to facilitate her contact with her own resources which she disregards, and to minimise her idealisation of him. His interpretations come after a lot of exploration and the linking of the dream content to her waking life.

All three therapists formulate comprehensive interpretations towards the end of the transcribed sessions. These are based on both their patient’s and their own associations, thoughts and interpretative links which emerge during the sessions. Themes that emerge include the context of the dream, the link between the dreams and the patients’ current internal and external situation, and the link between the dreams and the situation in the room.

In two cases, the context of the dream is thought about or actively sought. C, e.g., thinks the dreams in the first transcribed session are a comment about the break in the therapy.

He does not pursue this line of thought further, but rather suggests to Miriam that they endeavour to understand the dreams through the 'prism' of her cancer. B tries – unsuccessfully – to find out what triggered Nate's dream by asking him if he is aware of events of the day preceding the dream. In the third case, Rose herself provides the context (she had been having terrible dreams since the last session).

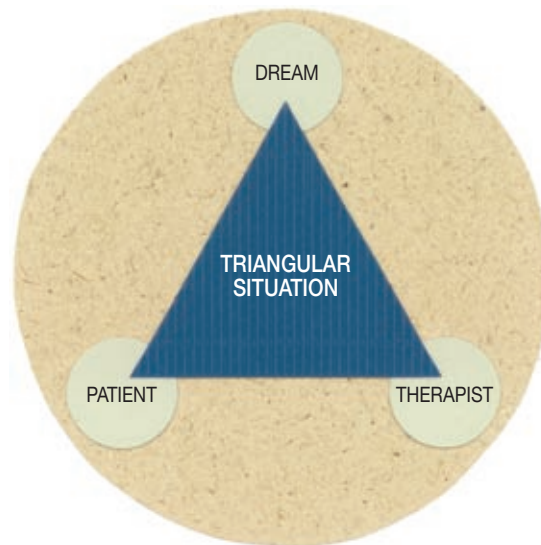
In all cases, therapists tend to link the dreams of the first transcribed sessions to the patient's ongoing situation. D remarks that Rose is 'more mature now'; she is not a screaming child and she is not 14. B, using Nate's words in his narration of the dream, suggests that he is afraid to bring his power into the sunlight because of his terror that his assertiveness will become destructive. C remarks that Miriam's 'day consciousness and her dream consciousness' are saying different things.

In all cases, some aspects of the dream are understood to be aspects of the self. This is clearly evident in B's handling of Nate's 'hulk' figure and in C's handling of some of Miriam's dreams (e.g., the lion images).

Finally, the transference implications of aspects of the dream are at times considered and at other times verbalised in the interpretations. In the first instance, e.g., D draws the link between herself and the psychiatrist (and those who would use Rose as 'an interesting case' but does not convey to Rose this understanding). In the second instance, C brings in the transference implications in some of his interpretations. In the first transcribed session, he puts to Miriam that she has wisdom which she imparts to him (in the first dream of the session); in the second session, C interprets the 'apparition feeding ghostly hens and chickens' in terms of Miriam's needs of him.

10.1.4 The 'dream-work' as a triangular situation

What all cases have in common is that dreams are a commentary which gathers meaning in accordance with the level of engagement of each party and the introduction of further dreams. Thus the situation in each case may best be summed up as a triangular one. This structure – graphically depicted below – encompasses the three angles involved, highlights that dreams are essentially different from other material, potentially a subtext or aspect of the bigger picture, and a type of work that happens in clinical practice. As such, we may call it the 'dream-work', using Freud's term for dream construction, which seems particularly apt for the work around dreams that happens between patient and therapist in the room. The dream-work as a triangular situation has the potential uses of describing how a discovery and creation of meaning occurs between the three elements as well as a selection process, and of assessing the work with dreams.



Firstly, some sort of selection process happens in the dream itself and in the room, on both sides of the fence. For example, Rose's dream selects a sentence, D's very words that Rose hated hearing in the previous session. Secondly, once a dream is presented in the room, both therapist and patient think about and/or bring to the table considered or unconsidered thoughts about it which constitute the discovery and creation of meaning between the two.

As we follow the therapy after the transcribed sessions, we see that *some* meaning has been gleaned (by both parties in each case) and that the dreams have some sort of life in and out of the room. Although none of the therapists' thoughts actively pursue the accuracy of the meaning found, different events following the sessions attest either to its accuracy or to the patient's capacity to use what has been offered. Sometimes this is evident in the progression of dream series (e.g., Rose's), sometimes the patient recalls a dream image and the therapist's comments in a later session (e.g., Nate), and sometimes a later dream may confirm or depict an earlier expressed fear (e.g., Miriam's fear that C will not be available is realised in one of the last dreams of the series).

No absolute meaning is reached in relation to any of the dreams presented. As readers of the cases, we see the potential for further meaning which did not emerge in the room (e.g., the link between Miriam's dreams and the research), but this does not detract from evidence that something useful is going on. In the case of Rose, meaning is considered less important (to both Rose and D) than the access her first dream provides to a time in her past which she has wanted to ignore. Using something akin to a 'Gestalt technique' (c.f., Perls, 1977), D helps her put words to the screaming. D's words in turn are introduced in the second dream, giving Rose unaccustomed agency, leading toward a 'positive outcome', both in the dream, in the room, and in her outside life.

Dream-work as a triangular situation also encompasses the various forms of potential usage by the therapist. For example, therapists may recall earlier dreams in order to shed light on later ones. (e.g., C use of Miriam's first 'lion' dream in conjunction with the later 'lion' image to access her own inner strength, sorely needed at the time of the dream containing the later 'lion' image.) Similarly, B uses the 'Incredible Hulk' to provide a new understanding of Nate's behaviour in therapy; he is like the 'hulk' when he 'bursts into the room', but he is 'very small' once he sits down. She understands the dream as depicting a conflict between two sides of the self. The 'very small' side is reminiscent of a character in the first dream he brought to therapy, a nine year old girl who is 'cut to the quick'. Conversely, the 'hulk' side needs to be closeted because of the fear of its destructiveness, resulting it would seem in its being neither destructive nor connected. She does not share this understanding with Nate.

Thus the cases as a whole may be seen as three versions of the triangular situation. The dreams provide a subtext to this period of therapy and a symbolising of issues to the forefront, which, coupled with the contributions of the therapists and patients, provide evidence of some working through and, if not a resolution, a picture of the ongoing situation. In each case, the dreams give us a good idea of the three patients, their levels of functioning, and their dynamics, supported, perhaps, by their manner of working with them. They also give us a good idea about the therapist's style and the relation between the two.

10.2 Therapists' Beliefs about their Practices

This section looks at work with dreams more generally and highlights the differences between dreams and other material, based on the initial interviews with a broader sample of clinicians, but including B, C, and D, and the final interviews (with A, E, and G) concerning the three cases in particular. These interviews as a whole thus provide a range of different theoretical perspectives on areas examined. (See *Table 2*, p 163, for a reminder of the participants in the three phases of the study.) At times, some 'intra-clinical' case material is given when more detail is required to illustrate or develop a point.

It needs to be stated here that much of the richness of the detail which emerged in the interviews is lost; many points raised by participants were illustrated with dream material which cannot be quoted because consent was not negotiated with the dreamer concerned. (In this sense, an investigation on work with, for example, symptoms might have been easier.) Furthermore, many important issues raised have already been examined in earlier chapters. Thus the final analysis of the interviews has endeavoured to avoid repetition where possible and to provide substantiation or illustration using the material of consenting patients where necessary.

In general, it might be said of the interviews that there was considerable overlap in participants accounts about their practices, as well as some compatible variation of themes. The data analysis identified two paradoxes. The universal paradox was that participants perceive dreams to be different from other material yet were at pains to convey that they do not *work* differently with dreams. A less commonly stated paradox was: 'Thank goodness a dream; now what do I do with it'(G). This highlights the 'mixed blessing' quality of dreams. It thus becomes important to look at the elements of 'dream-work' in the room, using a similar format to the previous section, with an added element comprising theory, training, and experience (part of the therapist's side of things). This facilitates the examination of the differences between dreams and other material in terms of content (the specific values and difficulties) and ways in which dream-work in the room differs and resembles other work.

10.2.1 The role of dreams

Participants regard dreams in practice as different from other material (e.g., symptoms, events, memories, or associations) because: 1. they have their own inherent structure (and function) regardless of what happens in the room; 2. they are a direct communication from the unconscious, thus providing a different perspective, a potentially objective perspective of the patient's internal world and the situation between the therapist and the patient; 3. dreams are potentially symbolic or metaphoric, but can be 'presymbolic' (e.g., Rose's screaming dream); perhaps it can be said that there are different types of dreams; 4. they are a type of material which has its own idiosyncratic difficulties, values, and uses. These factors are examined below.

1. The structure of dreams

Dreams are an entity in their own right, a finished product (however much they may be amplified), like a text or a narrative. Unlike symptoms or memories, their daily, universal occurrence means that there is a continuity and always a new picture (except in the case of trauma or repetitious dreams), so dreams may provide a series of similar yet diverse material. It also means that we can talk about a 'type of material' which a patient brings. Participants all commented on the visual nature of dreams, but of course in their narration they are transformed into verbal form. The implications of this rather overlooked distinction is discussed further on.

2. A direct, objective picture of the patient's inner world

All participants value dreams in the work because they provide access to the internal world, to unconscious processes, and to more primitive material that may not be as readily accessible in psychotherapy as it is in psychoanalysis where almost daily

sessions are conducted. (The participants, it may be remembered, typically see patients once or twice a week.) In so doing, dreams depict what the patient could not or would not talk about because of resistance, defences, and content which has not reached awareness. With other material, the therapist needs to listen at two levels: firstly, to what the patient is ostensibly saying and, secondly, to the message behind the message. Thus they constitute a first hand view of the unconscious and its workings, without the interference of waking defences. But they may throw light on some of these, perhaps, most centrally, the patient's projections. This facilitates the understanding and the interpretation of these defences. For example, in Miriam's 'Grahamstown' dream, she projects her own academic potential onto her friend by dreaming of her in an academic gown. (We learn that she was deprived of going to university after school because of a lack of funds and continues to regret not having gone).

Dreams offer an objective and truthful picture which may shed new light on the dreamer's current concerns, confirm the therapist's feelings about the patient or the interaction between the two, provide a point of entry into new areas, or illustrate the patient's dynamics so that these can be addressed by the therapist without it seeming like a judgement or attack.

3. Types of dreams

We have seen in the previous section that a number of types of dreams are evident in the case material. What is not represented but discussed in the interviews is 'archetypal dreams'. It may be argued that the criteria for this label as stated by Jung (1948/1969) does fit a specific type of dream, whether or not it is seen as useful by Jungians or non-Jungians. To illustrate this point, I will present some intra-clinical material which occurred some years ago and which this issue recalls. The patient, Leda¹, brought a series of dreams over a few months which seemed rich and significant but we made little headway with them in the room. I often wondered what Jung might have done with them and I even entertained the idea that she had been reading James Hillman (1979). The dreams were not only devoid of personal detail, but often featured her in a variety of non-human guises, a feature I later learnt of, diagnostic of archetypal dreams. In one, e.g., *she was a goldfish leading a growing shoal of sea-creatures on a journey near the bottom of the sea-bed.* In another, *she was a swan and, while trying to rescue a child, was shot by the child's father.* In a third, *she was being taken by a ferryman, covered in a black cape, along rivers in underground caves.* A fourth dream will be quoted in more detail:

¹ This pseudonym is drawn from Greek mythology. Leda was the queen of Sparta who was raped by Zeus, disguised as a swan. (It may be noted that 'Leda' willingly consented to the publishing of the material.)

She is swimming with a dolphin and then finds herself lying in a green field. A woman walks up to her, takes her hand, and they fly off together. The woman then drops her into a maze. She tries to find the way out and is hounded by Zulu warriors who push their spears towards her and threaten to kill her. She then finds herself in a Red Indian village where she climbs to the top of a totem pole. An eagle swoops down and carries her off. She becomes very small and finds herself behind the eagle's eye, through which she can see all the colours of the rainbow.

What emerged from these dreams will be discussed shortly; the point here is that all dreams of the series may be classified as archetypal, irrespective of how they may be tackled in the consulting room.

Finally, all participants said that dreams are symbolic. But, as one noted, not all dreams are symbolic. Dreams may constitute a precise repetition of an event (most commonly, a traumatic event, e.g., Miriam's 'hijacking' dream); in such cases, dreams cannot be labelled as symbolic since there is no transformation of content. Perhaps these dreams could be called 'pre-symbolic'.

4. The value and use of dreams.

Dreams serve to make patients more interested in themselves and open to their own internal processes. As one participant remarked, when patients start taking their dreams more seriously, they start taking themselves more seriously. This may indeed be a contentious point among participants and will be addressed in Chapter 11.

Summing up the distinguishing features of dreams as posited by participants, dreams are valued in therapy because their symbolic, metaphoric, dramatic, and visual language enriches the therapy and provides a deepening or embroidering of what happened in the room before the dream was presented. They present images of experiences, feelings, and conflicts which may have not been depicted before. Such imagery may change over time, providing confirmation that the therapist is on the right track, or shedding light on changes in the patient's inner world. Dreams tell a truth that cannot be readily denied.

10.2.2 The role of the patient

Some patients never bring dreams and the question was raised as to whether therapies with no dream material differs from those where dreams are introduced. The case studies in particular relied on patients who do bring dreams irrespective of the types of dream presented, the frequency, and the quantity. This material provides a range of possible

patient contribution with regard to their dreams (both within cases and across the different cases). A greater variation of patient contribution emerged in the interviews. Of importance is (1) different degrees of engagement with and resistance to dreams, (2) different levels of functioning evident in patients' attitudes to their dreams, and (3) difficulties in bringing certain types of dreams.

A range of different levels of patient resistance were identified by participants. Some patients do not bring dreams at all, either because they do not remember them or because they are reluctant to reveal them to their therapists. Participants attribute this to patients' perceptions about the needs and motivations of the therapist with regard to their dream-life, as well as patients' fears about revealing something that they cannot control.

Some patients will not or cannot think about their dreams with the therapist. Leda was one such patient. She did not want to venture any thoughts about the dreams and blocked any attempt at exploration. A lone comment which she made was that the underground ferryman reminded her of an earlier dream in which *she was dancing on a frozen pond with a man in a black hooded cloak. As they skated together, the wind blew his cloak open and uncovered a skeleton.* Despite not wishing to dwell on these dreams with me, she was able to 'use' them on her own. For example, she wrote and illustrated a children's book on the 'goldfish' dream.

A more active form of resistance is evident in cases where patients bring dreams and then disregard them or 'dump them on the therapist', demanding immediate interpretations, without any inclination to examine them themselves. A less 'hostile' version, a fairly typical scenario, is when the patients feel dreams are so absurd or embarrassing that they are disinclined to explore them any way, yet expects an interpretation from the therapist.

Another form of resistance is operating when patients offer their own interpretations and are unable or unwilling to entertain any insights or possibilities suggested by therapist. Nate's response to B's interpretation to an earlier dream provides an illustration. B likened his inability to decide whether or not to play his guitar in an early dream with his inability to use his creativity; he thought this was 'utter nonsense'. (Conversely, in the 'Incredible Hulk' dream, B's interpretative link – that he equates power with destruction – enabled Nate to open up a crack by firstly providing more detail than usual and in later sessions he is even able to 'play' with the image. This is a developmental step in Winnicott's use of the word and may thus be seen as an achievement after many years of therapy.)

At the other end of the spectrum, is the patient who 'floods the therapist with voluminous dream material'. Interestingly, this comment came from C in the 'Initial

Interview', i.e., prior to the period of the case study. The unconscious motivation for flooding the therapist with dreams is often seen as a wish to distract or overwhelm the therapist, but in Miriam's case it is an open question whether the chemotherapy affected her dreaming and recall, whether the 'flood' of dreams was a sign of her desperation, or whether some compliance could be brought into the equation.

Another factor has to do with the level of the patient's functioning. E, e.g., raised the issue that not everyone dreams at the same level or relates to the dream at the same level. Some patients are not capable of symbolising and regard their dreams quite concretely as facts or prophecies. There are two examples of this idea in the case material. Rose's 'screaming' dream and her manner of relating to it are quite concrete; a week later she dreams of the exact words D used in making sense of the earlier dream. Conversely, Miriam generally relates to her dreams more symbolically, although some regression is evident on the eve of learning that she is cancer-free. Her interpretation of the 'elephants' dream – that the qualities she so admires in these animals might somehow reflect something in herself – is symbolic. However, her later interpretation about part of another dream is very concrete. In the dream, she recounts:

I am desperate to find somebody – you are gone – I phone John [the priest who referred her to C] who says, 'Your trouble is you have a hang-up about Jesus. I wonder what is going on behind your cheerfulness?.'

Miriam interprets this very literally, evident in her phoning C on waking to check on his availability. But interestingly, in the dream there is a delightful word-play: the 'hang-up about Jesus' voiced by the priest is depicted earlier in the dream in the image of the crucifix hanging upside down. (Word-play, punning and so on are symbolic.)

Patients who are interested in their dreams and in their therapist's views, may still find it difficult to tell their therapists about certain dreams, particularly those that are sexual, violent, disturbing, crude, or which depict themselves or the therapist in a certain light. (One participant recalled her discomfort in relating a dream to her own therapist in which she told her to '*gaan kak*'. This point highlights the value of the therapist having worked with his or her own dreams in therapy, knowing what it is like when the boot is on the other foot.)

These factors regarding the patient's contribution are important in terms of the therapist's ongoing assessment of the situation.

10.2.3 The role of the therapist

Despite participants in the interview saying that they do not work differently with dreams, a number of differences did emerge; moreover, dream material itself is at times used differently to other material. The differences in working with dreams include asking for associations, asking for or bearing in mind the possible trigger of the dream as well as the thoughts emerging in the exploring of the dream, fostering the patient's relationship with his or her dream-life, finding metaphors and symbols, and taking more note of dreams than perhaps ongoing episodes that are presented. Other interventions, techniques, thoughts leading to formulations, and the issue of formulating the interpretation do appear to have much in common with other material but there are nuances specific to dreams. (The distinguishing factors are discussed below or in Chapter 11.) The interviews suggest that therapists work similarly to each other but that they have their own idiosyncratic styles which in turn are likely to be coloured by the specific patient. This is evident in the case material.

1. Requests for dreams

A contentious issue among participants was requests for dreams in the therapy. Most of the participants do ask for dreams under certain circumstances, but argue that in a 'perfect world' such requests constitute an infringement of the basic frame and a promoting of the therapist's agenda rather than the patient's. The possible occasions where dreams may be sought include, firstly, times when the ongoing therapeutic situation feels at an impasse and, secondly, during initial sessions with new patients as part of the assessment process. Only two of the participants seem to promote dreams more actively. One of the Jungian participants explores with new patients whether they dream and how they relate to their dreams; she also conveys to patients that dreams constitute a message. Another participant expresses her enthusiasm for dream material by taking notes during the session. However, none of the participants insist on patients bringing dreams, nor do they make dreams the basis of their therapy.

2. Requests for associations

Participants profess to ask more directly for patients' associations to dreams than they would other material, such as a memory or an event. Furthermore, as one put it, when the dream appears to be 'milked dry' of associations and the patient goes on to talk about something else, this 'something else' often turns out to be the most important association of all. This scenario suggests a tracking of associations and potential associations to the dream, an aspect of the therapist's cognitive work.

Two of the 'Jungians'¹ introduced the term 'amplification'. They used the term in two ways. Firstly, the term refers to the patient's personal associations which extend the images along which ever paths they take; thus, in this sense, it is not conceptually distinct from 'free associations'. However, in its second and more important sense, the term refers to the therapist's 'amplifications' which are different from the therapists 'associations', since they involve adding fairy tale, mythological, and archetypal material to the dream in order to take dream images further than the patient's own associations. The therapist's amplifications are considered valuable as they show the patient how symbols and themes have manifested in different cultures and eras. This facilitates a sense of feeling part of something bigger than his or her own situation.

It was noted that the link with collective understandings, like any other of the therapist's internal associations, would only be introduced if considered pertinent to the patient, only after the patient has had time to give his or her own thoughts about the dream, or to 'test the limits'. These would then complement the patient's thoughts or 'add glue to the interpretation'. A certain caution is needed with the introduction of archetypal material. A participant who had been in classical Jungian analysis recalled being given a lot of archetypal material and finding it interesting but premature and difficult to digest. The argument here is that a focus on the archetypal, can become too intellectual, removing the person from the immediacy of the dream.

In the case of Leda, I did have a few amplications: Mary Poppins, Yeat's poem entitled 'Leda and the Swan', Hillman's *Dreams and the Underworld*, and a metaphor, 'dancing with death'. These in fact came on later reflection except for Mary Poppins, which was my first thought upon hearing the dream quoted earlier. I did not voice these, although the 'Mary Poppins' image captured my feeling that she wished me to be her 'Fairy Godmother', an exclusive, all-loving, omniscient therapist.

3. Working with dreams

Participants professed to work more symbolically with dream material, on the one hand, actively working with symbols, images, and metaphors and, on the other, helping patients to identify with or examine the relationship between different parts of a dream and different aspects of themselves. They also tend to make links with earlier dreams, where appropriate. Work with dreams is divided into three categories

¹ Three of the participants cited Jung as being an important influence but only one considers herself a Jungian.

here, the non-verbal work, interventions and other verbal techniques, and formulating interpretations. The issue of assessment is addressed in the next subsection.

4. **The non-verbal aspects of the work**

Apart from the active or verbalised interventions, participants spelt out a number of issues which distinguish work with dreams from other material brought to therapy. These include different pressures and countertransference reactions which dreams bring to bear upon the therapist. A common pressure is the consequence of the notion that dreams are valuable and need to be correctly interpreted. Some participants were aware of feeling pressure to make sense of a dream that appears particularly significant, interesting, or disturbing. Similarly, some participants reported a common experience of grasping the meaning of a dream but not wishing to interpret it prematurely, rather facilitating exploration so that the dreamer comes to meaning by him- or herself. As one participant put it, 'if the meaning is so clear to me and not to the dreamer, why am I rushing to interpret the dream when the dreamer is not ready to see or know my meaning'. Under these circumstances clinicians feel the need to hold or contain ideas about the dream's meaning and to assess, e.g., when to interpret, when it is important to say something, to remain silent, or not to remain silent.

Ongoing assessment of what the patient is doing, saying, and able to manage is of course part of the work in general. With dreams, the therapist needs to assess the patient's level of functioning to see whether they are able to free associate or to reflect on the dream. The role of the therapist may be to facilitate the patient reaching a level where he or she can 'play' with the dream, as one participant put it, drawing on Winnicott.

Participants raised the point that ideally there is a need to bear in mind how their attitude to dreams, manner of working with them, and focus, influence dream production, presentation, and 'play' with dreams. They were also mindful of their own resistance and countertransference issues as well as the often baffling content of dream material. A point presented by one of the Jungian participants which he had also encountered in the literature, is the discomfort or even nausea in entering a person's dream world, as if there is a natural resistance to dream interpretation. Feelings evoked in the therapist may be countered by avoiding dream material or 'diving in'. A variation of this theme and a challenge involved in dealing with dreams is when a dream conveys something truthful about the therapist which the patient may not be aware of or may not have verbalised to the therapist. The examples cited in this regard reflected strong

positive and negative countertransference feelings, as well as personal details about the therapist which were clearly depicted in dreams. It was argued that these dreams may take courage as well as an art which comes from experience, in dealing with these without revealing personal issues unduly.

Some participants felt that they might be limited in their understanding of dream material and raised the question of whether a greater competence was possible. They felt that, on the one hand, the therapist cannot pick up on everything in a dream and, on the other, dreams can sometimes be puzzling and difficult to unravel. However, in general, the baffling nature of dreams was not felt to be daunting. In some cases, participants felt that the dream could be borne in mind for future reference; in others, the therapist might acknowledge to the patient that the dream makes no sense at the present time. A useful point here is that important themes will re-emerge and significant dreams may only be understood later.

The process of finding meaning on its own may involve a myriad of further thoughts, often quite actively considered. These include the context and symbolism of the dream (examined further in the next section).

5. Verbal interventions

Some variation among participants was evident regarding the emphasis on facilitating the patient's exploration versus formulating and conveying an interpretation. Some promote exploration and endeavour to leave things as open-ended as possible. Others formulate interpretations which show how the dream fits into the patient's life at that particular time, drawing on the patient's associations and links as well as their own. (This was the tendency in all three cases.) An argument in favour of introducing the therapist's perspective was the inevitable blind spots associated with one's own dreams. One participant recounted a dream he had had many years before, after his therapist had rather abruptly terminated their therapy:

My dog was chasing a rabbit and caught it just as it was disappearing down a rabbit hole. I did not know whether we should have the rabbit for supper or let the dog have it.

He had woken from the dream in tears and discussed it with a colleague later in the day. The colleague, knowing that the therapist's name was Warren and aware that rabbit holes lead to warrens, asked what a 'rabbit hole' brought to mind. He got the connection and, in the interview, recalled the 'aha' experience of immediate clarity

about the dream which evoked and expressed his feelings on the termination of his therapy which he had not been in touch with. (This point raises the role of the other in dream interpretation, which will be discussed further in Chapter 11.)

6. Keys to meaning

Participants commonly go for four different foci with regard to the relationships depicted in the dream, with variable emphasis. We have seen that meaning may be offered in terms of interpretative links by the therapist (or at times the patient). The issue of the various linkages, themes, foci, and keys to unlocking meaning which participants profess to use (some of which are evident in the case material) may be divided into three categories: 1. those commonly regarded as useful by all participants in relation to dreams specifically; 2. the idiosyncratic differences among participants which also pertain to dreams; and 3. those which relate to both dreams and other material.

The context of the dream is the primary key for understanding dreams. Despite holding the context in common, a number of variations emerged in the interviews and the case material. At a general level, clinicians consider the dream in relation to the patient's outside life, his or her presenting problem, the ongoing therapy, the previous day, or the previous session. In the interviews, clinicians raised the point that often a more specific context may be discerned. For example, clinicians may think about what was happening in the session which led the patient to remember the dream at that moment. Secondly, understanding aspects of the dream as aspects of the self or the therapist is an important key, discussed at further length in the previous section. (Three other important keys, the dreamer's past, the transference, and the 'here and now', are discussed below as they are commonly used in terms of all material including dreams.)

All participants suggested 'dream symbols' as a key. In their thinking about dream symbolism in the room, they may consider these with reference to a variety of theoretical concepts, such as the Kleinian good and bad breast/mother as well as part and whole objects which the breast/mother dichotomy points to. As a Jungian participant noted, there is often an overlap of theory, e.g., the Kleinian good or bad mother is also an archetypal image. While clinicians may play imaginatively with theoretical ideas, they were united in professing to keep theory out of their verbalised interpretations and avoiding giving fixed meanings to symbols. Thus, they would not tell a patient that a dream depicts an 'Oedipal complex', nor would they regard, e.g., every snake as a phallic symbol. However, in more general terms, participants are

mindful of issues such as the dream 'landscape' and the 'atmosphere' of the dream which may shed light on the dreamer's mood, and images such as a house or a journey, which may be seen in terms of the dreamer's psyche or the therapy.

Under the rubric of dream symbolism is wordplay or punning which participants feel is often evident in dreams. In the interviews, one participant described a patient's dream of being in Hungary which she interpreted as reflecting his metaphorically 'hungry' state.

The diversity among participants mainly emerged from the Jungian participants. One (E, drawing on Whitmont & Perera, 1991) tries to locate the 'dream ego' and see how it relates to other figures in the dream. For example, is the 'dream ego' open, frightened, attacking, and so on? Furthermore, what role does the 'dream ego' play in the total dream? If we return to Miriam's dreams in the first transcribed session which C noted had a similar theme, in each of these, Miriam, or the 'dream ego', is 'anxious', 'scared', or 'terrified', but at the end of each these feelings are overcome. C feels that the fear and terror are related to her cancer but during that session he endeavours to access her ego resources evident in her overcoming the dangerous situations in the dreams.

Another Jungian participant (F) considers 'compensation' to be an important key. This dynamic is evident in Rose's dreams where her conscious motivation not to speak of her past, is compensated by the dream which takes her back willy nilly. However, F tends to understand the compensatory nature of dream images as depicting a potential in the psyche, trying to manifest itself in some way. She, more than the other 'Jungians', felt that archetypal material was important as it provided her with a backdrop of meaning, giving her support as therapist, whether or not it was significant for the patient, or indeed conveyed to the patient.

Finally, most participants also interpret dream material as they would other material and the major common keys here are the transference, the countertransference, and the 'here and now'. Some tend to interpret the dream in terms of the transference, namely, what the dream says about the patient's immediate relationship with the therapist (the 'here and now'). Sometimes, the dream is interpreted in the light of figures of the patient's past and, at other times, it is seen in terms of figures in the patient's life outside therapy, or as aspects of the psyche.

In summary, the keys, questions, and ideas which the therapist may draw on to uncover meaning include the idea that the dream is a picture of the person, that

different parts of the dream reflect different aspects of the dreamer, that it may reflect the transference-countertransference situation or outside life. These need to be linked with impressions about the patient's contribution and associations, bearing in mind such questions as 'why now?' in order to contextualise meaning. Strands of meaning may emerge rather than the full picture and links may be offered. Of importance, however, is that dreams are not the focus of the work. An interpretation may link together the dream with other material, hence the interpretation may be more or less comprehensive and not necessarily achieved in one session. Assessing the accuracy of the links or interpretation is thus likely to be an ongoing process.

10.2.5 Assessing the accuracy of a dream interpretation

Participants profess to assess the accuracy of dream interpretations in much the same way as other interpretations, namely, 1. the deepening of rapport, evident in verbal and non-verbal responses of patient, i.e., it may be conscious or unconscious. 2. These observations manifest nuances of difference with dreams; 3. Dreams play an important role in the assessment of both dream interpretation and the work in general; and 4. Point 3 raises the question of truth and accuracy, on the one hand, and usage, on the other. This finally brings us back to the triangular situation which may be used as a guide in terms of assessment and accuracy.

1. Assessing the accuracy of interventions is to a greater or lesser extent active, ongoing, and conscious on the part of the therapist. As A put it, 'it is the immediate response of the person who feels enlightened and connected to what therapist has to say, this is often correlated with the therapist's understanding of and 'in-touchness' with the person'. Participants pay particular attention to what follows the interpretation to see whether there is an unconscious resonance rather than compliance on the part of the patient. Another indication of validity is whether the interpretation takes the therapeutic process further and the extent to which the understanding is subsequently used. Some of these factors are evident in the following excerpt from the case material of C and Miriam:

C took a leap into the dark, as he puts it, and suggested that the apparition feeding the hens and chickens perhaps represented himself, and her need for him to feed her, linking it to the extra session she had requested. C reports that Miriam was excited by this and said that therapy was the most marvellous thing. She was sorry she had not come years before. C suggested that they could face the cancer together but that she feared that he would abuse her, like her

family in the dream, forcing her to face things and not always being available. The session ended with Miriam saying she was scared C would get bored with her going on and on about her cancer.

Miriam's excitement about C's interpretation suggests that it does resonate, despite some idealisation of the therapist which is also evident. C takes this up by linking himself with her abusive family in the dream, which enables Miriam to voice another fear.

If patients do not pick up on interpretations, participants advocate a consideration of the timing, the patient's readiness to hear what the therapist has to say, and the accuracy of the interpretation. When there is obvious resistance to a seemingly accurate interpretation, it is important to work with the resistance and to explore the anxiety evoked by the material.

A difficulty in assessment is that participants are aware that they cannot be absolutely objective. Their own experiences colour their thinking and they may also unwittingly contaminate the material (by, for example, imposing their own ideas). It was emphasised by some that therapists need to question their input and bear in mind that 'we are not blank screens, but a big influence on the therapy' (B). As with therapy in general, participants feel that it is important to monitor themselves and to undergo their own personal therapy and supervision.

2. Apart from general factors regarding assessment, there are nuances specific to dreams and their interpretations. Here participants endeavour to assess how the patient makes use of, reflects on, embroiders, and offers his or her own suggestions. But there are further problems with regard to the assessment of dream interpretations. Dreams are not the focal point of participants' general work, but rather part of the ebb and flow of material which patients bring. Some dreams fade as they are either not deemed relevant at the time (for patient or therapist) or else the interpretation does not resonate with the patient; some dreams are not interpreted at the time and meaning may emerge later on. In this regard, the case material reflects a bias not necessarily evident in the general work, since the therapists were asked for a session with a dream and to explore whether the dream (or dreams, in the case of Miriam) had any sort of life in the therapy that followed.

Finally, as all participants noted, several different meanings may be gleaned from the same dream. As one participant put it, dreams have an open nature and reflect

something that is unresolved, therefore there can be no fixed meaning. Even though, in the Jungian sense, dream symbols may combine opposites, they do not sum up things entirely. Different meanings may emerge at different times and meaning may grow over time. One can never exhaust the meaning of a dream and, even when it makes no sense, one can struggle with it, listen extra carefully, and bear it in mind. The meaning may only become evident months later. Because of the difficulties associated with accuracy, one of the Jungians suggested that a dream series may be more important than an individual dream.

3. The idea of later dreams shedding light on earlier ones is perhaps the hallmark of the value of dreams in monitoring the accuracy of interpretations and in assessing the work in general. Whatever the frequency with which the patient brings dreams, there is a continuity to dream-life and a progression which may be discerned. To return to the excerpt of C and Miriam's therapy quoted above, there was evidence in a dream brought a few weeks later, that C was on the right track. Towards the end of the 'crucifix' dream, Miriam dreams that C is 'gone', i.e., in the dream he is indeed unavailable. After waking, she phones him to ask for another session, and so is able to see to her own needs, regardless of her fears.
4. Given the difficulties and values of dream material, an important consideration is not only the accuracy of dream interpretations but also the usage of the material – by therapist, patient, or both. For example, B uses Nate's earlier two dreams and the 'Hulk' dream to understand Nate and his relationship with her in the room. Nate does not appear to use his dreams much or B's interpretations. Conversely, in the other two cases we have evidence of overt and unconscious use of the dreams and the interpretations. The idea of usage can best be addressed by returning to the triangular situation.

Working with dreams, like other material, has much to do with the specific patient, his or her attitude to and ability to work with dreams, and the current transference situation. It also involves the individual therapist, his or her manner or style of working, and, most importantly, it depends upon the interaction and the alliance between the two. In the case material, two of the therapeutic relationships seem like a lifeline. R cannot 'work towards life' without going back to her origins and revisiting the arena of her traumatic past to provide the continuity to integrate her personality. The dreams provide the access, while D provides the safe environment and the courage for Rose to do this. D helps her to access a more mature part of the self and to use D as a helpful authority in a constructive manner. Similarly, a good working alliance has already been established between Miriam

and C with dreams playing a pivotal role in helping both of them to access and understand the life-threatening issue with which Miriam is grappling. In the dream series of both of these patients, the changing imagery is linked to the therapeutic process, affecting and being affected by it.

In the third case, Nate's attitude to the dreams and the therapist is quite narcissistic. He demands a special, exclusive focus and commitment from B but his attitude is one of not thriving or committing himself to the continuity of the therapy, thus confirming for himself that his needs cannot be met. B is 'shocked' by the ease with which he wants to leave therapy. He is not helpful in working with the dream and even when he gains some insight, he does not know what to do with it. The dream points out the two sides of the struggle, within himself, in the therapy, and in his other relationships, leaving him in a limbo state, unable to invest in or form solid attachments.

As one participant remarked (drawing on Winnicott), there is no therapist without a patient. We depend upon the patient to come to sessions, to bring the material, to struggle with it, and to respect the structure. The therapist in turn must create and protect the space, hold the constancy of it, as well as bring in his or her expertise and self-knowledge. There is a commitment on both sides, a mutual endeavour, but each has different responsibilities.

Much of this is true of the specifics of dream work within that structure. However, it seems that with a particular combination of a therapist who enjoys working with dreams and a patient who is interested in his or her own dreams, is able to reflect upon them, and is committed to the process, dreams become 'extremely powerful, probably the most exciting or revelatory process in therapy' (to quote one of the responses).

Thus the joint venture requires the therapist's commitment to entering the patient's world and the patient's commitment to facilitating access. The therapist needs to learn about the patient's language, to draw on memories of their past, the images of the therapy, the years of shared work, and to comment in a non-judgemental way so that the patient feels understood rather than criticised. The task of the therapist may include helping unsophisticated people to see the value of their dreams and to be more reflective. There is a challenge if the patient is open and amenable to reflection but does not take the interpretation; this raises questions about the accuracy of the interpretation as well as issues related to the patient or the therapist. As with all other work, the therapist needs to listen carefully, to track, to challenge, to link what is brought into the session with other material or dreams, and to provide a different perspective. While it is the patient who

sets the pace, is in charge of the dream, and the way it may be used or not used, the therapist needs to assess what is being avoided, to point out what the patient cannot see, and to take things further one step at a time.

There is generally some sort of sequence in the narration of dreams and the possible steps involved during the process of unravelling dreams and finding meaning. This may occur in the session or over time. The roles and contributions of therapist and patient differ, although working with a dream is a mutual endeavour. As with other material, we have to wait for the patient to bring a dream. Dreams may be encouraged (or discouraged) in different ways as we will see below.

The patient has to tell the dream and may offer associations spontaneously or on request. The therapist, on the other hand, has a number of tasks both active, in terms of their interventions, and cognitive, in terms of the ideas they juggle during the process. Interventions include asking for the patient's associations and any thoughts about the previous day. Therapists help the patient explore the dream, clarify the content, offer their own associations and links, and finally, they try to formulate an interpretation which may be offered tentatively or directly.

10.3 The Role of Theory, Training and Experience

As a general principle, participants do not actively seek out dreams in practice, nor do they introduce theory into the room. But they draw on theory, particularly in discussion of case material, both in broad conceptual terms and in more specific terms regarding technique. Participants generally had no training on 'dream-work' at a Master's level and some contention emerged as to whether there should be a focus on dreams in basic and subsequent training. These issues are discussed in this section.

10.3.1 The role of theory

Some participants feel that the body of Object Relations and psychodynamic theory is an invitation in itself to deal with the unconscious, including dreams. The perennial challenge is to work out the internal dialogue between objects within the patient, the dynamics between the conscious and the unconscious, and the interplay in the room between unconscious and conscious processes of both the therapist and the patient. Similarly, the notion that the object and the self are always in relation to each other, that characters in the dream may represent the self or the object, that they can interchange, and be subject to displacement and condensation, is considered of great help in understanding dreams. Thus participants draw on various theories (both consciously and unconsciously) in finding the meaning of dreams. However, most participants maintain

that they consider their knowledge of the patient, his or her world, history, culture, interests, areas of expertise, and way of thinking to be more important than theory in coming to grips with dreams presented in therapy. They are mindful of the 'Procrustean bed' phenomenon; the therapist has a strong sense of the patient's dynamics or else has theoretical proclivities and endeavours to fit the dream into some prior understanding.

Thus theory in its broader sense may be useful but should not get in the way of the immediate encounter with the patient in the room. The final interviews provided some different theoretical perspectives on the case material. Thus, e.g., G, the Kleinian participant, felt that B could have looked at the 'Incredible Hulk' dream as a representation of the ongoing situation between B and Nate, with B playing the role of a 'persecutory object'. Conversely, E pointed out that the 'Incredible Hulk' figure can be interpreted in two ways, as the darker side of the self (perhaps therefore a 'shadow' figure) and also perhaps his unrealised life-force (a point also raised by A¹). In a similar vein, E put forward the idea of Nate's girl who is 'cut to the quick' as an 'anima' figure which could profitably be fleshed out in the work; he also felt that the image evoked the Freudian notion of 'castration anxiety'. E noted that archetypal symbolism helps the therapist's understanding and may be understood in transference and various other terms. Thus this sort of symbolism enables the therapist to work on different levels. As noted, non-Jungians may not be so adept at spotting archetypal images. Participant B recalled a patient dreaming of a *breasted man* and it was the patient rather than the therapist who recognised and understood the significance of the Teresias figure, based on his knowledge of Greek mythology.

Similarly, B describes Nate as a patient who is 'difficult to reach', this epithet is based on an article by Betty Joseph, and is well-known at least in Kleinian circles and provides a useful and succinct description of Nate.

Theory in its narrower sense, in terms of technique, is evident in the case material (as discussed in the previous sections). D uses a 'Gestalt technique' in helping Rose find the words to the screaming in the first dream of the series. Similarly, in the initial interview, C said that he found this technique useful with some patients in helping them access unacknowledged or unrealised aspects of the self. And in fact a variation of this is evident in his work with Miriam, particularly his handling of the recurring lion image. Even the request for associations in two of the cases is a matter of technique; here, it may

¹ A's comments in the final interview were theoretically in keeping with the work of participants B, C, and D, and have been included in the previous subsections.

be argued, B and C use theoretical terminology such as ‘What are your associations...?’ rather than using less jargonistic words such as, ‘What does the dream bring to mind?’

In all interviews, issues of technique emerged in one form or another. For example, a number of clinicians talked of ‘play’ with dreams and ‘usage’ of dreams, words which have a particular technical significance in Winnicottian theory. However, they are unlikely to introduce these words in their technical sense in the room.

Finally, the issue of theoretical ideals was introduced by some participants. Some maintained that in a perfect world they would not ask for dreams as it would constitute a move outside of the frame, a form of ‘acting in’¹, rather than using whatever the patient brings to the room. Despite this one ‘ideal’ when it comes to working with dreams, all participants seem to do this from time to time, with varying degrees of success. For example, one of the participants handed the ‘Letter to Patients’ to a patient who had not brought any dream material to the therapy and with whom he felt stuck. This constitutes a variation on the request for dreams issue; it was unsuccessful in that no dreams were forthcoming.

10.3.2 The role of training and experience

All participants had very little or no specific input on dreams in their basic training. They cited a number of factors which had helped them over the years in coming to grips with dreams, such as their own experience in their personal therapies and in their own practices. Most participants had at some stage participated in some sort of a group with a focus on dreams (these included study groups, peer supervision groups, and experiential groups) and a few mentioned literature that they had found useful.

Most of the participants felt that the exploration of their own dreams in therapy had been a major factor in facilitating work with their patients’ dreams. One participant talked about the different styles of his two therapists. He had initially been to a Kleinian therapist who focused on the transference in her interventions, but did not ignore dreams. He later went to a Jungian analyst who specifically wanted dream material. The latter would comment on what was happening in the room but would always go back to the dream material. He found that these two therapies sensitised him to different ways of thinking about and working with dreams.

Secondly, as another participant (A) noted, experience and her growing expertise helped her to be less afraid of dreams. In her early days of practice, when senior colleagues brought

¹ ‘Acting in’ is a term found in the Kleinian literature and constitutes the counterpart of the patient’s ‘acting out’. In both cases, the concept refers to the replacement of thought by action (Rycroft, 1972).

dream material into their discussion of cases, she felt it was a sign of ultimate wisdom; one had to be very experienced to venture into that territory. Initially, she was very tentative in her work with dreams and felt a bit intrusive, as if she were entering sacred territory. She had a different attitude to dreams from other material, but it changed over time because dreams proved to be helpful, like a gift which it is a pity not to unwrap. Thus feeling entitled to enter the territory, accepting that she may not always be in tune, growing wiser, and understanding the language of dreams better as she ventured into the territory, had helped. 'It takes courage, an exploratory attitude, and a knowledge that there is no right or wrong.'

In general, participants felt that experience, supervision, and peer discussion had been more useful than any specific literature on the topic. Only four texts were mentioned, Freud's *Interpretation of Dreams*, Hillman's *Dreams and the Underworld*, and Whitmont & Perera's *Portal to the Source*; the fourth text – mentioned by D in the Initial Interview – was an example of literature which had not been found useful. The article in question proposed encouraging sufferers of Post Traumatic Stress Disorder to actively try and change their dreams in order to facilitate the working through of the trauma. D suggested this to Rose a year or two prior to the period of research. Rose found that it did not work and remarked that 'If you don't really have it in you to change, you can't change by manipulating your dream.' D felt that this article was an example of the 'gimmicky things' that therapists come across and use from time to time. (The issue here perhaps is that 'gimmicky things' may be resorted to when the therapy feels stuck, particularly when they bring a patient to mind.)

10.3.3 Perceived needs of training on 'dream-work'

A contentious issue among participants was whether training in the area is useful or necessary. On the one hand, it was argued that work with dreams should be part of the expertise of a good clinician and that singling dreams out for special attention may encourage therapists to follow this course in their practices. On the other hand, a more prevalent view was that clinicians need to learn as much as possible from any available sources and that in fact an awareness of different schools of thought may help in working with dreams. A couple of the non-Jungian therapists felt that Jung's thinking was often disregarded in training and psychoanalytic circles. Of value would be an investigation of what Jung had to say about the self and the Self, mythology, and spiritual dreams. A question was raised as to how far the collective unconscious extends.

Those that felt training on the topic would be useful, also suggested that matters of technique and process which were not adequately addressed in the literature warranted attention. These include ways in which dreams are used defensively, such as flooding the

therapist with dreams, where they are focused on rather than other material, and where work with them is avoided.

Participants also raised some more general questions about dreams in clinical practice:

Are dreams more valuable than other material?

Are dreams essential to the process?

What is the significance of therapies where dreams are not presented or remembered; can the therapist intervene at this level?

How will the clinician's enjoyment of working with dreams impact on the therapy?

These and other issues emerging from the clinical study will be discussed in the next chapter which more broadly examines the following questions based on the literature and the research:

Is a model of dream interpretation useful and/or necessary?

What are the idiosyncracies of dreams in the consulting room?

Is a model based on the 'model in theory' and the idea of 'dream-work' as a triangular situation feasible?

DISCUSSION

A model is an artefact composed of elements that have been selected by me from my store of experience. But it has been formed for a specific purpose; the selection and combination of elements is not fortuitous but is made to 'explain' or illuminate the problem.

Bion (1962/1984, p. 79)

Dreams are traditionally seen as valuable in psychoanalysis; they are also considered valuable in research. But there are difficulties in research from the point of view of clinical practice, because dreams cannot be isolated from the dreamer, or indeed the person who is told the dream. This project as a whole has endeavoured to examine the process of dream interpretation from a number of theoretical and clinical perspectives. The literature review addressed the topic by looking at the elements of the process in sequential order. There is some tradition to this modus operandi. Freud (1900/1976), e.g., identifies some elements which are ordered in reverse to that of the literature review. He starts with his method (free association), moves on to the function of dreams, and then to the 'dream-work' (the creation of the dream itself). Meltzer (1984) makes a distinction between two important elements, dream exploration and dream interpretation, whereas Mattoon (1984) from the Jungian camp tackles the process sequentially but utilises a very different set of elements. These writers also give the history upon which their theories are based.

The current project draws on these methods as well as some employed by Bion for investigating more general aspects of psychoanalysis:

1. Bion advocates the use of a model¹ as it restores a sense of the concrete to an investigation which may have lost contact with its background through abstraction.

¹ Bion's works are replete with different and ingenious models. This topic can be further examined in Bion (1962/1984) and Meltzer (1978).

2. A model is composed of elements. These are selected according to the purpose of the investigation and are combined to shed light on it. In the current project there are essentially two selections and combinations of elements.
3. One of the combinations (the 'model in theory') has a sequential ordering and ties up with Bion's hierarchy of thought, best captured in his *Grid*.
4. The research draws on Bion's idea that analysts need have many theories at their disposal if they wish to get to the heart of a matter, but that such theories should not remove the analyst from the immediacy of the moment in the consulting room.

These methods of Bion influenced the 'model in theory' which concluded Chapter 7. The analysis of the case material faced the two-fold difficulty of ordering the process in purely sequential terms and of using the elements selected for the literature review. The interviews mirrored a mixed feel evident in the theory; dreams are valuable but caution is needed when affording them a special focus, particularly in practice¹. The interviews also revealed that dreams are perceived as different from other types of material and that participants do in fact work differently with dreams, although there is an overlap between the interpretation of dreams and the interpretation of other material, as Meltzer (1984) argues.

The analysis of the case material provided a different set of elements which together provide the structure of a triangular situation. It is suggested that the problems of a model – and of no model – can be overcome or accommodated by advancing a dual approach to dream interpretation in clinical practice:

A 'model in theory', as presented in Chapter 7, with embellishments provided by the clinical study. Such a model would have its main use in training or as a basic text; it also provides a useful means of accommodating different theories and disciplines which shed further light on the topic.

A model for practice which consists of the idea of 'dream-work' as a triangular situation.

This chapter examines once more the need for a model as it emerged in the research (11.1), the idiosyncracies of dreams, particularly complementary and contentious issues which

¹ Gordon (1985) and Ogden (1997) make a similar point about archetypes and metaphor respectively.

emerged in the literature review and the research (11.2). Section 11.3 considers the value and usage of the two aspects of the model, Section 11.4 evaluates the project, addressing some of the obstacles encountered, and Section 11.5 offers suggestions for further research.

11.1 The Potential Need for a Model of Dream Interpretation

Participants professed to work with dreams in a similar manner to other material presented in psychotherapy. However, the case studies and further exploration of clinicians beliefs about their practices suggest that this statement is only true in part. The material shows that they perceive dreams as different; for example, participants describe dreams as 'symbolic', valuable, and potentially confusing. These differences put certain pressures on clinicians, and also require that the clinician is able to think symbolically. While most of the participants were at pains to show that they treat dreams as they do other material, they acknowledged that they do in some ways, namely, asking more specifically for associations than they would with events or memories, and working more 'symbolically'. Unfortunately, in the interviews, the dream material which they used to substantiate these points could not be reproduced because of the lack of patient consent. (Where possible some of these views will be illustrated using case material of consenting patients.) But again much of what happens around a dream may equally be said of other material or tasks of the therapist such as exploring, linking, interpreting, and assessing. In general, none of the participants insist on patients bringing dreams, or any particular type of material for that matter, but rather address what patients bring of their own accord. In this sense they deal with dreams as they would other material, with variable emphasis depending upon their ongoing judgment of the situation between therapist and patient.

These findings resonate with the theoretical contributions discussed in earlier chapters which may in part be due to the sampling bias in the clinical study. At a theoretical level, all participants subscribe to some of the perspectives discussed; furthermore, they all welcome dream material as part of the work. However, the attitudes of these participants to dreams are not necessarily universal. Certainly, in the informal preliminary interviews during which suitable clinicians were sought, some clinicians did not feel competent working with dreams. As one put it, 'I can't work with dreams, in any case patients never bring me dreams'. These clinicians and others voicing similar sentiments were not included in the clinical study. Even those included in the study made certain comments which are relevant to the topic, such as 'My last therapist was not much good with dreams'; 'in my earlier days, when senior colleagues brought dream material into their discussions of cases, I felt it was a sign of ultimate wisdom; one had to be very experienced to venture into that territory'.

These comments again highlight the point that dreams are perceived as different from other material, that the therapist's attitude may impact on the patient's presentation of dreams, and that a valuable source of information about the patient may be missed if dreams are avoided. Thus it may be argued that a model would be useful, particularly one that is compatible with training practices and therapists' further development. But is one necessary?

Most participants believe that working with dreams is an integral part of the work of good clinical practice. Some voiced reservations about a special focus on dreams in training, but appreciated the need to develop an understanding of the language of the unconscious and an ability to think symbolically about the work.

The first step of the argument – the need for a model – is addressed in the next section which takes a final look at the idiosyncrasies of dreams as they emerged in the literature review and the clinical study, before examining the dual model of dream interpretation advanced.

11.2 The Idiosyncrasies of Dreams

A question raised at the end of the previous chapter was whether dreams are essential to the process. In brief, dreams are a fact of the patient's life whether or not they are remembered or indeed presented in the consulting room (c.f., Ogden, 1996). The dream 'as such' is influenced by the therapeutic process; it has the potential to shed light, firstly, on the patient's internal world and, secondly, on the therapeutic process itself. The dreams of Rose and Miriam illustrate these points. Rose reported having nightmares since her previous session, the 'screaming' dream being one of them. Following the transcribed session and insights emerging from the work, Rose had two further dreams which clearly linked a time in her adolescence with the present day, particularly her relationship with D. In the case of Miriam, the many dreams presented during the brief period of the research depict her unconscious attitude to her mortality, her relationship with C (in various guises), and also the research itself. It is argued that the first dream presented after she read the 'Letter to Patients' alerts us to her unconscious reaction. The letter states that the researcher is a student of Rhodes University. In the dream, Miriam herself is in Grahamstown and is with a friend in an academic gown. She also informs C that she has been 'bombarded with dreams'; she does not comment in this way on the six she brought in the first transcribed session, prior to her knowledge of the research.

Thus while dreams may not be essential to the process, they are potentially part of the process and as such deserve special attention. As earlier chapters indicate, dreams have a

function whether or not they are presented in the room, dreams are closely linked to development (in structure and content), and they speak a language perhaps best defined by Freud in his examination of the 'primary processes'. These three aspects of dreams contain differing degrees of contention and are investigated further using the case material.

11.2.1 The function of dreams

Freud (1900/1976) maintained that dreams constitute a constructive process at work and posited two functions (1) dreams preserve sleep and (2) dreams portray the hallucinatory fulfilment of repressed wishes. The idea of dreams constituting a constructive process and preserving sleep are perhaps best seen in the light of Bion's (1962/1984) theories of 'alpha-function' and the 'container/contained'; the issue of repressed wishes is developed in the body of Kleinian theory.

Firstly, there is little debate in the literature with Freud's view that dreaming is a form of unconscious thinking and constitutes a constructive process at work. Dreams pick up on perceptions, memories, thoughts, and words. They manifest a form of thinking which is not easily matched by waking imagination. This view is compatible with Bion's theory of the development of unconscious thinking, particular the role of 'alpha-function', the process that transforms emotional and sensory experience into images. In the case material, Miriam's first dream after reading the 'Letter to Patients' illustrates how her perceptions and emotions become transformed and woven into a story.

Secondly, Freud's contentious view that dreams are the guardian of sleep (by transforming what cannot be thought about into palatable form) finds a home in Bion's idea of 'alpha-function' and the model of the 'container/contained'. We have an example of a dream which does not preserve sleep (Miriam's 'crucifix dream'). In keeping with Freud, but drawing on Bion, one might say that Miriam was overwhelmed by her emotions, 'alpha-function' broke down, and she awoke in terror. The dream ceased to provide a container for her feelings, unlike her many others which do provide good containers for often disturbing emotional experience.

It was argued earlier that Bion's theory offers a more coherent explanation to this phenomenon than Freud's idea of a breakdown of the dream censorship. The dreaming process is at level C of Bion's *Grid* and each level of thinking entails some pain, the fragmentation and coherence characteristic of a movement between the paranoid-schizoid and depressive positions (which Bion represents as 'Ps-D'). In this sense, Freud's 'preservation of sleep' is a good metaphor for the various levels of resistance which may be encountered every step of the way in dreams and their interpretation: the forgetting of

the dream, the discarding of it upon waking, the not wishing to think about it, or – in the case of Miriam – the categorisation of dreams as important or unimportant.

Bion's model also caters for new insight which also may emerge if some 'pain' is tolerated: this may occur in the remembering of a dream, thinking about it, using it in therapy, and the extent to which it continues to have some sort of life in the dreamer or the therapist's mind. In each step, a transformation is required. The therapist may help or hinder the process but is more likely to come up with a useful interpretation which has some degree of accuracy if he or she has the patient's help.

Thirdly, Freud's idea of dreams as repressed wishes is imprecise, to quote Meltzer (1984):

It is not possible to derive from Freud's writings any clear conception of what he means by 'wish'. Intention, motive, plan, desire, impulse, expectation? Considering it as related to desire, is it only temporarily unfulfilled or is there some impossibility, opposition, conflict? Considering it as an intention, is there any plan of action which could reasonably be expected to lead to its fulfilment? As desire or motive, is it necessarily positive, or may it equally be negative, that some event should *not* occur? (p 12)

Certainly the concept of the 'wish' can be understood in broader terms, although in theory this idea is sustained in many psychoanalytic schools (c.f., Schwaber, 1990; de M'Uzan, 1974). The concept of 'wish' is also relevant in itself or in the context of its being repressed. For example, Miriam's series of 'mortality' dreams in the first session all indicate a wish or desire to overcome a life-threatening situation and present a positive plan of action. These wishes are patently not repressed, but they are transformed; what is repressed only emerges later. The Kleinian view of 'unconscious phantasy' provides the detail for a more comprehensive idea of the notion of a wish and shows how wishes, impulses, or emotions are linked to 'objects' and change according to the dreamer's current level of functioning.

11.2.2 Dreams and development

Freud's insight that dreams constitute 'an archaic world of vast emotions' finds universal currency in the theoretical schools discussed in the literature review; however, Klein's concept of 'unconscious phantasy' builds onto Freud's idea of repressed wishes, providing the detail of primary emotions, anxieties, and defences, and how these and perceptions of the object may be transformed with development and current levels of

functioning. In Kleinian terms, unconscious phantasy is the earliest form of thinking; it develops and changes over time. Its manifestation in dreams may go back to the beginning of life and may indicate the level of the dreamer's functioning.

In Kleinian terms, dreams in themselves are a form of functioning typical of the paranoid-schizoid position in that dreams mean themselves during the process of dreaming, that is, they are not symbolic in the true sense of the word. This point will be elaborated in the next section; of importance here is Klein's introduction of objects (to which emotions or drives are inherently related), the feelings and anxieties they evoke, and the defences brought to bear, which Freud's wish-fulfilment theory lacks. Her theory also shows how typical object relationships, anxieties, and defences change during development. Thus in dreams we have the unconscious phantasy of all these aspects of intrapsychic reality which may go back to the very beginning of life and may be more concerned with the body and its processes than meets the eye (Rycroft, 1981).

While dreaming is synonymous with paranoid-schizoid functioning, dreams may portray later levels of development from the therapist's perspective. For example, Miriam's dream of 'dancing wildly about' in bridesmaid's garb may reflect a manic defence against loss and perhaps a wish to be young and healthy again (the manic defence is associated with depressive position functioning). It has been suggested that Klein's theory is in keeping with Jung's view of dreaming as an instinct in itself, although the detail is captured in the Kleinian body of theory, particularly because the language of emotions rather than instincts is used. Furthermore, it may be argued that Winnicott's theory of transitional phenomena, emerging as they do between the paranoid-schizoid and depressive positions in terms of development, is a useful way of understanding dreams. Dreams are transitional in that they link the past and the future in time, self and other in space, as well as the body and its symbolic representation. For example, Miriam's 'arthritis' dream about C, links up with past perceptions of C and a potential cure; it also portrays a concrete link between Miriam and C, and it is linked to bodily functioning in a symbolic way, which of course only becomes evident on waking reflection or in the room. Furthermore, D's words 'you are not a child anymore' in Rose's second dream are quite concretely used as a transitional object in the dream.

11.2.3 The language of dreams

Freud and Jung both maintained that dreams speak an archaic language. Freud's theory about the primary processes which govern dreaming – condensation, displacement, indirect representation, and the disregard for conventional categories of time and space – are as valid and useful today as they were a century ago. It was noted earlier, that there is

little dissension about this aspect of Freud's theory, although later theorists have added to it. The primary processes are governed by the laws of association and are thus linked to the process of symbol formation in Klein's terms. We have seen that Sharpe, Lacan, Merleau-Ponty, Rycroft, and Romanyshyn added to our understanding about how the primary processes resemble the 'poetic diction' of dreams. It may be useful to reduce Freud's categories to two – metaphor and metonymy – as evident in Lacan's work, or even to one, poetic diction, in Sharpe's. But this reduction would perhaps preclude important factors outlined by Freud. It may thus be argued that a model should retain Freud's categories of condensation, displacement, and the idiosyncratic representation of time and space in dreams. 'Poetic diction' could provide a new category subsuming Freud's 'indirect representation', and a final category might encompass myth, drama, allegory, and so on, thus drawing on the contributions of Freud, Jung, and others. Thus much that can be said about the language of dreams can be summarised in five categories. The validity of this extension of Freud's ideas will be developed by returning to the case material.

Condensation plays a two-fold role. Firstly, it is the process that constructs composite images by bringing together disparate qualities. For example, the priest in Miriam's penultimate dream is perhaps an amalgamation of C as priest, a second priest, the one who referred her to C, and C as her therapist who has seen her facade of cheerfulness. Secondly, this process happens on a larger scale if we think of the memories, perceptions, ideas, images, and feelings that are brought together in a unified, concise whole which is the dream itself. (In this sense, dreams are symbolic.)

Displacement is seen to be at work whenever the dreamer's feelings (or repressed wishes) are transferred from one object to another. In another of Miriam's dreams, her gardener is the one with cancer which may be seen as a repressed wish-fulfilling displacement. Indirect representation is obviously a form of displacement but potentially includes various forms of poetic diction (e.g., metonymy and synecdoche). Thus indirect representation is not as good a category as condensation and displacement, and could well be replaced by poetic diction which at times straddles both but contains more possibilities in its own right.

As Lacan (in Bowie, 1979) argues, categories of time and space could be grouped with condensation, displacement, metaphor and metonymy, but their idiosyncratic representation in dreams warrants their remaining categories. Like all primary processes, they are governed by the laws of association; different temporal dimensions may be fused or condensed, one time may be displaced onto another, and an earlier time may be 'metaphorically restored' in a dream (c.f., Romanyshyn, 1975). Rose's dreams perhaps

best exemplify the significance of time in dreams. Similarly, space is represented in associational terms. Rose leaves home on a bus; Miriam is walking in Grahamstown.

Freud introduced myth, drama, allegory, and other forms of narrative but did not categorise them in his primary processes. Jung's work in particular highlights the validity of including these in a final category. For example, Miriam's 'mortality' dreams – where she escapes from a life-threatening situation which she manages on her own – are allegorical; they make sense in themselves, but seem to signify another, correlated order of events. Other dreams in the case material also bring in elements of myth and fairy tale. The experiments which make things larger or smaller in one of Miriam's later dreams recall *Gulliver* and *Alice* (in Swift's and Carroll's classics respectively). Such a category could profitably draw on the work of Jung, Bion, and other writers on the topic.

Although these categories involve the language and construction of dreams, their significance can only be identified upon waking reflection or with the help of another, the one to whom the dream is told.

11.2.4 Dreams as a type of material presented in clinical practice

As discussed in the previous chapter, dreams are a different type of material from any other; they constitute a text with a structure of its own. Unlike symptoms, memories, or events, dreams provide an ongoing commentary from the perspective of the unconscious, and a series of dreams may emerge in the therapy. They may provide a more intimate perspective about the dreamer than words could capture, they may shed light on aspects of the dreamer which cannot be verbalised, and they may offer a point of entry to areas needing attention. But the extent to which they reveal something about the dreamer or the therapy is contingent on the contributions of both patient and therapist. This leads us to the proposed model of dream interpretation.

11.3 The Feasibility of a Dual Approach to Dreams

There is still much debate about the extent to which clinicians should focus on dreams. Freud's *Interpretation of Dreams* and Jung's argument with Freud's method both give the impression that dreams must be fully 'unpacked'. This is not really achievable in a 50 minute session and it again enforces the notion that dreams are more important than other material. Neither Freud nor Jung suggested this but rather that dreams are *valuable* and that it is worthwhile to develop a knowledge about dreams and related topics. It is argued here that dreams need to be distinguished from other material, since dreams are different and have their own uses and difficulties. Thus any model would need to clarify and examine the distinguishing characteristics. However, the point raised

repeatedly in the interviews is that clinicians do not work differently with dreams, in that they do not actively seek them out or make them the basis of their work. This raises a problem with a special focus on dreams in, for example, a training context. The proposed model endeavours to accommodate these seemingly paradoxical views. Firstly, it takes into account the situation in the room, where dreams are a subtext¹, where the meaning of dreams may be discovered between the patient and therapist, and which cannot be assessed without the contribution of each. Secondly, the model addresses the situation at one step removed, in training or reading about the topic, where indeed it may be fruitful to look at dreams in their own right, to see what some of the most important theorists have had to say about the topic, and to examine the powers and pitfalls of dreams as a type of material presented in practice. Thus the first aspect of the model looks at the three elements involved in 'dream-work' in clinical practice, the dreams, the patient's contribution, and the therapist's contribution; this combination addresses the topic as a triangular situation. The second aspect looks sequentially at a different cluster of elements which together provide some of the tools which the therapist can have at his or her disposal.

11.3.1 Dream-work in clinical practice: a triangular situation

In attempting to analyse the case material idea, it was argued that the fundamental common factor of the three cases was the participation of three identifiable elements, the dream(s), the contribution of the patient, and the contribution of the therapist. More can be said about the contribution of each, but viewing the material as a whole is best summed up by viewing 'dream-work' in the clinical setting as a triangular situation.

The idea of a triangular situation in psychoanalysis is not new. Freud's theoretical focus on the Oedipal Complex involves a triangular situation between the child, mother and father, which is evident in normal development between the ages of 3 and 5. Klein agreed with Freud's view in principle but considered the Oedipal situation to be evident at a much earlier stage of development, typically in the first year of life, and a developmental achievement which goes hand in hand with the depressive position. Segal (1957/1986) associated the development of the capacity to form symbols as part of the negotiation of the depressive position and described symbol formation itself as a triangular situation in which a symbol can be distinguished from the object symbolised; this requires the capacity for observation, typically absent during dreaming.² In a similar vein, Britton

¹ Another example of a subtext is the transference.

² Bion's (1957) definition of symbol formation illustrates this point. He maintains that the 'the formation of symbols ... depends for its therapeutic effect on the ability to bring together two objects so that their resemblance is made manifest, yet their difference left unimpaired' (p 269).

(1992) talks about the resolution of the Oedipal situation as providing a 'triangular space' bounded by the child and its two parents and their potential relationships, allowing the possibility of being a participant in a relationship as well as an observer.

How this ties up with dreams is that both theorists and participants refer to dreams as symbolic. Yet, as Freud (1900/1976) maintained, dreams in themselves are not symbolic; furthermore, they are synonymous with symbolic equations in Segal's terms, since the symbol is equated with the symbolised. In Miriam's one dream, e.g., she *is* hanging on for dear life; it is a concrete, felt experience with nothing symbolic about it. But dreams in themselves *are* symbolic in the sense of being part of the Symbolic order (in Lacan's terms), in displaying processes such as condensation and displacement which underlie symbol formation and poetic diction, and in combining things that are opposite, different, or similar. For the meaning or symbol to emerge, an awakened, interpreting dreamer or a therapist is needed.

The participants' view that dreams differ from other material in being symbolic or metaphoric is based on qualities discerned in the consulting room but not in dreams themselves. It is argued that this is an important distinction, clearly manifest in Kleinian theory. Thus Meltzer (1984) talks about a formulation which is one of 'transformation from one symbolic form into another, from largely visual to verbal language' and further that 'while most formulations end up as prose, this need not deter us from striving to match the poetic diction of the dream as an aesthetic object' (p 136). In Meltzer's terms this is part of the dream exploration which happens between patient and therapist. A formulation is the foundation of the interpretive work, whereas interpretation implies an increment of meaning and moves beyond the dream.

It may also be argued that the transformation from the largely visual dream to a symbolic understanding may take time and seems to move in steps from the concrete manifest dream to the more symbolic and in fact latent meaning. For example, following Miriam's narration of her six dreams in first session, C immediately detects the similarity in four of them – thematically, if not symbolically. He tries to get her to see that in each she is in mortal danger, but survives without help. He first addresses the theme of the manifest dream, by pointing out that in each, she 'finds a way out'. He tries to get her to understand this symbolically towards the end of the session, by linking it with her unacknowledged resources. He does not address the terror, which some participants in the final interview felt was at the heart of the session; C and Miriam both skirt it to a certain extent. We are aware of C thoughts and his rationale for this and in the next session Miriam blames herself by saying that C said she was avoiding thinking about

cancer. This aspect of the theme is metaphorically captured in the epithet used by the researcher, with the benefit of being an observer at one step removed. Finding the metaphors and symbols may only occur at some distance (in the therapist's thinking about the work, a later session, in supervision or indeed research). As Meltzer (1984) puts it 'a rich dream is constantly being retrospectively lit up in one aspect or another by the material and events of following sessions' (p 136). This point underlies the notion that work with dreams is an alliance between therapist and patient in relation to one or more dreams, and that issues regarding meaning, symbolism and truth can only be gauged over time between these three elements.

If we are seeking the truth of the dream, and not a conjecture, it is useful to see dream interpretation in practice as a triangular situation. Hence both Freud and Jung required the dreamer's participation in terms of the thoughts arising from the dream. With their own dreams they took the roles required of patient and analyst; they provided their associations and then they provided their interpretations. They did not always do this with their patient's dreams; they sometimes drew conclusions based on their knowledge of the patient and the dream, leaving the dreamer's thoughts out of the equation. It may be argued that such a position reduces work with dreams to a dyadic situation.

Of course dream interpretation is an archetypal theme, if we look at the occurrence of the process across time and more broadly to other cultures. As such it has a particular structure and key players. The dream is narrated by the dreamer and it reveals a truth which is divined by a dream interpreter. In this sense it is dyadic. Joseph's interpretation of Pharaoh's dream in the *Bible* is a good example. It was a prophecy – the seven fat kine represented the years of plenty which Egypt was experiencing at the time. It shows that Joseph could think symbolically, an important factor required of the interpreter, but neither the dream nor the interpretation says anything about Pharaoh. We know nothing of his associations, hence we know nothing about the man himself. Conversely, we feel that we have intimate knowledge of Freud and Jung based on their dreams in conjunction with their thoughts and associations. Their own interpretations, while holding validity for them at the time may have been superceded by later understandings and, because we have their thoughts, it is easy to speculate about further meanings¹. (This is also true of the cases of Rose and Miriam, where validity can be assessed on the interaction between therapist, patient, the dream, and further dreams. In the case of Nate,

¹ Freud and Jung's dreams and associations to them perhaps say more than they intended. This point ties up with the hermeneutic view that absolute meaning is never reached and the fact that the meaning of a text will always exceed the author's intentions (c.f., Ricouer, 1979).

we do not have much of Nate's associations but we do have B's which provide the third element in understanding his dreams.)

Thus as an archetypal theme, dream interpretation is a dyadic situation. This has some implications for the therapist; dream interpretation is a universal theme in psychotherapy or analysis. They may be focused on, they may be ignored, but as the case material of at least Rose and Miriam attests, they comment on the situation; they are a transitional phenomenon between the therapist and the patient, and have the potential to provide useful access to areas warranting attention (e.g., a time in Rose's past which is evoked in the present and Miriam's struggle with her mortality).

But because of the high value afforded to dreams, and perhaps the archetypal expectations or pre-conceptions of the key players (in Jung's terms), dream material may put pressure on the therapist, particularly an inexperienced one; because it is so valuable, we have to make sense of it and, because it is part of our work, we feel that it should be easy. Part of the difficulty is that meaning does not emerge clearly and decisively, as it did for Joseph. This may exert pressure on the therapist to be omniscient and to magically know the meaning (c.f., Bion, 1962/1984); such pressure may be exacerbated by the patient's expectations of the therapist to provide meaning. However, if the neophyte can learn from experience (like participant A, quoted earlier), he or she may learn and remain open to learning.

Furthermore, bearing in mind that 'dream-work' in the room can be a triangular situation may reduce the pressure of finding meaning without the patient's help. (To return to Leda's dreams, I recall feeling immense pressure in trying to do justice to the rich dream material.) It may also be reassuring for those who do not feel competent with 'dream-work' to know that they do not have to make sense of every dream and do not have to do it in one sitting. As Bion (1990) remarked, an interpretation may take weeks, months, or even years.

It is argued that the topic be seen as a triangular situation, comprising the dream, the dreamer, and the therapist as the person to whom the dream is told. The extent to which we understand the material is equated with the contribution of each angle. For the therapist to magically know the meaning or for the patient to withhold thoughts which the dream brings to mind, leaves one angle missing and the potentially rich connection between the dream and the dreamer is lost. However, even if one angle is missing some useful work can be achieved. For example, when the patient does not engage with the dream and therapist uses it for his or her own ends. Similarly, situations in which the dreams of therapists emerge in his or her thoughts during a session needs to remain

dyadic. To quote an excerpt of one of my own dreams, *I was inching along a narrow scaffolding plank which bridged two tall buildings and I had to get from one to the other. I felt myself experiencing symptoms synonymous with a fear of heights and thought, ah, so this is how X, Y, and Z [a few of my patients who suffer from this phobia] must feel.* This dream periodically came to mind when these and other patients spoke of their fear of heights, providing me with some empathy that had been lacking. Like Brice (1993), and according to the rule of non-disclosure, I kept this dream to myself but used the insights it contained nonetheless.

The situation referred to by some participants when patients do not remember or bring their dreams is dyadic. A question raised in the interviews was whether these therapies differ and whether one should intervene. The first point can only be addressed by further research; the second will be addressed later on, suffice it to say here that the effects of intervention may be variable. For example, C used the 'Letter to Patients' in the hopes of getting some dream material from a patient who had not brought dreams and the situation remained unchanged. A variation of the situation as dyadic is when the therapist avoids dream; in such cases a potentially rich source of knowledge may remain untapped).

Viewing dream interpretation in the light of a triangular situation brings to mind Green's (1978) view of the broader goals of the analytic endeavour which should be directed toward facilitating the capacity for symbol formation, or helping the patient to play with transitional objects; it is suggested that work with dreams provides a good opportunity.

Approaching 'dream-work' as a triangular situation contains the process which is a subtext within the broader confines of the therapeutic relationship. Both the literature and the research suggest that in most circles dream interpretation is not at the centre of the therapy and comprises a certain alliance involving an interaction between the clinician and the patient with respect to dreams which the patient has introduced into the therapy. The triangular structure also takes care of the fact that 'dream-work' is not necessarily sequential but more of a chicken and egg situation; 'time is out of joint', to quote Shakespeare's *Hamlet*, in the consulting room as in dreams.

Finally, the idea of a triangular situation goes some distance in addressing the issue of truth and confirmation of dream interpretations. Freud (1900/1976) maintained that the truth of a dream resides with the dreamer, a position at odds with his insights about patient resistance. He also pointed out that the analyst cannot be completely objective (Freud, 1937a). It may be argued that accuracy and assessment resides between three angles: the input of patient, therapist, the dream, and further dreams.

11.3.2 'Dream-work' in theory

This section draws on the 'model in theory', modified and extended by the findings of the clinical study, as well as the model of 'dream-work' as a triangular situation. The model advanced here encompasses various theories and techniques – compatible with psychodynamic tenets – which therapists may have at their disposal (c.f., Bion, 1962/1984). It essentially addresses issues which arguably need to be addressed in training or in a basic text on the topic. The elements of this model draw on both of the other models and constitute the various balls which the therapist needs to juggle, his or her technique, manner of interpretation, and assessment of what is happening, what to say, what not to say, and how the work may be evaluated. These are presented to investigate what might further be learnt, drawing on the literature, the case studies, and the participants' ideas.

1. What can be learnt or taught about dreams?

Aristotle, who is quoted in Freud, Jung and Rycroft, held that the best interpreter of dreams is the man who can best grasp similarities, that is, a 'master of metaphor, which is 'the one thing that cannot be learnt from others'' (Aristotle in *The Art of Poetry*, in Rycroft, 1981, p 17). Freud and Jung it seems disagreed, because both pointed to a knowledge of symbolism, poetry, literature, myths, and fairy tale as being of value in learning 'the forgotten language' (Fromm, 1951). They also made the important point that it is not only our intuition (which is a pulling together of the similar in the dissimilar) or knowledge about the language of dreams that is important, but also the dreamer's associations and thoughts about the dream content. Jung added that self-knowledge was important. Similarly, the participants all felt that it was working with their own dreams in their personal therapies, and, secondly, gaining experience in their work with patients, that had been the most help.

Clearly, some of the qualities and skills required can be developed and some can be learnt. (It is an open question whether some people might be particularly 'good with dreams', in the opinion of self or others, as opposed to understanding children's play, reading Rorschach protocols, working with borderline patients in psychotherapy, and so on. This question and some speculation about why this is so, is explored later.)

2. Is there a sequence?

As Green (1978) puts it, the patient makes the first move in the 'game' of psychoanalysis by contacting the analyst. With dreams, the patient makes the first move by bringing the dream. In the three case studies, the dreams are presented or at

least announced at the beginning of the initial session. Thereafter the patients and therapists comment to a greater or lesser extent. From the therapists' perspective, they help the patient to a variable extent and there is a movement in their thinking as they piece together the dream with the patient's and their own thoughts. The sessions typically end with some formulation of meaning. This sequence resembles the work in general, since the patient – according to the rules – has the first, if not the last word. The difference is that dreams are not always announced or narrated at beginning. (For example, in Miriam's last session of the research period, she announces that she does not 'have a packet of dreams'; later on she remembers a 'silly' dream – the 'chalice' dream – after hearing C's interpretation of how she is conducting her life outside the room.)

Secondly, it may be argued that the therapist makes the first move. For example, Miriam's 'Grahamstown' dream is – at least in part – triggered by the 'Letter to Patients', so C in fact made the first move. A variation of this was evident in the an intra-clinical study when I used metaphor in an intervention, which triggered the memory of a dream. I suggested to the patient that he felt in the same boat as someone he was talking about. He looked startled and said, 'Funny you should say that, last night I dreamt I was in a boat...'

Thirdly, the dream may be produced at the end of a session (even if announced at the beginning). This was typical during a time in the therapy of Pamela, another patient involved in the intra-clinical studies, during Phase 2 of the research. This dynamic of last minute presentation leaves little time for exploration and is often seen as a sign of resistance, but in Pamela's case, she did not seem resistant in a blanket fashion, since much seemingly fruitful work was being done. (I was aware of colluding with this dynamic to some extent; even when she did tell a dream earlier in a session, I was uncommonly reticent about voicing any ideas that I entertained, feeling somewhat intrusive and believing that my ideas were quite opposed to her conscious view of things. The fact that she rarely offered any associations at that time did not help. The issue of intrusiveness into a person's dream world is discussed later.)

In sum, the patient brings a dream, it might represent something in itself (e.g., Rose indicates that the dream is 'what is really important'.) Usually the patient wants to know what the dream means (Rose did not, on this occasion), and usually the therapist provides at least *some* meaning, having heard what the patient has to say. This is then assessed by therapist, patient, or further dreams. Despite the drawbacks of this sequence, it has some merit.

3. **Understanding the patient's contribution**

Based on case material and interviews we can categorise patient contribution in terms of types of dream and dreamer, and degrees and variations of engagement and resistance. These have been discussed earlier and do not need repeating; however, a few points warrant further discussion.

We have discussed the issue of presymbolic dreamers, referring to a type of patient who deals very concretely with dreams (Whitmont & Perera, 1991). In the case material, there is evidence of presymbolic dreams and dreamers. The screaming in Rose's dream is presymbolic, but there are signs that she can indeed symbolise. Conversely, Miriam's deals with her penultimate dream presymbolically, in that she phones C to check out his availability, has an extra session, and requires pacifying. She thus understands this aspect of the dream in a concrete way. However, this says less about her general functioning and more about the impending results of the cancer test. She is in a crisis, feels her life to be threatened, and is now in a position where she does not want to face it on her own as she does in her 'mortality' dreams.

The dynamic of presymbolic versus symbolic dreams and dreamers and the fact that there may be fluctuation between the two in the same person at different times, may best be understood in terms of Klein's and Bion's idea of the movement between the paranoid-schizoid and depressive positions (Ps-D), both in Klein's broader sense in terms of regression in times of crisis and in Bion's narrower sense in terms of containment and 'thinking about' emotional experience. Miriam ceases to be able to think about or contain her troubling feelings at the time cited above.

Secondly, the language of dreams is private and personal, drawn from a storehouse of memories and images, so without the patient's associations, the therapist's interventions and interpretations are guesswork or conjecture, based on his or her general knowledge of the patient and the current situation in the room. For example, if a patient dreams of her 'Auntie Ruth', the therapist may understand this image as a mother figure or a transference figure, but the patient's associations of the aunt in question could potentially say much more, she may resemble and also differ from the patient's other aunts and parental figures.

Not all patients know how to free associate to dreams and might need guidance as Freud (1900/1976) suggested. Rose, for example, needs no encouragement, Miriam learns along the way with C's help, and Nate, although resistant to reflecting on his dreams in the past, offers some associations to the 'Incredible Hulk' dream.

However, patients do not only offer their associations; Rose and Miriam also find their own links and meanings and their contribution is helpful. Thus the manner with which the patient tackles the dream adds its own light on the patient and more specifically the dreams. A broader sample of patients would have increased the likelihood of different varieties of patient contribution and resistance.

Thirdly, the case material illustrates that different forms of resistance may be detected in the same patient. For example, Miriam is happy to associate to the wild animals that she loves (we may assume this from her manner of dealing with the first two dreams brought to therapy a few weeks before the period of research); however, she is not so keen to reflect on the absent, critical priest/therapist or the disappearing chalice which feature in her last two dreams. Furthermore, her classification of dreams as relevant or irrelevant is useful in enabling the therapist to discern areas that she deems important as well as areas of potential resistance. Nate's attitude is different; he is both an 'infrequent dreamer' and a reluctant patient when it comes to 'playing' with his dreams.

Clearly, the clinician is likely to encounter different types of patient resistance, compliance, and useful participation along the way (with different patients and with the same patient at different times) as evident in the clinical study and in the literature.

4. Techniques at the therapist's disposal

Firstly, there are a range of non-verbal, cognitive, or even ingrained processes at work in psychotherapy in general. Participants were mindful of the issues raised in Chapter 5, namely that the responsibilities and tasks of the therapist are different from those of the patient and the roles are not equal (Green, 1978), that it is the clinician's task to maintain the basic frame, to provide clear boundaries, and to create a 'space' for the patient (c.f., Ogden, 1990; Winnicott, 1967/1974).

The importance of creating the space for the patient is well illustrated in the case of D in relation to Rose). D says very little during the initial session. Clearly, a strong and affirming therapist is all that is needed, although D's observation at the end that Rose is not a child anymore is introduced in her second dream, giving Rose the strength in the dream to walk away from the demons of the past, to leave home in a symbolic sense.

The therapist makes clinical observations regarding the specifics of a particular dream, its function in the session and in the broader framework of the therapy, the

way the patient relates to it, and his or her manner of relating to the therapist and the dream. The therapist engages in an ongoing, internal assessment of these observations and the nature and timing of interventions as well as the patient's responses.

The issue of whether or not to ask for a dream remains contentious and there does not appear to be an ideal solution. Most theorists and participants find it useful at times. At the level of training, the implications of such requests could benefit from examination.

Aspects of the mental work of the therapist include his or her own feelings, associations, and participation in the immediacy of the moment, while at the same time bearing things in mind; these are not necessarily all processed (as in the role of intuition or the act of making an uncharacteristic intervention and only processing it later). The therapist also formulates what the material means and then assesses the timing and appropriateness of the interpretation. For example, C provides some of his thoughts in the first transcribed session; he was tempted to make a connection between Miriam's ability to feel the suffering of others but not her own, but he felt the time was not right. He first attempts to build up her resources, give her something 'to hang onto', so to say.

Over and above the general tasks, it is the therapist's role to interpret the material. As Hill (1993) and Symington (1986) point out, not every intervention is an interpretation. To this it might be added that not everything that is thought about is verbalised to the patient, and not everything is conscious. In this respect, the various steps leading to the interpretation of a dream resemble and are part of the work in general.

The gamut of possible interventions has been discussed in Chapter 5 and further identified in Chapter 10. There is much overlap in these two aspects of the project, and they are used with all types of material, not only with dreams. They include probing, helping the patient to explore, clarifying, linking, finding bits of meaning¹ (say, the meaning of a symbol), and then, perhaps, more general meaning. As noted earlier, the tendency with dreams (witnessed in participants' work and their reports about their work) is to make links with the dream and other material during the course of the session and, towards the end of the session, to attempt some formulation of meaning, not so much to wrap things up, as to provide some containment (e.g., D does this at

¹ See Ornstein & Ornstein (1980) and Meltzer (1984) for a further examination of this topic.

the end of the transcribed session) or some more comprehensive meaning than any foregoing interpretative interventions (e.g., C at the end of the first transcribed session which gives Miriam, as she puts it, something to think about). In hermeneutic terms, one might say that therapists work in a circular fashion within the session between parts and the whole, and between the general and the specific.

C's first session with Miriam is perhaps fairly classic in terms of the sequence of events. Miriam presents her dreams, C asks for her associations and draws some connections; the material then branches off in different directions, he points out her anxiety and takes time to interpret. The next session, reveals another typical trend, namely, that dreams may be linked to other material or a previously reported dream may be reintroduced by the therapist if it sheds light on the current material.

In terms of the range of possible interventions, practices seem almost universal. The exception is the Jungian technique of 'amplification' which covers mythological and archetypal motifs.

Finally, the issue of interpretative links is discussed further under the next point, since these constitute the various keys which therapists use, the 'bits of meaning' referred to earlier. However, some issues need to be noted. Firstly, interpretative links seem to be very common in the work, in relation to dreams and other material (c.f., Kelly, 1994). With dreams in particular, an aspect of the dream is brought in to connect it with other material or to something observed in the moment. For example, C links the lure and fear of the 'turret' to Miriam's reluctance to think about her cancer. Secondly, what makes links 'interpretive' is that they constitute an increment of meaning and the perspective of another (i.e., not the patient's conscious view, thus they are not examples of, say, empathic reflections¹). An example is evident in the case of B's work with Nate. Having tried to find the 'day residue' and to prise out some associations, she makes an interpretative link when she equates power with destruction (implying that this equation is what terrifies him). Finally, the prevalence of interpretative links (and the interplay between therapist and patient around them) is such that they are often excluded from published works. Meltzer (1984) sums it up: 'All this is lost when a paper is written, for the marshalling of the material for exposition requires that the interpretation follow 'as the night the day', unforced, dovetailed. In the consulting room it is not that way at all.... ' (p 136).

¹ This point has been discussed earlier; an examination of the topic may be found in Friedman (1992).

5. The keys to unlock meaning

The 'model in theory' gives the keys as themes: time, body/instincts/emotions, individual and universal themes/imagery/symbolism, object relations, 'other dialectics' (such as positive and negative connotations), and meta-meanings. The issue of defences fits uneasily into some of these themes. An important key – the context – was addressed in the 'assessment' element of the model. In the analysis of the phases of the clinical study, the keys were addressed more as foci of interpretation, and arranged according to those used by all participants in relation to dreams, differences among participants, and those used regarding the material in general. These included the context, the identification of symbols, aspects of the dream as aspects of the self, the location of the 'dream-ego' (Whitmont & Perera, 1991) and the nature of its object relationships, compensation, the transference, the countertransference, both of these interlinking phenomena, and the 'here and now'. Finally, in Section 11.2.3 which discusses the language of dreams, a number of categories were advanced, essentially based on Freud's primary processes: condensation, displacement, the idiosyncratic representation of time and space in dreams, poetic diction, and myth, narrative, and drama. These constitute both the language of dreams and a means of understanding dreams.

These sets of keys, foci, themes, and categories can be condensed into a final set, since together they go some way towards approaching a range of facets encompassing a 'full' or 'complete' interpretation, if not the 'total situation' (using Jung, Segal, and Joseph's words). The concept of 'full' and 'total' is an ideal, but as Segal says such an interpretation would be long, but for an 'interpretation to be complete at some point or other those elements¹ should be brought together' (in Sinason, 1991, p 13). It might be useful for training on dream interpretation to cover the possible range of keys, with the proviso that they cannot all be covered in one interpretation, that an 'interpretative link' is likely to cover perhaps one of these, and a more comprehensive interpretation perhaps a few more. For example, at the end of Miriam's second session C makes a link between 'apparition feeding ghostly hens and chickens' and their relationship, particularly her needs of him. After hearing Miriam's response, he links her fears of their relationship with her abuse at the hands of her family in the dream. He also implicitly links her fears to the 'mortality' series of the previous session where the 'need' is to go it alone. This gives three possible linkages.

¹ The elements Segal refers to 'include the current external relationship in the patient's life, the patient's relationship to the analyst, and the relation between these and the relationships with the parents in the past. It [the full interpretation] should also aim at establishing a link between the internal figures and the external ones' (in Sinason, 1991, p 12).

The final set of keys draws on some of Jung's dialectics discussed in Chapter 6; this is another way of finding 'completeness' within each key. What has been said before will not be repeated unless further examination is necessary. Furthermore, it needs to be noted that the keys overlap and are all interlinked; thus the very notion of categorising is not necessarily ideal.

a. *The context*

The research shows a number of ways in which the context can be used as a key, firstly, as a point of entry to understanding the dream, and secondly, as a key to unlock meaning. In the first instance, it may be the trigger or 'day-residue' which Freud spoke about. Freud (1900/1976) did not satisfactorily distinguish the 'day residue' and the trigger but considered evidence of the previous day in the manifest dream content an important point of contact with the latent content, the hidden meaning of the dream. In the second instance, something in a session may trigger the patient's memory of the dream, which serves as another context.

A third context, is the symptom, a favoured key of Freud's, typically used in connection with his patients' dreams. In this sense it is also used by C, e.g., who suggests to Miriam that they use her cancer as a 'prism' through which to understand her dreams. Obviously there are a variety of contexts, including the patient's current relationships, history, the therapeutic relationship, or the course of therapy. It may be recalled that both Freud and Jung saw the context as one of the most important keys to arriving at the meaning of a dream. The following keys to be discussed may themselves be regarded as some of the different contexts which may be used to find meaning.

b. *The transference/countertransference*

An important key is the transference/countertransference situation (across schools and participants). Like the 'context', the transference/countertransference perspective of understanding may remain unvoiced but nonetheless be thought about by the therapist. D aligns herself with the psychiatrist as a transference figure, realising she may also have in mind to present Rose as an 'interesting case' for this research. She puts this thought on hold and asks Rose in what way she might give her the help she needs, thus focusing on her perceived differences from the psychiatrist. Sometimes the transference/countertransference is not given but represented in a dream. Here again, it may be thought about and to a variable degree interpreted in practice.

This dialectic is perhaps the most common form of interpretation referred to in the literature. Drawing on Freud, Hill (1993) reminds us that the transference is a 'universal phenomenon that is not created by analysis but becomes uniquely visible in the analytic situation' (p 464). (The same can be said of the countertransference, except that it is not necessarily as 'visible'.)

There are differences within the cases studies where transference interpretations are used sparingly and the views of the broader sample of participants, some of whom would have worked more actively in the transference. While most schools believe that the transference is the nub of change, it is likely that an overuse of transference interpretations would become too predictable to be of value to the patient. As Meltzer (1984) points out, the patient cannot be swept away by emotions evoked in the transference if he or she is constantly reminded of it.

The transference/countertransference dialectic offers dimensions particularly useful for the interpretation of dreams, which are keys or contexts in their own right. These include temporality, the dialectic between aspects of the self and aspects of objects, the dialectic between the body and behaviour and symbolism, and individual versus universal themes.

c. *Temporality*

A number of dialectic links within the theme of time are used in the case material. Rose's dreams depict a link between the past and the present (all three are weighted towards the past, but contain aspects of the present, e.g., the bus driver who takes Rose to therapy and D's words that she 'is not a child anymore'). Rose's associations are concerned with the past and D's interpretations bring Rose back to the present. Conversely, Miriam's dreams depict her current life situation and C's interventions link the present with future possibilities. As discussed earlier, Freud considered the present/past link as an important characteristic of dreams, and he demonstrated the value of interpreting this link, as it pertains to the patient's relationship with the therapist (the classic transference interpretation). Jung agreed that this link is important, but felt that a focus on the past precluded valuable information about future possibilities contained in dreams; his dialectic in this regard was retrospective versus prospective interpretations. The Kleinians tend to focus on the link between the dream and the 'here and now'. Thus, e.g., the Kleinian participant (G) felt that B could have looked at the 'Incredible Hulk' dream as a representation of the ongoing situation between B and Nate, with B playing the role of a 'persecutory object'.

It is argued that the issue of temporality is perhaps under-utilised in understanding dream material. Kruger (1982) notes that dreamers are often younger in dreams than their chronological age. Similarly, the intra-clinical studies offered examples of the 'dream-ego' as his or her current age but revisiting bygone times. For example, a woman of 45 dreamt that *she was trying to unlock the front door of the house in which she grew up*. Freud (1900/1976) noted that dreams represent a '*logical connection by simultaneity in time*' (p 424, his italics). This point ties up with the phenomenological view of time (not necessarily in relation to dreams) that our perception of time is not linear, that the three dimensions of time are not discrete entities but emerge contemporaneously with no intervening distance (Merleau-Ponty, 1962). Many dreams combine different temporal dimensions significant to the dreamers current situation; thus, the 'muddle of time' evident in such dreams may be usefully considered in trying to understand dreams.

d. *Object relationships*

Whereas Freud (1900/1976) wrote that dream figures may represent figures in the dreamer's life (Irma, as we have seen, was one of his patients), he also maintained that a part of the ego resides in every figure. Jung distinguished between these two levels, referring to them as interpersonal versus intrapsychic or subjective versus objective levels of interpretation. Although, Jung's view ties up with current object relations thinking in terms of aspects of the self and aspects of the object, it is argued that it is useful to consider both levels, since projections tend to find an appropriate hook in the environment, as different theorists note.

In the case material, both B and C make links between figures in dreams and aspects of the dreamer, that is, subjective levels of understanding. For example, C looks at the lion as an unacknowledged aspect of Miriam. However, C also interprets figures such as himself or her family on an objective level. These two levels are generally examined before bringing them together, exemplified in his use of Miriam's 'apparition feeding ghostly hens and chickens', firstly, as a representation of himself and, secondly as a representation of Miriam, in order to shed light on the therapeutic relationship and her inner world.

The distinction between aspects of the self and aspects of internal or external objects is particularly useful in dreams in which the therapist is represented. Here it is easier for the therapist to iron out what belongs to self and what

belongs to other, having knowledge of both parties; with other figures, the therapist needs to rely on his or her imagination (and perceptions built up over time, if important people in the person's outside life are represented).

Subjective and objective levels of interpretation may include questions which can be extracted from Kleinian theory, namely, whether relationships are dyadic or triadic and whether the process of splitting is evident resulting in part-objects rather than whole objects. To some extent, all dream figures are part-objects which is why Jung advocated dwelling on them in the room in order to flesh them out. This is an example of healthy splitting as a forerunner to integration (perhaps best examined in the Kleinian body of literature). For example, Nate's dream depicts a typically dyadic situation and the two figures, himself and the 'Hulk', may be seen as 'part-objects'. The Kleinian participant, e.g., considered the 'Hulk' as a representation of the therapist, whereas B focused on each figure as partially owned or observed aspects of Nate which need to be brought into the sunlight, so to say.

- e. *The body, behaviour, symbolism, and metaphor*
Body parts may be used in the service of symbolic representation, speaking, as do dreams, the concrete language of emotional experience.

Scharff (1982, p 12)

It has been argued in earlier chapters that there is a close link between the instincts or drives, the body, its parts and processes, and feelings, on the one hand, and symbols and the symbolic language of dreams, on the other. For example, Jones (1916) argued that symbols are sensorial and concrete, having their roots in childhood, Rycroft (1981) went a step further suggesting that the metaphors which we use while dreaming tend to be derived from the body and also to refer to it.

It is suggested that it would be useful to look at the body as depicted in dreams at a concrete level as well as a symbolic one. In Miriam's 'cancer' dreams, her hair becomes thin and falls out and her gardener is portrayed as being doubled up in pain, his skin grey, blotchy and decomposing. These are perhaps variations of Freud's wish-fulfilment theory combined with Jung's future possibilities, in that they anticipate the possible course of both her cancer and the chemotherapy. Thus there is a literal use of the body and its parts (hair, skin), which also represent a potential reality of her situation (in contradistinction to the potential

reality depicted in her fight to stay alive, in the 'mortality' dreams presented in the previous session.)

The body and its instincts may also be symbolised in dreams. A common vehicle for this is animals, as they resemble humans in some ways and differ in others (Freud, 1900/1976; Rycroft, 1981). Animals have a similar life cycle, similar instincts, and the will to survive; however, they lack the power of symbolic thought and thus may capture passions which cannot easily be put into words. The particular animals used in the dream depends on the dreamer's attitude toward them, whether they are wild or domestic, and so on (c.f., Rycroft, 1981). For example, the image of the lion changes in Miriam's series; in the first, she comes upon the lion in the bushveld and her associations characterise lions as powerful, strong and passionate. In a later dream, she sees lions of different sizes confined in a room and thinks that an experiment has gone horribly wrong.

In the interpretation of body and animal imagery in dreams, metaphors will emerge to the extent that similarities can be perceived in their dissimilarities. Furthermore, as both Jungians and Kleinians state that archetypes and unconscious phantasy are the mental representation of the instinct – that is a bipolar, psychosomatic process – the somatic or biological needs to be linked to the visual or mental, to identify the symbolism.

Symbols, as we have seen may be common or individual. The use of the body as a symbol is universal given that it is common to human nature, as writers across the psychoanalytic spectrum and in other disciplines have noted (c.f., Chapter 4 for the former, and Douglas, 1970, for an anthropological point of view). Thus, the range of objects symbolised in dreams embraces all aspects of our life-cycle. For example, birth symbolism may symbolise non-biological creative achievements, and, as evident in Miriam's dream series, her mortality is given a broad spectrum of symbolic and metaphoric expression, which C uses to help Miriam deal with her cancer.

Similarly, the dreamer's body may be represented by common symbols which resemble it (c.f., Rycroft, 1981). For example, houses are useful symbols for the body (or the mother's body) in that they have fronts, backs, windows, doors, passages, and compartments or rooms. The kitchen, for example, is associated with nurturing and warmth, or the reverse. Rose gets 'cold comfort' in the kitchen of her dreams, symbolic of what we know about her mother's mothering.

Driving a car may be used for similar purposes and others besides. As Rycroft (1981) points out the car may have replaced the horse and rider in terms of expressing the relationship between the dreamer and his or her passions. Thus difficulties with steering may allude to anxiety about self-control. Furthermore, given that cars can seat more than the driver, car symbolism can represent the dreamer's relationships to internal objects. (Miriam's 'Grahamstown' dream concludes with her driving a car which goes out of control and her family hurling abuse about her driving, reflecting something of her anxiety and the nature of her internal objects.)

Clothes are obviously linked to the body and contain metaphoric possibilities derived from the ambiguous roles they play in personal and social relationships (Rycroft, 1981). For example, clothes cover nakedness, but may draw attention to what they conceal, and wearing the clothing of others links up with the object concerned.

Travel is another common symbol which usually needs to be understood allegorically, such as the dreamer's life or the course of therapy (e.g., Rose's journey by bus which takes her away from the home of her youth). Obstacles in the journey represent psychological or social obstacles with which the dreamer is grappling. When the destination is named, the significance may be gleaned from its role in myth, phrase and fable. For example, Freud's (1900/1976) dreams of travelling to Rome, brings to mind 'all roads lead to Rome'. Travel by bus, train, or plane provides other possibilities. The passenger decides the destination but is in hands of the driver or pilot. Pamela, of the intra-clinical studies, dreamt a few years before the period of research that *she was in a plane (she hates flying), the pilot was a woman, it started going down, but was deftly brought to land at a place called 'Schönberg'*. (This dream reflects much of the situation in therapy at the time.)

Behaviour in dreams may be derived from our verbal stock of phrases and metaphors. Brenman Pick (1988) noted this in her interpretation about the patient's concern that she is 'shouldering more than she can bear'. Rycroft (1981) gives the example of changing images into metaphors as the dream progresses. He gives the example of a dream where a woman *was in a crowded bus with an unruly dog which she put in a bag and whirled round her head. The dog then turned into a cat*. Rycroft interprets this dream as her not feeling that she had 'enough room to swing a cat'. He suggests that the dream accommodates or finds a suitable metaphor.

There are potentially many more topics that represent the body, behaviour, and feelings. This key is in keeping with the phenomenological *existentialium*, embodiment, and Merleau-Ponty's (1963) notion of the three orders of behaviour, the natural, the animal or vital, and the human, and his exposition about how the human order transforms the natural and vital through our 'genius for ambiguity' (Merleau-Ponty, 1962, p 189). In 'Metaphors and Human Behaviour', Romanyshyn (1977a) discusses this topic in depth; his insights may profitably be applied to dreams.

This key to a certain extent encompasses Freud's manifest versus latent dream content dialectic, the manifest being the concrete (the wish, the desire, the love, the hate, and so on), and the latent, the lifting out of what it means or symbolises. The therapist moves from the one to the other and cannot see the one without the other. To use the example of punning (and other forms of poetic diction); one can only recognise the pun by combining manifest and latent content.

f. *Individual and archetypal themes and images*

Again there is overlap between this and the previous key as it is an open question as to where the common symbols and phrases category ends and the archetypal begins. It has been argued along the way that the concept of archetypes, or rather, the archetypal, is useful in capturing a certain type of dream, which even those who do not consider Jung's work to be compatible with their own, have been known to use. (This impression is gleaned from the literature and personal experience of training and study groups.) Archetypal symbols perhaps indicate developmental levels or life crises, if we combine Jungian and Kleinian theory (c.f., Winnicott, 1964). Jung's thinking around the concept, particular the link with mythology, offers scope for further usage. It may be argued that Bion's idea of private versus public myths adds to Jung's. The individual and the archetypal are linked whether this is evident in the dream or not.

This key could encompass myth, fairy-tale, narrative, and drama. The common denominator is that there is a theme and structure, but the concept of archetypal themes differs in that there is an identifiable constellation of key players. This was discussed earlier; however, a brief mention will be made of evidence of archetypal themes or images in the clinical study and the degree to which they have been 'privatised'.

Three examples of archetypal material may be discerned in the dreams of Leda, Nate, and Miriam, with different degrees of individual variation. In the final interview, E noted that Miriam's chalice was reminiscent of the Holy Grail and her quest. The chalice ties up with religious imagery – a broader archetypal theme – in other dreams. The 'signifying chain' goes further; C is a priest and her therapist, she articulates the distinction between her mother's religion and her own; hers used to be in keeping with her mother's, but she reports that she has lost confidence in her faith, something that was not precipitated by the cancer, but which has been 'creeping up' on her for some time. The situation of things getting bigger or smaller is reminiscent of *Alice in Wonderland* and *Gulliver's Travels* but they also have personal connotations. These allusions were not introduced by C, but they provide examples of universal or mythological motifs which may be voiced by a therapist or explored if deemed relevant.

In the cases of Leda and Nate, there is less individual imagery. In the first instance, there is a series of archetypal dreams. She is not even herself in some of these (Nate describes himself as 'very small'); she is a swan in one, an archetypal symbol, going back to Zeus and his disguise as a swan to rape Leda, the queen of Sparta. It may be noted, that this series occurred some seven years into the therapy. She deemed them important, wrote them down, and narrated them in therapy. She left therapy shortly afterwards, abruptly. I approached her for consent to publish some of these dreams, some seven years later. She remembered them vividly and during the course of our conversation – not apropos the dreams – apologised for leaving therapy so abruptly. She said that I had been a sort of mother which she had not had and felt the need to fly the nest at the time, almost like the teenager approaching adulthood. The series may mean many things (e.g., I was Mary Poppins no longer, if I dropped her into a life-threatening situation) but her observation indeed suggests that a developmental life stage or crisis was being metaphorically enacted. It also suggests a dyadic situation; there was Leda and her dreams but I was largely left out of the equation.

In the second instance, B interestingly enough could not remember whether Nate had referred to the image of a 'hulk' or a 'hunk'. When first discussing the case, she referred to him as the 'hunk' based on his appearance. In the final interview, it emerged that Nate had referred to the comic book character, the Incredible Hulk. In a certain sense, it is B's clinical observations – his hunkish physical appearance and his hulkish behaviour when he 'breaks into the room' – that offer an individualised stamp to this archetypal figure.

As suggested earlier, archetypal images are characterised by their starkness and mythological features; they are unfleshed out, unidimensional, and the personal stamp is missing, thus they are characteristic of paranoid-schizoid functioning.

g. *Positive and negative connotations*

Participant E pointed out that the 'Incredible Hulk' figure can be interpreted in two ways, as the darker side of the self, say a 'shadow' figure or a 'life force', the positive side of the self. All archetypal figures have a positive and a negative connotation. (c.f., Samuel, 1985). This is quite paradoxical, since Jung is often criticised for focusing on the more positive side of things, and he himself criticised Freud for focusing too much on the negative. Similarly, the Kleinians are criticised for focusing on destructiveness (Bott Spillius, 1994). Perhaps the issue is not an either/or one, but rather a reminder that both connotations may be pertinent and that a focus on one necessarily precludes the other. As Archer (1988) puts it, '... while the Jungians have been coming down to earth, we Kleinians have been trying to make our way to heaven and we've recently crossed somewhere in the middle' (in Sinason, 1991).

h. *Compensation*

Compensation is perhaps useful as a key because it captures the main point made by Freud and Jung, that the interpretation of the dream is the royal road to the unconscious (Freud), and that the dream compensates the conscious perspective of things (Jung). This key may remind the interpreter that there may be two sides to the story and some form of resistance to understanding one of them, a blind spot perhaps only visible to another.

i. *Meta-meanings*

Finally, dreams and their presentation may have meta-meanings which also need interpretation. For example, one of the participants (A) gave an account of some rich material and even richer associations presented by a patient. The heart of the issue, according to A, was that the patient had been uncharacteristically vulnerable the session before. The therapist felt that a 'manic defence' was at play and so interrupted the associations to point out what was happening and why. Conversely, Miriam's 'flood' of dreams following the request for her consent, may be construed as a gift; as she put it, she had 'much to offer you [C] and your colleague doing the research'. And then, in one of the last sessions of the research period, she remarked, 'I'm sorry, I don't have a packet of dreams to give you'. As evident in her private life, she appears keen to provide for others and put her

own needs second, although, as previously discussed, the presentation of so many dreams may also mean other things. Here, it is the task of the therapist to link this dynamic with other observations and the material in general.

j. *Summary of keys*

As Freud claimed, there are many levels of meaning to any one dream. The keys outlined above point to a variety of levels. However, all keys cannot be used at the same time, and any one focus precludes another (c.f., Romanyshyn, 1975). All keys are symbolic in that an interpretation links two things so that their similarities are manifest and their difference unimpaired (Bion, 1957). Many of them contain dialectics and provide different possible foci. What is useful about these dialectics is that each side can be explored and more clearly defined, particularly in terms of unrecognised or neglected parts of the self, to promote 'healthy splitting' which is a forerunner to individuation, in Jung's terms.

The question of who (if anyone) has the last word takes us to the last element of the model. It is a task of the therapist, if not a technique at his or her disposal. Both therapist and patient contribute to the discovery and creation of meaning and different meanings emerge over time. It lies between the dreams, the patient, and the therapist.

11.3.3 The issue of assessment

There is much consensus among participants on this point, which in turn resonates with the literature across theories. Here, two factors are important. Firstly, the accuracy of dream interpretations is assessed in much the same way as the interpretations of other material; secondly, dreams are different in that they themselves are used as tools for assessing previous understandings of the dream and also the work in general. At each level, a number of potential problems exist. These will be discussed and ways of addressing them proposed in practice and theory.

In a general sense, the interviews suggest that an assessment of the interpretative work is an ongoing task of the therapist whether in relation to dreams or to other material and is evaluated in part by the therapist's attention to the patient's conscious and unconscious communications. However, there are a number of perennial difficulties. Not all the material can be interpreted, there is likely to be a focus which of necessity precludes another perspective. A compelling argument can be made for a variety of understandings and interventions (Ogden, 1997). This does not mean that we cannot interpret, nor that interpretations should be arbitrary (Bollas, 1987; Green, 1978). As Green points out, an

interpretation is an approximation which should correspond with the patient's reality; Ogden goes for 'what's most alive?', whereas others may go for what's most useful for the patient and what he or she can handle (Steiner, 1994). Interpretations in this sense provide partial understandings, interpretative links, which are optimally brought together at some point.

With dreams, a full understanding requires the dreamer's associations and emotional participation (c.f., Meltzer, 1984). Participants report assessing dream interpretations by the extent to which the insights that emerge from the dream carry understanding further. Conversely, dreams that fade into oblivion are either not relevant or else the interpretation is off the mark. However, the assessment of dream interpretations present their own values and difficulties. On the one hand, a gamut of links is possible with dreams since they can be viewed from many different angles and, in themselves, subsequent dreams may comment on previous insights. On the other hand, the clinician is unlikely to uncover the full meaning of the dream (Freud, 1900/1976). There is no final point of understanding; significant dreams may recur and the truth of today may be superseded tomorrow.

However, resistance to understanding – in patient and therapist – falls within the tasks of the clinician. We have seen that there are difficulties with dreams, blind spots and specific, potential countertransference issues. As Whitmont and Perera (1991) point out, even among experienced therapists, dream work needs dialogue with another person. Collegial checking often reveals essential detail and personal application that has been overlooked. As Whitmont and Perera put it, 'the dream brings us unconscious dynamics and we cannot, by definition, be aware of them easily' (p 9).

The specific countertransference issues with dreams may be coloured by therapists' experience in working with their own and their patients' dreams, as well as their feelings of competence in their practice. There are also more universal issues regarding the pleasure and the pain involved in dream interpretation (c.f., Meltzer, 1984). The latter may include a fear of being invasive, on the one hand, or being defensive on the other because the therapist cannot contain the confusion or impotence evoked by a dream. In such cases, the therapist may resort to remaining silent, rationalising, or omnipotently *knowing* what the dream means.

In the case material, readers may note in the first session C immediately links the themes of most of the dreams presented, but excludes the first dream which depicts a scenario about Miriam and himself, colluding it seems with Miriam's comment that it is an irrelevant dream, suggesting a momentary 'blind spot' as a result of the dream saying

something truthful but not necessarily palatable about himself. However, he returns to this dream at the end of the session when he uses it constructively to comment on the relationship between the two of them.

An assessment of the interaction between patients and therapists in the clinical material, suggests that none of the interpretations made is totally off the mark (given the patient's responses, verbal, nonverbal, and in the form of dreams) although it is likely that different therapists might have taken up the material in different ways or that these therapists might have wished to take a different angle with hindsight. This emerged in a final interview with one of the participants (B).

As noted in Chapter 10, Rose's dream series tells the truth regarding her feelings during a time in her life being re-experienced in the present, her relationship with her therapist, the nature of her internal object relationships, past and present. Meanings are not spelt out, rather the dreams are used in the therapy to access her feelings and a more mature part of herself. The dreams provide a developmental sequence, thus accuracy of the understanding is not at issue. In the case of B's work with Nate, the accuracy of her interventions is evident in his responses; he opens up a chink. Despite feeling that he cannot use the insight, he does succeed in becoming more assertive in his work life.

The issue of accuracy of the interpretative work and the notion that dreams reveal the truth of the patient's inner world is sometimes difficult to distinguish. For example, Miriam's dreams tell the truth about her feelings about cancer, however, more is uncovered in the exploration of the dream. At times, C's interventions harmonise with Miriam's experience, at times, he takes things further, and at others, he seems to be following his own agenda (for example, initially looking at the lion in the Grahamstown dream, or ignoring the 'arthritis' dream). However, there is no question that valuable work is being done.

Despite the different levels of accuracy achieved in the work, it is evident that further meaning could be gleaned upon reading these case studies and indeed further meaning emerged in the final interviews between the therapists and the researcher. Clearly, when it comes to dreams, there is always more meaning to be found (c.f., Lacan's ideas about 'over-determination' and the signifying chain, discussed in Chapter 4). The therapist cannot focus on everything that emerges, but again the value of dreams is that important issues will reoccur. Even if no meaning is reached, dreams provide food for thought and can be reintroduced at a later stage if they corroborate other material. Thus the process of assessment needs to include issues pertaining to the goals of dream interpretation as well as the uses of dreams.

In the archetypal theme of dream interpretation and in general analytic practice, dreams are commonly presented because meaning is sought; this is the dreamer's goal and, as Freud and Jung said, the dreamer is the final arbiter. They also said that dreams tell a truth. As Bion (1965/1984) asserts of interpretation in general, the truth is difficult to convey and accurate interpretations take a lot of courage. Resistance is only manifest when the threat is contact with what is believed to be true; 'there is no resistance to what is felt to be false' (p 147). Bion's point is that if an interpretation does not take courage it is probably not the truth of the analyst's thoughts and feelings about the patient and his or her material. This raises the question of whether dreams are more difficult to interpret than other material. For example, C comments that he takes a 'leap into the dark' when he links the 'apparition feeding the ghostly hens' and himself. The accuracy of his interpretation is evidenced by Miriam's response. This is an example of a dream interpretation in the transference, an added difficulty as discussed earlier.

The therapist may aim to convey the truth, but as Winnicott (1953/1974) suggests, it is not necessarily cleverness that is required. Furthermore, it may be argued that veracity is not always the most important goal but rather whether it is *used* by the patient, or by the therapist for that matter.

Miriam, for example, uses her initial lion dream and C's interpretation more immediately in terms of offering her own insights to the 'elephant' dream which followed a week later (before the period of research). C, in turn, bore in mind the qualities Miriam associated to lions and re-examined them when a lion appeared in a later dream reported during the research period. The fact that the earlier lion was in the wild and the later one, a part of a dangerous experiment, was not addressed. Similarly, Rose uses D's observation that she is not a child anymore, evident in her ability to 'leave home' in the two subsequent dreams and her desire to be more assertive in some of her current relationships.

From the therapist's perspective, dreams have a variety of uses whether or not meaning is conveyed to the patient. Dreams may be borne in mind for future reference, they may help locate areas which need to be addressed, they may shed light on how the work of the previous session has been digested by the patient, and the therapist's errors of understanding and breaches of technique (c.f., Meltzer, 1984, p 133). Dreams may also be used for diagnostic purposes, for example, to assess the level of the patient's functioning in Freudian, Kleinian, or Winnicottian terms.

From the patient's perspective, dreams have use to the extent that the patient deems them useful as well as the extent to which they have been worked with in therapy. Both

Jung (1964) and Meltzer (1984) argue that the work with dreams in the room provides an important basis for the development of the capacity for patients to analyse their own dreams. This is as valid for patients in between sessions and after therapy is over. In the first instance, Miriam's interpretation of her 'elephant' dream is a case in point.

To return to Green's (1978) point that psychoanalysis must foster or restore the development of the capacity to play with transitional objects and to symbolise, it is argued that work with dreams provides an ideal opportunity. Dreams are transitional objects, a clearly defined picture which may be linked to past and future, therapist and patient, and may be carried around. As Jung puts it, it is in the 'carrying around' that meaning is found.

In a general sense, current thinking is that interpretation should be a process of discovery and creation (Green, 1978; Schwaber, 1990). However, with dreams, different goals are possible. Recent theorists suggest that an important goal is for the therapist to provide a different perspective. As Ogden (1990) puts it 'meaning accrues from difference', since a contrast is necessary for the recognition and definition of meaning. Thus, an interpretation optimally joins together the therapist and the patient's perspective and so creates new meaning, a process akin to symbol formation. As Symington (1986) suggests, 'the truth exists between the analyst and the patient, and is arrived at by mutual discovery' (p. 20).

Thus this section concludes by examining alliances which may be detected in the interaction between the dream, the patient, and the therapist. The Winnicottian notion of no infant without a mother, no therapist without a patient is relevant to dreams. The roles are not equal; the patient has to make the first step by bringing the dream, as Green (1978) would say, and perhaps the last step by responding to the interpretation. But essentially we can talk about different patient/therapist alliances. These are formed with all material but work with dreams is a particular area with its own chemistry. In terms of the clinical material, we do see different alliances.

Working with dreams may foster a more adult part of the person, that is, it has the potential for encouraging a movement from a more regressed to a more mature level of functioning (as in the case of Rose and D). On the other hand, work with dreams may offer a temptation of intellectualisation to sophisticated patients, resulting in a move away from the more infantile, feeling part of the person.

The clinical material shows how each dream series is a subtext, shedding light not only on the patients' concerns but also the work that is being done between the therapist and

patient. There is a building up of common language and the specific motifs and images which recur (such as Miriam's religious imagery). This can be very useful but there is also a danger of overusing metaphors. (B, for example, felt that perhaps she had been overusing a 'messy' metaphor with Nate, but with hindsight realised that there is something about the 'hulk' which, combined with his behaviour when he arrives in a session, is more like a tyrannical, needy infant. The latter point was also discerned by A, in the final interview.)

In each case we see different working alliances, wherein some meaning is reached between the two. Although, at times, it is a mutual venture, the actual dream interpretation falls under the tasks of the therapist. It is not the only task of the therapist but many of those germane to dream interpretation apply to other aspects of the work. It is argued that for theoretical and learning purposes, the issues pertaining to dreams and their interpretation, need to be addressed thematically so that the differences between work with dreams and work with other material can be clarified. However, at a practical level it is useful to bear in mind that the situation in the room is triangular. While dreams do indeed speak the language of symbolism or poetic diction, the therapist needs to have some knowledge of the language and function of dreams, as well as his or her other tasks, but can only go a certain distance without the dreamer's help.

11.4 Evaluation of the Project

It has been argued that dreams are a mixed blessing, in the consulting room and in research. They are perceived as valuable in many ways, but they are also seen as difficult. A further difficulty is that the literature and related research is at times too sparse and at others too broad.

11.4.1. Methods of enquiry and model advanced

In *Learning from Experience*, Bion (1962/1984, p 76) makes the following statement (talking of the work in general, not dreams specifically):

Suppose that the patient has produced a number of associations and other material.

The analyst has available:

- (1) Observations of the patient's material;
- (2) Various emotional experiences of his own;
- (3) A knowledge of one or more versions of the myth of Oedipus;
- (4) One or more versions of psycho-analytic theory of the Oedipus complex;
- (5) Other fundamental psycho-analytic theories.

He uses it to talk about the situation in the room, linking it with his theory of thinking, and presenting the situation in the room from the observer camp (in the participant-observer dichotomy). The clinical study has attempted to give sufficient case material to allow readers to have some idea of the situation in the room, to make their own observations of both patient and therapist, and to see what can be said about working with dreams in general, using these particular cases. (This was an aspect of Phase 3 of the study, the final interviews.)

Bion's idea that the analyst have different theories at his (or her) disposal is what the literature review endeavours to do in relation to dreams and their interpretation. It has been argued (1) that little has been said that cannot be found in Freud's *Interpretation of Dreams*, despite their isolation and examination in later theoretical developments; (2) that Jung made a great contribution to our knowledge of dreams which is not commonly taught at universities at a Master's level or entertained in psychoanalytic circles (here or abroad, and this includes his focus on myths); and (3) that theories on topics germane to dream interpretation, but not commonly found under this rubric, could profitably be included in a basic model on the topic.

The literature review presents a number of different theoretical perspectives on elements of the process of dream interpretation. It was argued that despite doctrinal differences there is sufficient common ground to come up with a model of dream interpretation which accommodates different contributions, so that more can be learnt or taught about the specifics of work with dreams in a psychoanalytic or psychodynamic framework without advocating an eclectic, *lingua franca* type of approach. The clinical study in its different aspects supported this claim and added to the model in theory by advancing a dual approach to the topic so that 'dream-work' in practice (with its values, difficulties, and caveats) may be distinguished from what can be learnt about work with dreams in theory.

However, the research is not a finality in itself and more theories are available which might be included in a model of dream interpretation. These may be drawn from other theorists' insights on dreams, the general literature on interpretation, and other disciplines. There is a potentially vast body of literature on areas germane to the topic; thus an aim has been to try to limit the project to the 'fundamentals' of dream interpretation, in Bion's sense of the word, and to extract some of the ore.

As discussed in Chapter 10, therapists draw on a range of different theories to unlock the meaning of dreams. As reiterated, these theories are not introduced in the therapist's

interventions but are either drawn on unconsciously to the extent that they are integrated into the therapist's thinking, more consciously, thought about during the session, or used after the session. However, Schafer's (1985) pertinent words that the clinician is inevitably 'embedded in a system' (p 297) means that different foci of interpretation may be favoured. Imposing meaning that is more based on theory than the situation in the room is an example of 'wild analysis' (Schafer, 1985). However, theory plays an important role in understanding the patient, informing the therapist's work, and thinking about or discussing the work. An identification of different and diverse theories, enables therapists to think about their work from different perspectives, providing a broader base for understanding the material. What emerges in a 'reverie' after a session, in supervision, and case presentation in due course becomes integrated into the work.

It has been argued that dreams and their interpretation deserve special attention, both at a training and at a postgraduate level, because of the idiosyncratic values and difficulties which they present in the consulting room. The use of the different elements in the two aspects of the model was helpful in identifying different conceptual frames in theory and differences in individual style in practice, noted in the interviews and cases (c.f., Hill, 1993). However, the elements are not ideal since in each aspect of the model, elements – and the molecules within the elements – are obviously linked; no element is absolutely discrete.

11.4.2 The topic of dreams and research

Tread softly because you tread on my dreams.

Yeats (1899/1950, p 81)

Dreams are useful in research, as they are naturally occurring phenomena which, once recorded, are permanently accessible for any number of empirical uses (Urbina, 1981). However, 'dream-work' in the consulting room is particularly difficult to research, as noted earlier.

1. The idea of dreams as 'sacred territory' suggested by some participants, implies a certain caution, in the room and in research.
2. Dreams are infinitely private and recognisable by the dreamer, if by no one else. Thus the researcher cannot use a 'composite' patient (c.f., Polden, 1998, discussed below) and consent needs to be negotiated with the patient.
3. Thus a sampling bias based on points 1 and 2 is predictable.

4. Knowledge of the research may influence both therapist and patient, potentially in constructive and destructive ways.

1. **'Sacred territory'**

Meltzer's (1984) line that the narration of a dream is an act of great intimacy and confidentiality was borne out in some of the interviews. Participant A recalls that in her earlier years as a clinician, dreams felt like sacred territory, venturing into that territory made her feel intrusive. E spoke of the discomfort which may be experienced upon entering a person's dream world, a natural resistance. My experience with Pamela at the time of the research (and earlier) was that to interpret if not to comment or link was very intrusive. Nor did she happily 'play the game', as Meltzer would put it. Furthermore, one participant, H, was the only one who did not provide dream material to illustrate her points. In her view, dream material is not open for discussion; she was also opposed to the notion of dream groups, dreams are not to be tampered with except where privacy can be guaranteed. Most participants would agree with this, but they did provide material, understood to be within the parameters of patient confidentiality as, for example, in supervision.

2. **The issue of consent**

This point is a perennial and thorny one. Freud's (1905/1953) rationale for publishing Dora's case material is still pertinent today; he makes the point that the clinician has duties not only to the individual patient but also towards science which means 'ultimately nothing else than his duties towards the many other patients' (p 8). Freud did not obtain Dora's consent but safeguarded her confidentiality by delaying publication, disguising personal details, and publishing in a scientific, technical periodical with restricted readership.

As Polden (1998) suggests, clinicians are still faced with the dilemma of the conflicting claims of preserving patients' confidentiality and the need for literature which furthers theoretical developments and allows other clinicians to reflect on their own practices in the light of published case material. Polden argues that there is no perfect solution to this problem since 'the psychotherapist who writes will always be compromised and compromising, as in a sense will be the patient who gives consent to publication' (p 347).

The pilot studies suggested that there would be added difficulties in the current research, given that the researcher was examining the work of other therapists with their patients. The negotiation of consent needed to be left in the hands of the

therapists concerned and their attitude toward the conflicting duties which Freud outlined nearly a century ago. The intra-clinical studies provided an ongoing examination of this issue. I felt that negotiating consent with my own patients was less intrusive than I imagined it would be if I were approached by another researcher and had to negotiate consent. Factors that would sway this impression would be a close knowledge of the researcher and his or her work, as well as seeing a potential value in the research. (These factors were at play in the three case studies.)

Polden (1998) provides one solution to the problem which is to combine work with several patients, isolate common features rather than distinctions between them, and present a composite patient. Something similar was achieved in the example of the 'knot in the stomach' used to illustrate Merleau-Ponty's idea of human behaviour drawing on the vital order in the context of psychotherapy, discussed in Chapter 4. To a certain extent, the eight participants became composite therapists in the findings of the interview material. However, this material lost its richness, because the dream material which they used to illustrate a point had to be omitted.

Dreams should not be published without the the dreamer's consent. Thus Polden's solution is not applicable to work with dreams where consent is mandatory. This does not however, detract from the value of dreams in research where consent has been negotiated. They are perhaps easier to remember than other material in that they constitute a text, a narrative, a picture, or a metaphor about the patient which portrays something accurate that neither the therapist nor the patient could have articulated if asked. (The epithets which I gave to Rose and Miriam metaphorically capture the material; 'The Incredible Hulk' epithet was given in Nate's narration of the dream, and lifted out by B.)

The next step is the issue of negotiating consent, which most experienced therapists were reluctant to do. It constitutes a breach of boundaries, an intrusion into the frame. It is also perhaps questionable whether the participants who were prepared to should have done so. We may speculate whether Rose intuitively or unconsciously picked up on D's unspoken thoughts on presenting her material for the research, in her words 'Don't let them use me as an interesting case.' Some participants in the final interview felt that this line should have been taken more seriously and that Rose should not have been approached. At this stage, however, it was a *fait accompli*, Rose had willingly given her consent, D had considered the matter carefully, and I certainly welcomed the interesting dreams and both Rose and D's work around them.

Some potential solutions emerged in the interviews. Trainee therapists or therapists at the beginning of therapies can perhaps best negotiate consent (E's opinion), but even here difficulties are evident. Freud's opinion still seems the most useful compromise.

3. **The clinical study, sampling bias and selection of participants**

A number of participants found the interview aspect of the research useful in clarifying and thinking about their work with dreams. One, the most senior of the group, even said that she felt she had learnt something (A). However, there was a sampling bias and a selection throughout the study, in terms of the type of participants, and indeed the patients.

While it was not difficult to find a big enough sample of participants with a variation of conceptual frameworks but a similarity of method, the choice of participants was selective and constituted a bias in sampling. To reiterate, they all welcomed dreams and regarded them as part of the work. This was deemed valuable since it was precisely this form of 'clinical wisdom' that was sought and considered most useful to pass on to those trainees and clinicians interested in honing their skills.

A further selection was made on the basis of therapists who were prepared to spend the time on transcripts and, perhaps more importantly, to negotiate consent with patients for the case study.

Another sampling bias entailed the selection of a certain type of patient, one whose therapy would not be disturbed by the intrusion (in the therapist's view), who brought at least one dream to therapy during the period of research, and who finally consented. There were a few refusals before consent with the patients concerned was negotiated. In one case, a patient was approached verbally after presenting an interesting series of dreams depicting a negative transference, but vehemently – and perhaps predictably – refused; in others, patients were given the 'Letter to Patients' and ignored it. What Rose, Nate, and Miriam had in common was their willingness to participate in the research, albeit for different reasons.

Finally, there was evidence of the research impacting on the work. From the participants' perspective this influence was found useful. From the patients' perspective, we only have Miriam's dreams to shed light on this. Miriam's 'Grahamstown' dream, the town housing the university behind this project, in her

first dream after being told of the research depicts some potential negative effects of the research. (This is perhaps arguable and indeed hypothetical. We do not know to what extent the dangerous experimentation refers to her chemotherapy and to what extent it refers to the current research. There may be some projection on Miriam's part and some identification with the researcher. We would need her help to pursue meaning in this direction.) What is not in question is the facility with which dreams pick up on dreamers' experience recent and past, in and out of the room, including intrusions into the basic frame.

11.5 Suggestions for Further Research

The study examined the work of a small sample of clinicians who were selected according to certain criteria and a brief period of the therapies of a few patients who brought at least one dream during the period of research. Thus the dreams which were introduced were not a particular type of dream, but rather the everyday dreams which clinicians encounter in their practices. Further research could profitably address a broader, more varied type of clinician and patient; it could also examine more specific types of dreams which clinicians encounter.

11.5.1 Types of clinician

The sample used in the present study were experienced, felt competent with dreams, but did not actively promote dreams in their practice. Further research could examine the practices of a broader range of clinicians with different selection biases, e.g., clinicians who are (1) inexperienced, (2) experienced but do not feel competent in their work with dreams, and (3) experienced, competent and do actively promote dreams. In each case, the present study could be used to compare practices and identify whether there are marked differences both in their practices and in the nature of their patients' dream production.

What emerged in the interviews which warrants further attention was the question of whether some therapists are 'better' with dreams than others. There are two angles to this question. Firstly, it poses a further question as to a certain type of thinking. In a digression in one of the interviews, three types of thinker were identified among three colleagues, one seemed to think about things more visually, one more auditorially, and a third more theoretically. Bonanno (1990), Segal (1991), and Money-Kyrle (in Segal, 1991) touch on this issue, but not in relation to 'dream-work' in practice. Secondly, it may have something to do with the role of imagination needed in the work. Rycroft (1981) and Meltzer (1984) discuss imagination in relation to dreams; Kelly (1994) investigates imagination in relation to interpretation in general.

11.5.2 Types of patient

The study examined the therapies of only three patients in depth. A wider sample would be useful to compare different types of patient, life situations, and nosologies. For example, Miriam's dreams speak volumes about it is like to have had cancer, the issue of cure, and the issue of having chemotherapy. This case study adds to the findings of Welman's (1995) research which examines the dreams of dying patients; firstly, Miriam had a life-threatening illness, but in fact her condition at the end of the period of research was not terminal; and, secondly, Welman's study looks at dreams and not at these dreams within the context of therapy.

The research did not address the significance of therapies where dreams are not introduced. The literature and the material emerging from the interviews suggests that the non-production of dreams does signify that some level of resistance is at play, given that dreams are universally seen as an aspect of therapy or analysis. The therapist may intervene but it may not alter the situation in the short term. Research could further investigate this issue.

11.5.3 Types of dream

During some of the interviews participants raised the point that perhaps more information is required on different types of dreams, e.g. 'spiritual' dreams and 'telepathic' dreams. One of the participants reported a number of dreams following the death of her parents who died some 10 years apart. What these held in common was a feeling of actually talking to her parents in these dreams, knowing that they were dead and asking them questions about their 'current' situation, life after death, and so on. This issue was discussed with two of the participants. One thought that in dreams a person may indeed have access to a different realm; another that the dreamer was dealing with unresolved mourning and an inability to let go. Perhaps it is not an either/or situation; it is not uncommon to be presented with such dreams in therapy and the question of how best to deal with them may profitably be examined. A related type of dream which the clinician occasionally encounters is the dream which proves to be telepathic. Both of these types of dreams have been addressed in Jungian literature and research, but not in the more general psychoanalytic work.

A third type of dream warranting further attention is the 'toxic' dream. Participant G queried whether Miriam's dream production had anything to do with the chemotherapy. Following the period of research, a patient of mine also had a mastectomy and underwent chemotherapy. She presented some dreams in therapy which also seemed toxic in nature and were reminiscent of the following excerpt of one of Miriam's dreams: *the walls and ceilings are pulsating with blue and white rays. A luminous female apparition ...*

Finally, the study investigated work with patient's dreams. A fruitful area of research touched on in previous chapters is the use of the clinician's own dreams about their patients and their therapies. These constitute another use of dreams which would not be introduced into the therapy but may shed light on both therapist and patient, thus providing a form of nocturnal supervision, to be considered in the light of day.

CONCLUSION

I have no compunction in discarding a model as soon as it has served or failed to serve my purpose. If a model proves useful on a number of different occasions the time has come to consider its transformation into a theory.

Bion (1962/1984, p 80)

This thesis has attempted to extract and examine some of the most valuable contributions on dreams and their interpretation in the literature over the century and to compare these with the practice of experienced clinicians. It has been argued (in the company of such writers as Meltzer, 1984) that no work on dreams matches the insights of Freud (1900/1976) presented in *The Interpretation of Dreams*, but that many subsequent theorists have developed different aspects of his work. Some of these developments remain under the rubric of dreams and their interpretation (for example, the work of Jung, Meltzer, and Rycroft) while others are categories in their own right. These include the development of unconscious thinking and symbol formation from psychoanalytic theory, as well as poetic diction and mythology which draw on other disciplines.

It has further been argued that the effects of the schisms in psychoanalysis over the century, changes in foci in psychoanalytic thinking, and the fact that dreams are considered to be part of the work, seem to have resulted in an unexpected dearth in the literature on the specifics of 'dream-work' in the consulting room. However, given that dreams are universally valued, yet not necessarily easy to understand, an attempt has been made to extract the features of dream interpretation to develop a model and text for use in psychodynamic psychotherapy. The model advanced could potentially benefit trainees or even registered clinicians who do not feel confident in this aspect of the work.

The project as a whole drew on some of Bion's methods and concepts, his use of models to restore a 'sense of the concrete to an investigation which may have lost contact with its

background' (Bion, 1962/1984, p 64), his use of elements which can be selected and combined in a model, and his concept of 'multiple vertices', namely, the principle of viewing a topic from many perspectives (Bion, 1970).

The model which is the outcome of the study provides a dual approach to the topic: a model for teaching purposes and a model for practical application in the consulting room. The latter is a model of dream-work as a triangular situation. This concept draws on a history of viewing elements of psychoanalysis as triangular, from Freud to the present day, and the almost universal belief that dreams are symbolic. Kleinian theory makes the useful distinction between the dyadic nature of dreams and the triadic nature of true symbol formation. Each aspect of the model contains a different combination of selected elements. The model is not exhaustive, although it contains many of the insights evident in the literature and the clinical study.

In sum, from the perspective of the clinician, dreams may reveal profound and useful insights, they may indeed reveal the truth of things. However, it may take time to arrive at the truth and requires the co-operation of the patient; it may not be easy and the truth, if reached, may be difficult to convey. Dreams are a 'mixed blessing' in the consulting room, a characteristic of depressive position functioning. They are not ideal objects, nor need their value be denied. Dream-work – or play – happens between therapist and patient; Meltzer would say this is 'what's important', to quote Rose. It is a mutual venture, but each has different roles and tasks. It could be a task of the therapist to get to know this element of the process.

Appendix 1

BION'S GRID

BION'S GRID							
	Definitory Hypothese 1	ψ 2	Notation 3	Attention 4	Inquiry 5	Action 6	... n.
A β -elements	A1	A2					
B α -elements	B1	B2	B3	B4	B5	B6	... Bn
C Dream Thoughts Dreams, Myths	C1	C2	C3	C4	C5	C6	... Cn
D Pre- conception	D1	D2	D3	D4	D5	D6	... Dn
E Conception	E1	E2	E3	E4	E5	E6	... En
F Concept	F1	F2	F3	F4	F5	F6	... Fn
G Scientific Deductive System		G2					
H Algebraic Calculus							

GENERAL INTERVIEW (Phase 1)

1. How long have you been practising as a psychotherapist?
2. Do you subscribe to a specific conceptual framework?
3. Which theorists have had the most influence on your clinical practice?
4. Do you work differently with dreams than with other material?
5. What do you consider their intrinsic value to the therapeutic process?
6. Do you experience any difficulties in your work with dreams?
7. What are the elements, steps, or processes involved in arriving at the interpretation of a dream?
8. How does your contribution differ from your patients' contribution to the process?
9. Can you identify any keys which help to unlock the meaning of dreams?
10. How is the accuracy of your interpretation assessed?
11. What has helped you – if anything – in working with dreams?
12. Can you identify any factors which may facilitate work with dreams?

LETTER TO PSYCHOTHERAPISTS (Phase 1)

I am currently doing research on dreams and their interpretation as part of a PhD (Psychotherapy) degree through Rhodes University and am seeking to recruit as participants, psychotherapists with more than fifteen years experience in clinical practice.

The purpose of the research is to look at the possibility of an integration of theories and practices in order to develop a basic model of dream interpretation which can be used in training. My rationale is that dreams are generally not dealt with in training, training in many institutions is not theory-specific, yet the literature on dream interpretation tends to be either theory-specific or is subsumed in the general body of work.

My intention is to review the literature on dreams, to extract the most useful contributions of the different theorists, and to investigate the feasibility of an integrated model of dream interpretation. The clinical study will pursue this further by examining how experienced psychotherapists work with dreams in practice. I am interested in finding participants who subscribe to either a Kleinian, Jungian, or Object Relations conceptual framework, as these seem to be the most common in local practice.

I require two levels of participation in the research. Firstly, I would like to interview suitable psychotherapists to glean general information about the values and difficulties of working with dreams as well as methods of dream interpretation. Secondly, in order to investigate the specifics of dream interpretation in practice, I am looking for a smaller sample of participants who would be prepared to transcribe from memory a session in which a dream is presented. Psychotherapists who are interested in participating in the second stage of the research, would be required to negotiate consent with suitable patients, to monitor further discussion of the dream in subsequent therapy sessions for a period of one month, and to participate in two further interviews with me.

My background in a nutshell is that following my training at the University of the Witwatersrand and internship at Tara Hospital, I worked for some five years at Tara in the capacity of clinical psychologist, supervisor, and trainer of clinical interns and psychiatric registrars. I have been in private practice since then and continue to do some supervision of practising clinicians as part of my work. I have also been a member of the Johannesburg Psychoanalytic Study Group since 1987.

FURTHER INSTRUCTIONS TO PARTICIPANTS (Phase 2)

1. Transcribe a session during which a dream was narrated. The transcription will need to be done after the session, either in writing or onto a cassette. As much detail as possible is needed, including the verbal interaction between you and your patient as well as any of your thoughts, feelings, and associations to the material.
2. You will need the patient's consent, which may be negotiated before or after the session. A 'Letter to Patients' is attached and would need to be handed to suitable patients, so that they can decide whether or not they are amenable to your discussing some of their material with me. I would not want any contact with the patient and would ask you to change any identifying data in your presentation of the material.
3. Obviously your choice of patient is important. A suitable patient would be one who has sufficient ego strength and psychological sophistication not to be unduly affected by the intrusion into the therapy. Furthermore, the patient would need to be aware of the implications of the research, namely, that some dream material may be included in the thesis, yet be willing to participate in this sort of research at one step removed, so to speak.
4. For a period of approximately one month after the session, please take note (in writing or on cassette) if the dream emerges, either in sessions or in your thoughts about the patient, and the context surrounding further discussion or thoughts.
5. Finally, I would like to discuss with you the context of the transcribed session and any further emergence of the dream, as well as relevant details of the patient's history and the course of therapy.

LETTER TO PATIENTS

To whom it may concern

I am a Clinical Psychologist in private practice and have been involved in the training and supervision of MA (Clinical Psychology) students and registered clinicians for a number of years. I am currently doing research on dreams and their interpretation as part of a PhD (Psychotherapy) degree through Rhodes University.

The purpose of the research is to address the gap that exists both in the literature and in the training on the specifics of dream interpretation. The principles of dream interpretation have not received much attention in the general psychoanalytic and psychodynamic literature and are only dealt with in depth in the more theory-specific work. Added to this, South African universities where psychodynamic psychotherapy is taught, tend to offer a general approach to clinical practice. Consequently, the lack of training in dream interpretation and the lack of a general text on the topic often leaves students at a loss as to how to work with dreams in therapy.

My research aims to examine the feasibility of a basic model of dream interpretation which brings together the main theorists who have looked at the topic in depth and which draws on the practice of experienced clinicians.

In order to investigate the finer details of the process of dream interpretation in therapy, I need to have access to material from selected therapy sessions and to discuss the context of these sessions with the therapist concerned. I am writing this letter to see whether you would be interested in consenting to this access. If you are, I would like to assure you of the following precautions which will be undertaken to protect your anonymity and the confidentiality of your therapy:

1. Your therapist will not give me your name or any other identifying data.

2. In the event of any of your dreams or other material being used in the completion of the thesis or any other future publication, I will provide your therapist with a draft of the text in order that he or she can ensure that your anonymity is guaranteed.
3. You are free to withdraw your consent at any stage of the research.

I do not wish to have any formal or informal contact with you about the research. I would not like to intrude into your therapy in any way and will be examining the topic specifically from the therapist's perspective. If you are interested in helping with the research, please discuss it with your therapist and, if you remain willing, kindly sign the attached consent form and give it to your therapist.

I will be sending this letter to a number of people who are in therapy and wish to stress that your participation is voluntary.

Yours sincerely,

CONSENT FORM

Consent Form (to be retained by psychotherapist)

I agree to my psychotherapist discussing my therapy and selected sessions with Joan Schön as part of a research project on dreams and their interpretation. I understand the purpose and nature of the study and my consent is voluntary. I grant permission for data to be used in the completion of a PhD (Psychotherapy) thesis and any other future publication. I understand that (1) any identifying data will be changed by my therapist so that my anonymity will be maintained; (2) this consent form will be kept by my therapist; (3) I may withdraw my consent at any stage of the research and this will be honoured by the researcher with immediate effect; and (4) all communication in relation to the project will take place between the researcher and my psychotherapist.

Signature

Date

REFERENCES

- Aanstoos, C.M. & Citron-Baggett, S. (1990) "The dehiscence of existential possibility: A phenomenology of transformative dreams." Paper presented to the Annual Meeting of the American Psychological Association, Boston.
- Abrams, M.H. (1971) *A Glossary of Literary Terms*. New York: Holt, Rinehart & Winston.
- Addison, R.B. (1992) Grounded hermeneutic research. In B.F. Crabtree & W.L. Miller (Eds.) *Doing Qualitative Research: Research Methods for Primary Care, Vol. 3*. Newbury Park: Sage.
- Anderson, R. (1992) *Clinical Lectures on Klein and Bion*. London: Routledge.
- Archer, A. (1988) Beyond the unpleasure principle; some preconditions for thinking through play. *Journal of Child Psychotherapy*, 14 (2).
- Beck, A.T. & Ward, C.H. (1961) Dreams of depressed patients. *Archives of General Psychiatry*, 5, 462-467.
- Binswanger, L. (1986) Dreams and existence. In K. Hoeller (Ed.) *Dreams and Existence*. Trans. J. Needleman. (Originally published as Volume 19, no. 1, 1984-85, of the *Review of Existential Psychology & Psychiatry*.)
- Bion, W.R. (1957) Differentiation of the psychotic from non-psychotic personalities. *International Journal of Psycho-Analysis*, 38, 266-75.
- Bion, W.R. (1962) A theory of thinking. *International Journal of Psycho-Analysis*, 43, 306-10.
- Bion, W.R. (1962/1984) *Learning from Experience*. London: Karnac Books.
- Bion, W.R. (1963/1984) *Elements of Psychoanalysis*. London: Karnac Books.
- Bion, W.R. (1965/1984) *Transformations*. London: Karnac Books.
- Bion, W.R. (1970) *Attention and Interpretation*. London: Tavistock.
- Bion, W.R. (1988) Notes on memory and desire. In E. Bott Spillius (Ed.) *Melanie Klein Today, Vol. 2: Mainly Practice*. London: Routledge.
- Bion, W.R. (1990) *Brazilian Lectures*. London: Karnac Books.

- Blake, W. (1790) The marriage of heaven and hell. In W.H. Stevenson (Ed.) *Blake, The Complete Poems*. London: Longman Group (1972).
- Bollas, C. (1987) *The Shadow of the Object: Psychoanalysis of the Unthought Known*. London: Free Association Books.
- Bonanno, G.A. (1990) Remembering and psychotherapy. *Psychotherapy*, 27 (2), 175-186.
- Boss, M. (1977a) "I Dreamt Last Night..." New York: Gardner Press.
- Boss, M. (1977b) Dreaming and the dreamed in the Daseinanalytical way of seeing. In C.E. Scott (Ed.) *On Dreaming: An Encounter with Medard Boss*. Reprinted from *Soundings: An Interdisciplinary Journal*, LX (3), fall 1977).
- Bott Spillius, E. (1994) Developments in Kleinian thought: Overview and personal view. *Psychoanalytic Inquiry*, 14 (3), 324-64.
- Bowie, M. (1979) Jacques Lacan. In John Sturrock (Ed.) *From Structuralism and since. From Levi-Strauss to Derrida*, pp 116-153. Opus Books.
- Brenman, E. (1980) The value of reconstruction in adult psychoanalysis. *International Journal of Psycho-Analysis*, 61, 53-60.
- Brenman Pick, I. (1988) Working through in the counter-transference. In E. Bott Spillius (Ed.) *Melanie Klein Today, Vol. 2*. London: Routledge.
- Brice, C.W. (1993) Betwixt and between: The making of a dialogical psychotherapy. *The Humanistic Psychologist*, 21, 101-112.
- Britton, R. (1989) The missing link: Parental sexuality in the Oedipus complex. In J. Steiner (Ed.) *The Oedipus Complex today*. London: Karnac Books.
- Britton, R. (1992) The Oedipus situation and the depressive position. In R. Anderson (Ed.) *Clinical Lectures on Klein and Bion*. London: Routledge.
- Britton, R. (1994) The blindness of the seeing eye: Inverse symmetry as a defense against reality. *Psychoanalytic Inquiry*, 14 (3), 365-378.
- Britton, R. (1998) *Belief and Imagination*. London: Routledge.
- Brooke, R. (1986) Merleau-Ponty's conception of the unconscious. *South African Journal of Psychology*, 16 (4), 126-130.
- Brooke, R. (1991) *Jung and Phenomenology*. London: Routledge.
- Brown, L.M., Tappan, M.B., Gilligan, C., Miller, B.A., & Argyris, D.E. (1989) In M.J. Packer & R.B. Addison (Eds.) *Entering the Circle: Hermeneutic Investigations in Psychology*. Albany: State of New York Press.
- Cirlot, J.E. (1978) *A Dictionary of Symbols*. London: Routledge & Kegan Paul.
- Cohen (1977) *Dreams, Visions, & Drugs*. New York: New Viewpoints.

- Daniel, P. (1992) Child analysis and the concept of unconscious phantasy. In R. Anderson (Ed.) *Clinical Lectures on Klein and Bion*. London: Routledge.
- de M'Uzan, M. (1974) Analytic process and the notion of the past. *International Review of Psycho-Analysis*, 1, 461-466.
- Douglas, M. (1970) *Natural Symbols: Explorations in Cosmology*. London: The Cresset Press.
- Edwards, D.J.A. (1991) Duquesne phenomenological research method as a special class of case study research method. *Polemics*. Pretoria: Human Sciences Research Council.
- Edwards, D.J.A. (1998) Types of case study work: A conceptual framework for case-based research. *Journal of Humanistic Psychology*, 38 (3), 36-70.
- Eigen, M. (1981) The area of faith in Winnicott, Lacan and Bion. *International Journal of Psycho-Analysis*, 62, 413-433.
- Eliade, M. (1975) *Myths, Dreams, and Mysteries*. New York: Harper & Row.
- Faraday, A. (1973) *Dream Power*. London: Pan Books.
- Flanders, S. (1993) *The Dream Discourse Today*. London: Routledge.
- Flew (1978) Transitional objects and transitional phenomena. In S.A. Grolnick, L. Barkin, & W. Muensterberger (Eds.) *Between Reality and Fantasy*. New York: International Universities Press.
- Fordham, F (1966) *An Introduction to Jung's Psychology*. Harmondsworth: Penguin.
- Fordham, M. (1960) Counter-transference. *British Journal of Medical Psychology*, 33, 240-280.
- Foucault, M. (1986) Dream, Imagination, and Existence. In K. Hoeller (Ed.). *Dreams and Existence*. Trans. F. Williams. (Originally published as Volume 19, no. 1, 1984-85, of the *Review of Existential Psychology & Psychiatry*.)
- Freud, S. (1900/1976) *The Interpretation of Dreams*. Trans. J. Strachey. Harmondsworth: Penguin.
- Freud, S. (1905/1953) Fragment of an analysis of a case of hysteria. *Standard Edition*, 7, 7-122. London: Hogarth.
- Freud, S. (1911/1986) Formulations on the two principles of mental functioning. In A. Freud (Ed.) *The Essentials of Psychoanalysis*. Harmondsworth: Penguin.
- Freud, S. (1914) Further recommendations in the technique of psycho-analysis: Recollection, repetition and working through. *Collected Works*, XXXII, 366-376.
- Freud, S. (1915/1986). The unconscious. In A. Freud (Ed.) *The Essentials of Psychoanalysis*. London: Pelican Books.

- Freud, S. (1923/1986) The ego and the id. In A. Freud (Ed.) *The Essentials of Psychoanalysis*. London: Pelican Books.
- Freud, S. (1931) Preface to the third edition (revised) English edition of *The Interpretation of Dreams* (1900/1976).
- Freud, S. (1937a) On analysis terminable and interminable. *Collected Papers XXX*, 316 -357.
- Freud, S. (1937b) Reconstructions in analysis. *Standard Edition, 12*, 256-269. London: Hogarth.
- Friedman, M. (1992) *Dialogue and the Human Image: Beyond Humanistic Psychology*. Newbury Park: Sage.
- Fromm, E. (1951) *The Forgotten Language*. New York: Grove Press.
- Gillie, C. (1972) *Longman Companion to English Literature*. London: Longman.
- Glaser, B.C. and Strauss, A.L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York: Aldine.
- Gordon, R. (1985) Losing and finding: The location of archetypal experience. *Journal of Analytical Psychology, 30*, 117-133.
- Green, A. (1978) Potential space in psychoanalysis: The object in the setting. In S.A. Grolnick, L. Barkin, & W. Muensterberger (Eds.) *Between Reality and Fantasy*. New York: International Universities Press.
- Greenberg, J.R. and Mitchell, S.A. (1983). *Object Relations in Psychoanalytic Theory*. London: Karnac Books
- Grolnick, S.A. (1978) Dreams and dreaming as transitional phenomena. In S.A. Grolnick, L. Barkin, & W. Muensterberger (Eds.) *Between Reality and Fantasy*. New York: International Universities Press.
- Hall, C.S. & Lindzey, G. (1978) *Theories of Personality*. New York: John Wiley & Sons.
- Hall, J.A. (1977) *Clinical Uses of Dreams*. New York: Grune & Stratton.
- Hayman, A. (1989) What do we mean by 'phantasy'? *International Journal of Psychoanalysis, 70*, 105-114.
- Heimann, P. (1950) On counter-transference. *International Journal of Psycho-Analysis, 31*, 81-4.
- Hill, J. (1993) Am I a Kleinian? Is anyone? *British Journal of Psychotherapy, 9* (4), 463-75.
- Hillman, J. (1979) *Dreams and the Underworld*. New York: Harper & Row.
- Hinshelwood, R.D. (1991) *A Dictionary of Kleinian Thought*. London: Free Association Books.

- Huxley, A. (1959) *The Doors of Perception and Heaven and Hell*. Harmondsworth: Penguin Books.
- Isaacs, S. (1983) The nature and function of phantasy. In J. Riviere (Ed.): *Developments in Psycho-Analysis*, pp. 67-121. New York: Da Capo Press.
- Jacobi, J (1968) *The Psychology of C.G. Jung*. London: Routledge & Kegan Paul.
- Jacobs, T.J. (1993). The inner experiences of the analyst: Their contribution to the analytic process. *International Journal of Psycho-Analysis*, 74, 7-14.
- Jones, E. (1916) The theory of symbolism. *British Journal of Psychology*, 9, 181-229.
- Joseph, B. (1985) Transference: The total situation. *International Journal of Psycho-Analysis*, 66, 447-454.
- Joseph, B. (1988) The patient who is difficult to reach. In E. Bott Spillius (Ed.) *Melanie Klein Today, Vol. 2*. London: Routledge.
- Jung, C.G. (1909/1961) The analysis of dreams. In *Freud and Psychoanalysis, Collected Works, 4*, 25-47. Trans. R.F.C. Hull. London: Routledge and Kegan Paul.
- Jung (1912/1956) Symbols of Transformation. *Collected Works, 5*. Trans. R.F.C. Hull. London: Routledge and Kegan Paul.
- Jung, C.G. (1919/1969) Instinct and the unconscious. In *The Structure and Dynamics of the Psyche, Collected Works, 8*, 237-80. Trans. R.F.C. Hull. London: Routledge and Kegan Paul.
- Jung, C.G. (1933/1961) Dream-analysis in its practical application. In *Modern Man in Search of a Soul*. Trans. C.F. Baynes. London: Routledge & Kegan Paul.
- Jung, C.G. (1945/1969) On the nature of dreams. In *The Structure and Dynamics of the Psyche, Collected Works, 8*, 281-97. Trans. R.F.C. Hull. London: Routledge and Kegan Paul.
- Jung, C.G. (1948/1969) General aspects of dream psychology. In *The Structure and Dynamics of the Psyche, Collected Works, 8*, 237-80. Trans. R.F.C. Hull. London: Routledge and Kegan Paul.
- Jung, C. G. (1955/1961) The theory of psychoanalysis. In *Freud and Psychoanalysis, Collected Works, 4*, 83-226. Trans. R.F.C. Hull. London: Routledge and Kegan Paul.
- Jung, C.G. (1963/1991) *Memories, Dreams and Reflections*. Recorded and edited by A. Jaffe. Trans. R. and C. Winston. London: Fontana Press.
- Jung, C.G. (1964) Approaching the unconscious. In C.G. Jung (Ed.) *Man and his Symbols*. London: Aldus Books.
- Kahn, M.M.R. (1976) The changing use of dreams in psychoanalytic practice. *International Journal of Psycho-Analysis*, 1957, 325-330.

- Kelly, K.J. (1994) *Hermeneutics in Psychotherapy: A Study of Interpretation in the Context of the Psychotherapeutic Dialogue*. Unpublished doctoral dissertation, Rhodes University, Grahamstown.
- Klein (1977a) *Love, Guilt and Reparation & Other Works: 1921-1945*. New York: Delta Books.
- Klein, M. (1977b) *Envy and Gratitude & Other Works: 1946-1963*. New York: Delta Books.
- Kruger, D. (1982) The Daseinanalytic approach to dreams. *Journal of Phenomenological Psychology, 13*, 161-168.
- Kruger, D. (1988) *The Problem of Interpretation in Psychotherapy: An Exploratory Study*. Pretoria: Human Sciences Research Council.
- Kvale, S. (1996) *InterViews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks: Sage Publications.
- Lambert, K. (1981) Dreams and dreaming. In *Analysis, Repair and Individuation*, 88-105. London: Academic Press.
- Leonard, V.W. (1989) A Heideggerian phenomenologic perspective on the concept of the person. *Advances in Nursing Science, 11(4)*, 40-55.
- Malan, D. (1979) *Individual Psychotherapy and the Science of Psychodynamics*. London: Butterworth.
- Mattoon, M.A. (1984) *Understanding Dreams*. Dallas: Spring Publications.
- Meltzer, D. (1978) *The Kleinian Development*. London: Clunie Press.
- Meltzer, D. (1984) *Dream-Life*. London: Clunie Press.
- Merleau-Ponty, M. (1962) *The Phenomenology of Perception*. Trans. C. Smith. London: Routledge & Kegan Paul.
- Merleau-Ponty, M. (1963) *The Structure of Behavior*. Trans. A. Fisher. New York: Beacon Press.
- Merleau-Ponty, M. (1960/1982-1983) Phenomenology and psychoanalysis: Preface to Hesnard's *L'Oeuvre de Freud*. Trans. A.L. Fisher. *Review of Existential Psychology and Psychiatry, 18*, 67-72.
- Milne, A.A. (1927) *Winnie-the-Pooh*, with decorations by E.H. Shepherd. London: Methuen & Co.
- Mitchell, J. (1986) "Introduction" to *The Selected Melanie Klein*. London: Penguin Books.
- Money-Kyrle, R. (1965) Success and failure in mental maturation. In *The Collected Works of Roger Money-Kyrle*. Strath Tay: Clunie Press.
- Moustakas, C. (1994) *Phenomenological Research Methods*. Thousand Oaks: Sage Publications.

- Nowotny, W. (1965) *The Language Poets Use*. London: The Athlone Press.
- Ogden, T. (1990) *The Matrix of the Mind: Object Relations in the Psychoanalytic Dialogue*. Northvale, New Jersey: Jason Aronson.
- Ogden, T. (1996) Reconsidering three aspects of psychoanalytic technique. *International Journal of Psycho-Analysis*, 77, 883-899.
- Ogden, T. (1997) Reverie and metaphor. *International Journal of Psycho-Analysis*, 78, 719-732.
- Ornstein, P.H. & Ornstein, A. (1980) Formulating interpretations in clinical psychoanalysis. *International Journal of Psychoanalysis*, 61, 203-211.
- Packer, M.J. and Addison, R.B. (Eds.) (1989) *Entering the Circle: Hermeneutic Investigations in Psychology*. Albany: State University of New York Press.
- Perls, F. (1977) *Gestalt Therapy Verbatim*. New York: Bantam Books.
- Plottel, J.P. (1985) Jacques Lacan: Psychoanalyst, surrealist, and mystic. In *Beyond Freud: A Study of Modern Psychoanalytic Theories* (pp 333-351). Hillsdale, New Jersey: The Analytic Press.
- Polden, J. (1998) Publish and be damned. *British Journal of Psychotherapy*, 14 (3), 337-347.
- Ricoeur, P. (1979) The model of the text: Meaningful action considered as a text. In P. Rabinow & W.M. Sullivan (Eds.) *Interpretive Social Science: A Reader* (73-102). Berkeley: University of California Press.
- Romanyshyn, R.D. (1975) Metaphors and human behavior. *Journal of Phenomenological Psychology*, 5, 441-460.
- Romanyshyn, R.D. (1977a) Phenomenology and psychoanalysis: Contributions of Merleau-Ponty. *The Psychoanalytic Review*, 64, 211-223.
- Romanyshyn, R.D. (1977b) Dreams and the anthropological conditions of dreaming. *Soundings*, LX (3), 301-312.
- Rycroft, C. (1972) *A Critical Dictionary of Psychoanalysis*. London: Penguin Books.
- Rycroft, C. (1981) *The Innocence of Dreams*. Oxford: Oxford University Press.
- Samuels, A. (1985) *Jung and the Post-Jungians*. London: Routledge & Kegan Paul.
- Sandler, J. & Sandler, A.M. (1978) On the development of object relationships and affects. *International Journal of Psycho-Analysis*, 59, 285-96.
- Schafer, R. (1985) Wild analysis. *Journal of the American Psychoanalytic Association*, 33, 275-299.
- Schafer, R. (1994) Commentary: Traditional Freudian and Kleinian Freudian analysis. *Psychoanalytic Inquiry*, 14 (3), 462-75.
- Schoenhals, H. (1994) Prologue. *Psychoanalytic Inquiry*, 14 (3), 319-323.

- Schön, J. *Transsexuals: Dreams and Unconscious Conflicts*. Unpublished Clinical Masters Dissertation, University of the Witwatersrand, Johannesburg.
- Schwaber, E.A. (1990) Interpretation and the therapeutic action of psychoanalysis. *International Journal of Psychoanalysis*, 71, 229-240.
- Scharff, D.E. (1982) *The Sexual Relationship*. Boston: Routledge & Kegan Paul.
- Segal, H. (1957/1986) Notes on symbol formation. In *The Work of Hanna Segal*. London: Free Association Books.
- Segal, H. (1991) *Dream, Phantasy and Art*. London: Routledge.
- Sharpe, E. (1937/1978) *Dream Analysis*. London: Hogarth Press.
- Sinason, V. (1991) Interpretations that feel horrible to make and a theoretical unicorn. *Journal of Child Psychotherapy*, 17 (1), 11-23.
- Spence, D.P. (1982) *Narrative Truth and Historical Truth: Meaning and Interpretation in Psychoanalysis*. New York: Norton.
- Spence, D.P. (1986) Narrative smoothing and clinical wisdom. In T.R. Sarbin (Ed.) *Narrative Psychology: The Storied Nature of Human Conduct* (pp 211-232). New York: Praeger Publishers.
- Steele, R.S. (1985) Paul Ricoeur: Reporting, reading and interpreting. In P. Reppen (Ed.) *Beyond Freud: A Study of Modern Psychoanalytic Theories*. Hillsdale: The Analytic Press.
- Steiner, J. (1979) The border between the paranoid-schizoid and the depressive positions in the borderline patient. *British Journal of Medical Psychology*, 52, 385-91.
- Steiner, J. (1994) Patient-centred and analyst-centred interpretations: Some implications of containment and countertransference. *Psychoanalytic Inquiry*, 14 (3), 406-422.
- Storr, A. (1979) *The Art of Psychotherapy*. London: Secker & Warburg and Heinemann.
- Strachey, J. (1934) The nature of the therapeutic action of psycho-analysis. *International Journal of Psychoanalysis*, 15, 127-159.
- Sullivan, B. (1989) An archetypal perspective. In *Psychotherapy Grounded in the Feminine Principle* (pp 135-162). Wilmette, Illinois: Chiron Publications.
- Symington, N. (1986) *The Analytic Experience*. London: Free Association Books.
- Thorpe, M.R. (1989) *A Phenomenological Investigation into the Psychotherapist's Experience of Identifying, Containing and Processing the Patient's Projective Identification*. Unpublished doctoral dissertation, Rhodes University, Grahamstown.
- Urbina, S.P. (1981) Methodological issues in the quantitative analysis of dream content. *Journal of Personality Assessment*, 45, 71-78.
- Urmson, J.O. (1976) *The Concise Encyclopedia of Western Philosophy and Philosophers*. Johannesburg: Hutchingson Group.

- Welman, M. (1995) *Death and Gnosis: Archetypal Dream Imagery in Terminal Illness*. Unpublished doctoral dissertation, Rhodes University, Grahamstown.
- Wilbern, D. (1979) Freud and inter-penetration of dreams. *Diacritics*, 9, 98-110.
- Whitmont, E.C. & Perera, S.B. (1991) *Dreams, A Portal to the Source*. London: Routledge.
- Williams, M. (1963) The indivisibility of the personal and collective unconscious. In M. Fordham, R. Gordon, J. Hubback, K. Lambert, M. Williams (Eds.) *Analytical Psychology: A Modern Science*, pp. 76-82. London: Academic Press, 1980.
- Winnicott, D.W. (1953/1974) Transitional objects and transitional phenomena. In *Playing and Reality*. Harmondsworth: Penguin Books.
- Winnicott, D.W. (1964) Book review of C.G. Jung's *Memories, Dreams, Reflections*. In *The International Journal of Psycho-analysis*, 45, 450-5.
- Winnicott, D.W. (1967/1974) The location of cultural experience. In *Playing and Reality*. Harmondsworth: Penguin Books.
- Winnicott, D.W. (1969/1974) The use of an object and relating through identifications. In *Playing and Reality*. Harmondsworth: Penguin Books.
- Winnicott, D.W. (1974) Dreaming, fantasizing, and living: A case history describing a primary dissociation. In *Playing and Reality*. Harmondsworth: Penguin Books.
- Woolfolk, R.L., Sass, L.A., & Messer, S.B. (1988) Introduction to hermeneutics. In S.B. Messer, L.A. Sass, & R.L. Woolfolk (Eds.) *Hermeneutics and Psychological Theory: Interpretive Perspectives on Personality, Psychotherapy, and Psychopathology*. New Brunswick, New Jersey: Rutgers University Press.
- Yeats, W.B. (1899/1950) The wind among the reeds. In *Collected Poems of W.B. Yeats*. London: Macmillan.
- Zabriskie, B.D. (1997) Thawing the 'frozen accidents'. The archetypal view in countertransference. *Journal of Analytical Psychology*, 42(1), 25-40.