Section 8 - The Fundamentals of Dream Interpretation: A Kleinian Approach

Goals of This Course:
1 – To expand the clinician's models of dream origin, structure, and function.
2 – To create a working logic for how to think about dream meaning and therefore dream interpretation.
3 – To expand the clinician's thinking about the manner in which the patient uses dreams in the therapy process.
4 – The concepts of this course are exemplified by an extensive "Case Book of Dreams" that follows this theoretical lecture. It is hoped that this overview of the theory behind the interpretative process will add to the understanding of the explanations in the case book.
Note: This course is meant to be a pragmatic introduction to a Kleinian approach to dream interpretation. For an overview of the theory of dreams and symbol formation, I would recommend two excellent books: Donald Meltzer's "Dream Life" (1983) and Hanna Segal's "Dream, Phantasy, and Art" (1991).

Introduction:
I personally think that dream interpretation is the most difficult area to learn in all of psychoanalytic technique. What makes it so difficult is that it requires a unique mix of having extensive models of emotional development and mental function, combined with as much clinical experience as is possible, and all mixed together in an environment of imaginative speculation by the therapist. I think imagination may be the most difficult to teach but I do think it can be learned to a considerable extent.

The therapist's own characterological issues add to the complexity. Doubt that one will ever learn to do it adequately will drive one away from it or move one toward formulaic approaches of the "this always means that" sort. Alternately, doubt and anxiety may propel one to omnipotent maneuvers and omniscience.

In the early years of my private practice, I liked the challenge of dream interpretation but found that I often started daydreaming during a dream presentation by a patient. I would have to politely ask them to repeat the dream, as if one aspect had not been clear to me the first time around. I think my distractibility represented my turning away from the process as a result of my own anxiety and distress about not having much of an understanding of the dreams being shared with me.

Personal supervision is probably the key antidote to this struggle. Finding a supervisor who seems able to make sense of dreams in a manner that feels useful is probably the best way to gain some facility with dream interpretation.

It is my hope that the "Case Book of Dreams" that follows this presentation will augment the task of seeing models for understanding dreams put to use. I do not propose that any two therapists would ever come to the exact same dream interpretation of a given piece of material. However, I do think that hearing how someone thought about a particular piece of material adds to one's own repertoire for coming up with imaginative potential formulations about a particular dream image. I hope to succeed in expanding yours.

Direct Quotes from Children that Are Expressions of Phantasies also Seen in Dreams:
1 – A boy of four put his hand on his dad's appendectomy scar and said: "I'm going to fix this dad – I'm just full of good penises"

Comment: It is difficult for adults to remember and imagine what the thinking of very small children is like. Adults have unconsciously devoted considerable energy to get away from that level of thinking that is inherently concrete, part-object, and preoccupied with the parents' bodies. If one looks at the phantasy life of adult males, of whatever orientation, one still sees enormous preoccupation with breasts, penises, vaginas, buttocks and the anus, etc. Size tends to dominate, rather than substance and maturity, which suggests baby level thinking is in operation.

This type of thinking represents evidence that the thinking of the "baby core" of the personality dominates in most people throughout their lifespan in their daydreams, and it completely controls their night time dreams.

2 – A girl of six asked of her mother: "Mom – am I yours or am I mine?"

Comment: Originally the baby lived for nine months inside mom's body and felt "joined" to mom. That fusion was destroyed in one massive event, never to be forgotten! From that point onward, that individual will forever wonder and question why that happened, what is now going on inside the place they once lived, and will phantasize about getting back inside.

The phantasies about mom's "insides" will include such issues as are there other babies still there ("unborn, inside babies"), does daddy's penis get to go inside and stay there, how and when do babies get selected for birth, can one return to live inside mom, can babies be born out of the rectum, how do they get food, etc.

One element held as a common underpinning of all of these questions is the idea of being in "possession and control of mom", and by extension it's reverse, mom possessing and controlling the baby. The concept of being in possession and control of another has, as its primary aim, coping with or evading mental pain, and usually most particularly separation.

With all of that in mind, I experience this little girl as asking a very sophisticated question that evidences her growing "separateness" from her mom, and wondering if it is okay for her to now have her own sense of "agency". In other words, will the concrete "possessiveness" that underlays living inside mom, and is followed by being utterly dependent on mom after birth, be relinquished by both of them (mom and daughter) so that they can be fully "separate". One gets the feeling that this little girl senses that being her own agent is coming, and that it is a desirable state of affairs.

[Dream Example #1: "There is a hospital room with a woman who has had the front of her chest torn off on one side. In another room is a baby with one side of its face missing. It was really upsetting to look at. That seems like a really weird dream."

Comment: This adult woman had been breast fed for two months when her well-meaning mother abruptly stopped the feeding and switched to a bottle because her pediatrician had said the baby was not gaining enough weight. We came to recognize that as a baby she must have felt very attached to her mother's breasts, that the breast feeding was going satisfactorily, and that the weaning was a catastrophic "tearing apart" of that union. The patient, who was morbidly shy, had no conscious knowledge of this weaning until it came up in the transference and in her dreams, and she then asked her mother about her early history which confirmed our impressions.]

3 – A girl of three stood up in the middle of her bath and shrieked: "Daddy – my penis is missing!"

Comment: No doubt she has always seen that she did not have a penis. Yet somewhere in her mind she has held on to the idea that she could also have a penis. After all, why wouldn't any child want all of the desirable body parts that are extant in the world. It seems possible that she is finally relinquishing that wishful phantasy.
On a different note, this example brings up a question with which many people struggle, how can a child know of the existence of a body part that it has possibly never seen? For a discussion of this point I would refer the reader to the section in Module One of Minnick's Klein Academy on "Preconceptions".

4 – A girl of three (who had been breast fed successfully for a year) pointed to her mother's breast, as the mother was putting on her bra, and exclaimed: "That's the thing you bit me with!"
Comment: Clearly no nipple has ever bitten a child. In contrast, probably every breast fed baby has experimented at some point with biting the nipple and has been upset by mom pulling away and saying "Ouch", or its equivalent. Since the infant may immediately feel some primitive guilt, fear of abandonment,

or anxiety about further aggressive urges toward mom, it is very likely to disown any or all of these into the outside world in the form of a projection into mom. Mom would then be imagined to be harboring both the infant's urges and her own urge to retaliate in kind by biting the infant back. [I have known mothers, rather concrete in their own thinking, who have bitten the infant back, just to show how it feels, and to warn the infant not to do it again.]

5 – A small boy asked in early childhood, after his brother was born and came home from the hospital: "Dad can we tie Billy to the back of the car and drag him on the freeway?"

Comment: At some level, conscious or unconscious, this type of "sibling rivalry" seems a universal reaction in one part of every child. Envy and jealousy, the two primary components of sibling rivalry, along with a feeling of losing one's possession and control of mom, are particularly evoked by the birth of a sibling. The antagonism that is generated toward the new baby is often breathtakingly cruel and not infrequently in evidence throughout the lifespan. While such aggression and destructiveness often becomes very unconscious after childhood, it is almost never gone from dreaming. Look at any holiday family gathering, observe the interactions, and then witness the dreams that night. Sibling rivalry will invariably be in the mix of dream thoughts.

[Dream Example #2: "…there was a family party with my parents and siblings and their friends…suddenly terrorists came over the back wall and started shooting and killing everybody…"

Comment: This depicts the natural tendency of most people to disown the destructive side of their personality and to feel it as foreign to their sense of identity. The woman who had this dream was about to go back East for a family, holiday visit and was frightened of her own envious and jealous feelings that were inevitably going to resurface.]

<u>Underlying Assumptions About the Origin and Significance of Dreams</u>:
1 – A Useful Definition: Dreaming is a phylogenetically inherited capacity for the human brain to be able to "think" using pictorial imagery. It is initially used by the infant to think about and bring order to the earliest experiences of life that are felt to be significant. These experiences are stored as something like "memories in feeling" at a midbrain level and are reworked initially, at a cortical level, before language has developed.

Dreaming remains the primary tool, throughout the lifespan, for the alive, active, "baby core" of the personality to think about (1) the "meaning" of its emotional states and experiences and (2) decide how it is going to "cope" with those issues.

[Note: I cannot decide if daydreaming, when we are awake, is its counterpart. I suspect that daydreaming is mostly a wishful, omnipotent activity that is largely in the realm of manic defenses.]

2 – Everyone dreams every night, about every ninety minutes, even if they never remember them. The REM sleep that occurs when dreaming comprises something like 20% of the total time asleep in the adult.

3 – Because dreams are written by the "baby core" of the personality, we can expect them, for the most part, to be "pre-verbal", "concrete", and "pictorial".

4 – By contrast, the "adult" part of the personality can, in theory, process experience with conscious thought, while awake, applying logic, reasoning, and abstract/symbolic thinking. Interestingly, it is common for someone struggling with an emotionally intense issue to need to "sleep on it" in order to finish off the processing, perhaps adding a layer of "baby feelings" to the process of digestion of the issue.

5 – Dreams often make it possible to discern the origin of a significant emotional state of unhappiness or distress when the individual cannot recognize that origin by conscious introspection. That is because such

distress is invariably a product of feelings emanating from the "baby core" of the personality regarding deeply unconscious phantasies or emotional states that are "split off", being evaded, and/or projected.

[Note: "Self-analysis" after a successful psychoanalytic treatment, should leave an individual able to figure out what they are feeling most of the time, and why. However, I have not seen people be able to interpret their own dreams very well other than to get a general overview of what type of thing is going on in them.]

6 – The "manifest content" (the dream as written) is taken more literally by the Kleinian analyst than other analysts. This is implicitly linked to the idea of the "baby core" of the personality writing the dream in its own concrete language. The "latent content" (i.e. the dream's unconscious meaning) is therefore often seen as more directly linked to the manifest content. This contrasts with Freud's view that the manifest content is linked to guarding sleep, and that the real meaning is hidden from direct view.

The models of being an unborn inside baby, mother's body as the geography of phantasy for the baby, projective processes and paranoid anxieties, the vicissitudes of unconscious envy, and manic defenses against depressive anxieties and guilt, etc. are all examples of Kleinian issues that are displayed directly in the manifest content on a regular basis.

[Dream Example #3: "…I went to the back of my mom's station wagon to get the grocery bags, there were bowling pin type things in the bags and I started pulling them out and tearing them apart with my teeth and there was blood and guts everywhere…"

Comment: This adult male had been admitted to a psychiatric hospital for a psychotic depression and had this dream on the first night of his admission. It represented the degree of murderous violence he had felt toward his mother and her inside babies. The dream was not "psychotic" is the sense of its structure but it depicted a degree of primitive violence that might be typical of someone who was psychotic.]

7 – Kleinians assume that there is an "alive, active, unconscious inner world" that is operative 24 hours a day. Thus dreams, like transference reactions during a therapy session, are seen as an expression of the immediate, present internal state of psychic reality operative at that moment, not an archaic desiccated relic or recollection of an ancient past.

Put slightly differently, Kleinians see dreaming as "thinking", capable of elaborating new meanings. Freud, in contrast, saw dreaming as doing nothing original, essentially just guarding sleep while depicting reactions to the day's events.

<u>Useful Basic Assumptions When Trying to Interpret dreams</u>:
1 – The "geography of phantasy" for the "baby core" of the personality is the inside and outside of "mother's body". [Donald Meltzer]

This has huge ramifications. The first is the need to ask the question about any dream: Is the dream taking place "inside" or "outside" a person's body? Where separation is a key emotional element in a person's psychic functioning, and they spend a great deal of time, unconsciously, joined up to and inside their objects, then that fact will be evident in dreams in a manner that will aid the therapist in working with separation and defenses against it that involve "fusion" with the object.

The second key implication is that all children imagine that mother's body contains all of the desirable things in the baby's world. These possessions include fairly obvious things like food and "unborn, inside" babies. Less obvious, but necessary for understanding some dream elements, is the idea that "daddy's penis" is also one of mom's most prized possessions. [Meltzer suggests that a penis like structure is imagined to be "policing" every one of mother's bodily orifices to protect her from unwanted intrusions. He calls these "inside penises".]

A third key point about mother's body as the geography of unconscious phantasy is the idea that her body can be divided into natural zones, or as Meltzer refers to these as "natural lines of cleavage", based on the functions of the various zones of the human body as experienced and imagined by the infant. These zones would include: (1) an upper region linked to the "head"; (2) a "chest/breast" region linked to feeding; (3) a lower front, "genital" region linked to reproduction and sexuality; and (4) a lower back, "anal" region. All of the parts of mother's body that contain orifices, including the eyes and ears that "take in" sights and sounds, can be seen as potential "portals" into mother's body and will therefore often be treated as such in dreams.

[Dream Example #4: "…I was living in some room off the stairwell of your office, I would come and go as I pleased and you didn't realize I was living there…"

Comment: This patient had slept in the parent's bedroom for her first two years of life. She was only moved out, under great protest, when a sibling was born. She was a very cooperative patient, let me do all of the thinking for her, paid early and was always grateful for my help, but never grew an inch in the first two years of treatment. It was only after I learned in supervision about "unborn inside babies" that we made progress and she began to have many dreams like the one above.]

2 – The unconscious inner world of all babies probably stores all emotionally important experience as a "semi-permanent relationship" between a "part of self" and a "version of mom or dad" (at a part or whole object level), with some form of explanation of what each is doing to the other and why (= Klein's "unconscious phantasy").

These "parts of self" can usefully be divided arbitrarily into (1) an "adult part" (i.e. the most mature part of self at any age, and the part that wants to model itself after the "good parents"), (2) "good baby parts" (that by definition "turn toward" the good parents when they are available), and (3) the "bad" part of self (that by definition "turns away" from the "good family" both internally and externally).

The age of the characters in a dream, in relation to the dreamer's actual age, usually aids in distinguishing parts of self from various versions of mom or dad; and the activities or associations to the figures of similar age to the dreamer aids in differentiating the "good" parts of self from the "bad" self.

3 – The "bad" self (i.e. the "envious, omnipotent, know-it-all, destructive, self-sufficient part of self", to list its key characteristics) is commonly evident in dreams as an alien, a monster, dangerous animal, killer or criminal, foreigner, bum, black person, etc. [Note: With successful analytic work over a period of time, this "bad" part of self commonly becomes progressively more recognizably human, and ultimately nearer in age to the dreamer.]

The relationship between the "good" baby parts, the "adult" part of self, and the "bad" self are very regularly on display in dreams. The relationship is often a good indicator of whether the patient is "turning away" from caring and sanity and therefore has a prognosticating value in therapy.

4 – Roger Money-Kyrle is purported to have said: "Children put their parents together in every possible way except the right one."

This is important for dream interpretation in that one often sees elements that are improperly assembled or placed and it can represent an unconscious denial of reality or even an attack on it, particularly an alteration of a proper loving relationship between the parents (that would leave the child in a state of emotional pain if properly acknowledged). These "attacks" on the parents' proper, loving relationship are useful to recognize as they give clues as to why the dreamer is then also incapable of or having difficulty establishing a proper, loving relationship.

[Dream Example #5: "I looked into a building window – I was outside. I saw a long metal table – I decided to go in. There was a table almost like a gurney or autopsy table. On it is a body that is twice as long as a

normal body – I suddenly had this very depressing realization that I was not going to be able to leave the building until I had eaten the entire body."

Comment: This patient's view of her parents was right out of Money-Kyrle's idea. She had so ruined her parent's relationship, in her own mind, that it was a monstrous perversion of a loving relationship. The patient had become painfully aware of these attacks on the parents as a good couple and then had this dream.

She felt relief at the interpretation that she was going to have to face, accept responsibility for, and digest what she had done to them –which was essentially to smash them together in a distorted, dead cadaverous relationship – before she could finish her analysis.]

5 – It is useful to note the distance in the dream between the dreamer and the action of the dream. Putting it slightly differently, did the patient experience his or herself "living" the dream, or were they only witnessing the dream from some detached position. Do they experience themselves as responsible for and connected to figures in the dream, since they are the playwright, or is their sense of identity divorced from the events of the dream? This has significant implications for how the patient will react to interpretations of the dream. It may suggest a need to acknowledge the "distance" first to help the patient see the difficulty they may have in accepting certain implications of having dreamt that specific dream image.

<u>Key Models Needed for Understanding Human Development and Psychological Functioning</u>:
1 – As mentioned above, it is useful to think of the unconscious inner world as composed of rather permanently "fixed relationships" between parts of self and various versions of mom and dad. "Unconscious phantasies" represent what is imagined to be going on in these relationships, why it is happening, and these meanings will be represented in all of that patient's dreams.

[Dream Example #6: "I'm in the mountains in France – like WWII. My patrol goes into this mountain house – it reminds me of a ski chalet in Mammoth with stairs going up the front – I find those houses particularly appealing. We moved in and were living inside, had the lights on, etc. I go outside and see the village which is half empty because many have evacuated. I walk around and suddenly realize the large house next door has been taken over by a bunch of Nazi soldiers. I run back into our house and tell the guys that the Germans have taken over the house next door and we've got to grab our stuff and leave or we will all be killed. But they've turned into a bunch of babies – they've taken off their uniforms, etc. and are eating cheese whiz. I decide I have to leave them because I have to defend myself. As I am going into the woods I hear the Germans shooting and killing the guys. I kill a deer as I'm escaping and I'm collecting green wood and putting it into a backpack that I will need. I'm pulling the deer over the snow and making little fires to smoke bits of it to eat as I go. I finally get to the top of the hill and can see the bad guys off to one side and the good guys off to the other and I feel safe."

Comment: This dream is simultaneously well organized but highly persecutory and omnipotent. It has an extreme degree of violence that is kept in control by a highly separated and split distinction between the good guys and the bad guys. But there are no good parents around, only "babies", bad guys, and his highly omnipotent, self-sufficient part of self. Mother, in the form of the deer that he drags around, was in reality extremely passive but nurturing in a very rudimentary manner. He can only achieve peace by extremely obsessional splitting maneuvers, keeping dad and mom widely apart, but at a price of great persecution. His understanding of proper adultness is missing, and his own violent urges have been split off and projected violently into the outside world, perhaps at the most primitive level into daddy's penis as personified by German soldiers occupying the big house next door.]

2 – It is helpful to have the concepts of the mental functions of (1) "splitting-and-idealization"; (2) "splitting-and-projective identification"; and (3) mother's role in building up a mental apparatus that can "think" about experience.

– Projective processes are of major importance in understanding what is going on in many, if not most, dreams.

3 – The "first task" of infancy: The infant must order its world into good and bad = "splitting-and-idealization", = Klein's "paranoid-schizoid position". When this is inadequately achieved, the result will be varying degrees and types of confusion, esp. about what constitutes proper food, etc. Inadequate and faulty splitting-and- idealization can also lead to primitive and excessive persecutory anxiety. [See Paranoid Schizoid Pos.: Module Two, Part Two of MKA]

A common byproduct faulty splitting processes early in life is that there remains a confusion of what constitutes proper "adultness". One regularly sees this confusion in dreams, often where size or power is confused with emotional maturity. In contrast, excessively rigid splitting-and-idealization hampers further emotional growth and development.

4 – The "second task" of infancy: To develop further, the infant has to undo the extremity of this splitting-and-idealization to bring the "ideal" and "bad" halves of the object together to create a whole, integrated view of mom, etc. This results in having mixed (i.e. ambivalent) feelings toward the same person (a developmental capability that commences in the middle of the first year of life). The infant can then develop the capacity to see how it treats it's loved figures, and then take responsibility for any mistreatment of them. This leads to the development of a capacity to tolerate the guilt of injuring the loved object in phantasy or reality, and develop the capacity to make repair of the damage out of concern for their welfare (= Klein's "depressive position"). [See Depressive Position: Module Two, Part Two of MKA]

5 – A model of "manic defenses" is needed to depict the defenses that develop in relation to Klein's depressive position. These are designed to avoid taking responsibility for damage done (usually done in UCS phantasy) to one's "good" objects both internally and externally, especially where early feelings of guilt were excessive, or because envy made repair difficult (i.e. too much hostile resentment toward a "good" object).

They historically have included a triad of attitudes. The object of the potential guilt is devalued and held in "contempt", simultaneously it is "controlled" so that it is not capable of being seen as separate, and then where unconscious envy is a part of the package, it is "triumphed" over, usually by unconsciously projecting hated baby parts of self into the object so that it is seen as inferior, etc while taking the desirable, grown-up qualities for oneself. [See Manic Defense: Module Two, Part Two of MKA]

[Dream #7: "The dream starts with me at my old job … there is something about me coming to see you – but you are my optometrist or ophthalmologist – my eye doctor. I am coming to get new glasses or contacts. I walk in – it's set up like an optometrist's office and the first thing I notice is a pint of vodka or gin. I thought gee – Chris must be having a drink or taking a nip during the day. There was no label on the bottle. I'm on friendlier terms than in reality – I say I need new contacts – so you take my glasses and do something on a machine and give them back to me and say this should be better. I thought wow – he can do this and I was flirting with you. I rubbed my leg against yours – as if this was perfectly normal."

Comment: This dream has two key elements, a denigration of the analysis and analyst, and a manic denial of an unequal, therapist/patient relationship where the patient is dependent on the analyst for needs she cannot meet on her own. The analyst is now degraded to an alcoholic, maybe not even a medical doctor, who uses a machine instead of his mind to do his work, and who is on an equal, erotized footing in an erotic transference that denigrates the proper psychoanalytic feeding relationship of the baby part of the patient to the analyst/mother.

This dream occurred in the latter part of the analysis as the patient was becoming more clearly aware of envious competitiveness that had been split off and denied for years while being the good, dutiful daughter.]

6 – A model of the emotions of "separation, jealousy, and envy", and their relationship to any person (but originally with mom), both at a very early "part object" level, and at a later whole object level (i.e. the Oedipus complex).

Separation = This is ushered in as a lifelong major issue starting with the hugely impactful experience of birth. It will remain a key issue with which the "baby core" of the personality struggles. The biggest trump card in dealing with this emotion is to entirely reverse the process of birth by becoming an "unborn inside baby", an issue that is often most clearly depicted and exposed in dreams.

Jealousy = A three party triangular relationship, at a whole object level, based on love, in which one person wants the love of a second person for himself and does not want the second to give it to a third.

Envy = A two party relationship, at part object level, more closely linked to hatred, in which one compares oneself to another in terms of a quality, capacity, or possession, and finds the comparison very painful.

[Note: It is not the "envy" itself that is so destructive. The destructiveness is a result of the defenses against it because envy is so painful. Although the infant can defend against it by denying it, projecting it, etc., the quickest and easiest thing to do is "spoil" the envied object so that it is no longer enviable. This does so much damage because the spoiling must by necessity alter and harm the object's desirable, good characteristics and thus deprives the envious individual of having anything properly "good" to value, look up to, and receive goodness from that person.]

8 – It is crucial, for dream interpretation of destructive elements in a personality, to have a model of a "narcissistic personality organization". In such states of mind, the "bad" part of self gets the "good baby parts" of self to join up with it, and they all "turn away" from the "good parents and good family", both internally and externally. This is also something that is commonly depicted in dreams in a manner unavailable to conscious awareness, often giving credence to the existence of this organization in dramatic ways in dream life.

[Dream #8: "I'm on an island – people live nice comfortable lives on one side – but the other side over the mountains is forbidden, off-limits, dangerous. A pirate ship is marooned there and the water is shark infested or for some reason they can't leave the ship. I'm curious to see what is on the other side of the mountain and a young woman agrees to take me to see what they are doing on the forbidden side. I see the ship in the water and row a boat out in the water which I can see is rat infested. As I get close to the boat I see that these are mean, violent guys who will kill me and so I turn the boat around and wake up."

Comment: This dream vividly depicts a narcissistic personality organization. The patient had been making progress in his treatment for a year, had this dream, and then quit treatment a week later despite his therapist's attempts to interpret a return to an old, destructive personality approach to life. What is interesting is the confusion of good and bad with a "young woman" essentially luring him to the dark side of life. The threat of brute force by the bad guys, if he betrays their influence in his personality, has him consciously turning around in the dream but in external reality he is knuckling under to the destructive bad part of self. His quitting treatment represents a return to the narcissistic personality organization that got him through his disturbed childhood. That organization is now threatened with extinction by the treatment and is therefore fighting for its life.]

9 – A model of "anal omnipotence" is an absolute must to really understand certain aspects of dream interpretation. The model I use is that the infant, when in distress that is not being relieved by a good parent who is available, turns to its own body and bodily products to comfort and sooth itself until the good parent returns to relieve the distress. Where good objects are felt regularly to be unavailable, or where unconscious envy of them is too intense, then there is a hypertrophy of this "turning to one's own body and bodily products".

The anus, buttocks, and poop have dramatic appeal. They have abundant sensation, an orifice leading to the interior of the body, a round shape like breasts, and deliciously smelly products that are moldable into anything you wish them to be. But most importantly, the baby who has so little, never runs out of poop, and the whole region is never more than an arm's length away.

It is very common in treatment for such states of mind, and their attendant behaviors, to be reflected in dreams before the patient will admit to them, often because of shame and persecutory anxiety. Anything dark, dirty, smelly, emanating from below or behind, "things" idealized in place of people, riches taken from the ground, etc. are all likely to have a link to anal omnipotence.

[Dream #9: "…I was walking along a ditch bank, not much water in the ditch, when I saw a coin in the mud. I bent over and reached down in the mud and pulled it out. I wondered if there were more and reached around in the mud and found a whole bunch of coins. I was really pleased and looked around to make sure no one else saw me and might try to take them if there were more there. I woke up in a really good mood."

Comment: This is anal omnipotence personified, early in an analysis. The patient can make anything he wants or needs, with his own bottom, which is never more than an arm's length away. What could be more joyous!]

Tips for Thinking About the Manifest Content of a Dream:
1 – Examine its "overall structure" in a concrete, literal sense:

– First note the "location" in which the dream takes place: Is it on the inside or outside of a building or structure, in front or behind, upper or lower, north or south, etc.

– Note the "number" of elements or figures: The infant is involved with pairs of mom's body parts and in triangular relationships to people. The number of anything often aids in distinguishing part versus whole object levels of phantasy.

– It is always useful to note the "function" for which something is being used including whether or not it is a "proper" function, or a "perversely" distorted or misused function.

2 – The "cast of characters" in the dream:

– First note the "age" or "size" of characters in the dream, whether human or animal. If they are similar to the dreamer, then they should be considered to represent parts of self or siblings. If the characters are older individuals or dramatically larger, they are likely to represent versions of the parents. If they are much younger or smaller, they should be considered to possibly represent mother's other babies (both unborn and/or born).

– One should next note the "qualities" of these dream figures, i.e. the key qualities they have at their essence. Is the dream portraying such emotional elements as destructiveness, envy, confusion, paranoid anxiety, turning toward or away from "goodness" and constructive development, etc. It is often useful to try to distill a figure down to his or her "essence" in order recognize what they are representing or symbolizing in the dream.

Note: All of the characters in a dream will be linked to the "internal family" in some manner. The parts of self, versions of mom or dad, or representations of siblings are usually represented by other figures. The elements or qualities found in these figure may have been projected into the figure, or alternately the figure has been selected because it symbolizes something needing representation. The greater the difficulty the dreamer has in accepting or acknowledging his or her feelings about these internal family figures, the more likely these figures will be represented by less obviously recognizable characters in terms of "relatedness" to the dreamer.

– In patients who are turning toward a "narcissistic personality organization", it is common for all of the characters to represent parts of self, "good" parts versus "bad" parts, and "adult" versus "infantile".

[Dream Example "#10: "There were two penises together touching each other". Analyst asks for more details. "My penis was next to another penis – they were side by side – the other one looked the same as mine."

Associations: – "It seemed like one penis was going to feed the other – like ejaculate into it, it doesn't make sense there would be two penises side by side."

Comment: This rather perplexing image is a type of dream that is greatly aided by "speaking baby". This man had a very narcissistic mother and felt very abandoned by her as an infant. His image of his mother at a very primitive level was apparently that the two breasts went off together to feed each other instead of feeding him. His solution was to equate his penis with her breasts and have his penis become a feeding organ.

As a teenager he had masturbated very compulsively and had this dream while I was on vacation. The dream seemed to represent how his masturbatory activities achieved a sense of self-sufficiency by being equated with his mother's breasts. Whether the other penis was mine was something that was difficult for him to think about (although I suspected that might be the case) as he was heterosexual in orientation and a homosexual phantasy was too disturbing to contemplate. In any case, it seemed to represent "self-sufficiency" and denial of baby neediness.]

3 – Relationship to "reality":

– Is the dream depicting the choice of a magical, omnipotent, or evasive solution or approach to a problem/issue at hand?

[Note: Since "masturbation" is the most common potentiator of an omnipotent state of mind, look for repetitive movements, anything going in and out, up and down, etc. that may indicate masturbatory activity performed consciously or unconsciously.]

– Does the dream evidence "grandiosity" for curing smallness, insignificance, dependence, envy, etc? [Note: Flying is almost NEVER a good sign in a dream. It commonly depicts a massive denial of being restricted by reality, i.e. having your feet on the ground. It is often meant to cure dependence and/or denying the limitations of being human, and particularly being a baby.

– Denial of "caring or guilt", i.e. "manic denial" of the psychic reality of damage done is very commonly depicted in dreams to cope with the pains attendant to caring about another human and admitting it to oneself.

– "Unconscious envy" often leads to an alteration or misrepresentation of a person or thing so as to spoil its enviable qualities. This is often done to a figure standing for parents and/or the therapist.

– A more "healthy, realistic" depiction, by contrast, of concern for someone or something, etc., often after insight and growth accomplished by the work of therapy, is most commonly seen later in analysis.

4 – The "emotional tone or mood" of the dream:

This is often a key element in a dream. It may be subtle, it may be denied, it may be in contrast to or even contradict the manifest content, but it is always arguably the most important aspect to consider when looking at any dream.

– The emotional tone may be linked predominantly to a recognizable "feeling state" like anger, sadness, guilt, confusion, etc. Sometimes the absence of an emotional reaction to something that should be evocative is the issue.

– The emotional tone may be one of grandiosity or omnipotent wish fulfillment or denial of reality.

– The tone may be a function of damage repair, guilt, or "manic" denial of such feelings.

– It is often useful to distinguish in dreams with extensive persecutory anxiety: does the persecutory anxiety result from (1) an attempt to evade a piece of reality through denial, procrastination, etc.; or is the persecutory anxiety more linked to (2) destructive phantasies or urges (and/or the projection of those urges into external reality).

[Dream #11: "…I showed up for my final exam in a math class and I couldn't find the class and I felt horrible because I realized I hadn't studied, I hadn't gone to any of the classes all semester, and I knew I would fail…"

Comment: This is the quintessential type of dream about the persecutory anxieties and depression that are generated when one is manically running away from psychic reality and refusing to "add it all up" and face what is going on inside one's unconscious inner world and then dealing constructively with external reality.

In this case, I asked the patient what he felt he might be avoiding and without hesitation he said "visiting my parents". We explored why that mattered so much and it led to a fairly guilty discussion of a feeling that he wants to be a good son but they always ending up "bugging me about when are we going to have a baby?. That, in turn, led to a deeper exploration of his ambivalence about giving up his current lifestyle to make the sacrifices necessary to become a parent. An exploration of that brought out a deeper feeling that he had never really wanted to grow up and take on life's responsibilities.]

5 – "Turning toward or turning away" from mental health, goodness, and developmental growth:
This is a major element in dream interpretation. It is often a function of mental pains linked to separation, jealousy, envy, guilt, fear of loving dependence, etc. that are evoking a magical, omnipotent reaction at a deeply unconscious level. It is common for "negative transference reactions" and "therapeutic impasses" to be foreshadowed in dreams long before the proverbial crap hits the fan.

By contrast, growth and development, when sincere and structural, will also be depicted in dreams, often lending reassurance that the growth is taking hold in the individual's psychic structure.

– "Narcissistic personality organization" [a la Herbert Rosenfeld and Donald Meltzer] is probably the most important model needed for understanding the negative trends developing in an individual and manifested in that person's dreams.

– "Anal omnipotence", which regularly goes hand in hand with the omnipotent "self-sufficiency" of a "narcissistic personality organization" is usually depicted in dream life when the patient is too ashamed to consciously acknowledge it in their waking life. It invariably involves something dirty, dark, smelly, "behind or rear", clearly not nutritious or growth promoting, secret or very private, backward, improperly configured, perverse, etc. toward which the patient is turning.

6 – Always look for evidence of the "therapist/therapy" being represented in the dream (i.e. "transference"):

– For example, when a patient is in analysis on the couch, anything taking place behind the patient in a dream or on the patient's head or shoulders, etc. needs to be considered in relation to the seating relationship of the therapy.

– Whenever someone is "sitting in judgment" of the patient, or being critical, or being helpful, etc. it should be considered for linkage to the treatment.

– When a patient has multiple sessions per week, consider those as represented in the dream by a similar number of figures or elements.

Psychotic Dreams:
1 – There is a distinctive quality to dreams that have a psychotic underpinning. The dream usually has an element of distortion of reality that is palpable and occasionally may be disturbing in its crazy or bizarre quality. Sometimes it is more subtle and embedded in a matrix of "pseudo-reasonable" stuff, often reflecting the patient's denial of their underlying disturbance.

When thinking about the psychotic aspects of a dream, it is important to remember that a human can have a walled off area of "craziness" in the baby core of their personality that does not show up in their ordinary daily functioning. It may only be activated when having extreme emotional pain or stress. In other words, a person does not have to be overtly psychotic for there to be a psychotic element in their dreams.

[Note: When a patient is actually acutely psychotic, they are commonly by definition unable to distinguish a dream from a delusion from external reality so that it is questionable as to whether they are having a dream or a hallucination (i.e. internal reality projected into the outside world.]

[Dream #12: "Weird, terrifying dream – in elevator – doors open – grandpa said You are special in other ways that people can't see in you – whether you think it or not. The doors open and I'm in a really weird mental institution – like art gallery – guided in pairs – I'm screaming or weeping or laughing. One painting was this eye – the part around the iris is blood red and I got sucked into the painting. Then I was in my room and like a series of days it was done. I'd come in and not remember it. Every day it was more finished. I got scared – what now? Then someone came through the painting – a big black man, arms out vertical – like floating – standing much taller than me – like up to the ceiling. Then I get pushed out of the painting and warped somewhere. Then I was back in front of the painting – like the Cheshire Cat. I was screaming – then I see another patient who was screaming. I say this is enough for today and a woman asks me if I can go further…it was sort of like rehabilitation, like to hell and back – makes you more of a person."

Comment: This is a psychotic dream in a person who was not actually psychotic at the time of the dream but had had a very disturbed infancy and childhood. It has very omnipotent, magical elements in it; extremely intense, terrifying feelings and images; and extreme time, space, boundary confusions. Interestingly, he seems to have a capacity to limit how much he stays in contact with this side of his personality as depicted by saying "..this is enough for today.." even though the analyst mother asks if he can "..go further..".]

2 – Extreme denial or alteration of reality is perhaps the most elemental component of a psychotic aspect to a dream. This is usually a result of "massive" projective processes.

– Turning time backwards or forwards just because you wish to evade something painful.

– Altering the passage of time, gravity, and any other limitation of reality often emanates from the most disturbed elements in the personality.

[Dream Example #13: "…I looked at the clock, which said ten, and I thought that can't be because I'll miss my 9:30 appointment and then I looked back again and it was only 9:00 and I was relieved…"

Comment: This dream represented the psychotic aspect of a neurotic patient who, when reality became too painful, simply went temporarily insane and altered reality.]

3 – Severe boundary confusions:

– Massively altering or confusing identities by getting inside or taking possession of someone's identity.

4 – Fantastical omnipotence of any sort should be contemplated as being more disturbed in its nature.

5 – Extreme violence fragmenting things:

This may show up as Bion's "bizarre objects" that have been fragmented and then projected so that they are nearly unrecognizable in relation to their origin, but they are nearly always very persecuting. They might show up as a mass of dangerous insects, animals, aliens, etc. or a cloud of poisonous, minute particles. The fears and anxieties that these fragments generate are helpful to understand the motivation embedded in what was projected, e.g. are they devouring, poisonous, biting or stinging, invasive, etc.

[Dream Example #14: "…I noticed a bump in the back of my hand and I squeezed it and all of a sudden bees started coming out of it and I was terrified they would start stinging me…"

Comment: When baby elements from one's internal world are violently expelled, projected, split off, fragmented, etc. they often return as minute little persecutors, threatening to do back to oneself what the projector had as urges or motives before that aspect of self was disowned and violently projected.

In this patient's case, the patient was very distressed to see a nasty, envious side of his personality that was always making "biting" remarks and "stinging" criticisms about others. He had always seen himself as the good guy while despising his father's "mean" streak and feeling triumphantly superior to him.]

6 – Extreme concreteness in the use of the dream in the therapy sessions, or reaction to the dream upon awakening, may reflect its relationship to a psychotic aspect of the personality. This may be reflected quite concretely or alternately more subtly by a patient who feels a dream is telling him or her "what to do" in the world.

<u>Tips for Thinking About How the Patient Presents or Uses the Dream in the Session</u>:

1 – Does the patient have any "hunger" for understanding the dream?

– It has been my observation that therapists often overlook this issue. They may have a patient that brings in dreams regularly, even every session, but is clearly making no use of them, just dutifully depositing them in the therapist's lap. In contrast, the most "talented" patients learn a great deal from their dreams and develop an increasing capacity to interpret their own dreams over time, using them to prepare for their own eventual "self-analysis" in anticipation of no longer being in therapy.

2 – How is the patient "using the dream" in the session (i.e. process vs content)?

– Is the patient only bringing dreams to "please" the therapist/parent. This may recreate childhood rivalry with siblings, etc. but is shallow, often a product of patients who do not really "believe" in the idea of an unconscious inner world.

– Is the patient "flooding" the session with dreams, often not waiting for or seeming to want insights about them. This may be a product of pure "evacuation or dumping" of the unconscious contents "into" the therapist who is then left with complete "responsibility" for doing something with them. This can be the result to an acute situation of overwhelming emotion, but is more often a characterological pattern of "evacuation" as a preferred method of coping with unwanted emotional states. The therapist is a "toilet breast", but never a "feeding breast".

These patients often take years to convince that they need to acknowledge and take responsibility for their own unconscious inner world. They not infrequently feel that mom or dad should do all of that work for them, as if they can wear diapers forever and poop whenever they feel like it.

– Is the patient "deadening" the process of dream interpretation by offering no associations or thoughts that would be an aid in the dream's interpretation. If this type of process is chronic, it is likely to reflect an ongoing attack, often out of envy, on the analyst's creativity in sessions and originally the parent's creative intercourse that could produce a new baby.

[Dream # 15: "My husband and I were in bed and about to be intimate. Somebody was outside the bedroom door and was feeling mean and envious. The person could see through the door. Then the scene shifted and I was out on a the field of an Ivy League school where the teams were playing and a man, maybe the coach, was in a bad mood and arguing with another man."

Comment: She felt significant relief when I said that a part of her is upset when anyone is lovingly enjoying being together with anyone else (the couple, the teams playing) because there is always someone who is feeling left out, angry, and destructive.

Earlier in her treatment, her anger at me for having everything she needed had led her to often come into sessions with five or six dreams, try to present them all, and then feel unsatisfied when whatever I said did not leave her feeling "fixed" or "completely relieved". It was only when we repeatedly addressed the process of how she brought in dreams and "dumped" them, with little being constructively done with them, that she slowly began to allow a more proper intercourse about her dreams.]

– Does the patient associate "mechanically" or make "guesses" about the dream's meaning, while having and using precious little contact with their own emotional states that would greatly aid in seeing the dream's meaning. This is likely to reflect a rather "schizoid" relationship, internally, to emotional states. It may be a product of growing up in an emotionally impoverished infancy and childhood, or a massive retreat from overwhelming emotional pain in childhood. However, it also important to distinguish those situations from one in which an ongoing unconscious attack on the parental relationship is taking place, out of envy and/or jealousy, in which all emotional life is being stripped from the parents' relationship to each other, so that nothing creative is produced as a new "baby" idea.

3 – What does the patient do with your interpretations?

Does the patient gain insights that are used for future thinking about themselves, as evidenced outside therapy and in therapy, for example in their increasing ability to understand and interpret aspects of their own dreams?
In contrast, does the patient continue to dream the same issues and show little evidence of an ability to recognize the same issue appearing again, maybe for the "nth" time?

It is often useful to ask in the following session, if an appropriate opportunity arises, what the patient took away from a dream interpretation in a previous session. Not so much as a test, but more as an indication of how much the interpretation "made sense" to them in a way that they could hold on to it. They need not remember the dream or its interpretation to have gained some "unconscious" insight, but it is still interesting and at times revealing to see what they found of value or held onto consciously.

<u>Transference Interpretations versus Reconstruction of Childhood</u>:
1 – As a general rule, interpretations about the transference relationship with the therapist will have the greatest likelihood to lead to "emotional growth" and structural change in the personality. Virtually all dreams can be taken up in relation to the transference if the therapist works at thinking about how the dream could relate to the therapy and the relationship with the therapist. This may be in the dream content or more in the process of presenting the dream.

[Dream Example #16: A patient who had been in therapy for a couple of weeks had the following dream: "I had a weird dream last night. I was holding a gun in my hand and noticed there was writing on the side of it. I looked very closely at it and saw that it said 'SHOOT YOURSELF'. The patient had no particular reaction or feelings about the dream other than to say it was strange.

Comment: In contrast, I had a very strong reaction. I thought it represented a strong suicidal element in the patient's personality. The patient was actually quite depressed. I felt that she was projecting into me a part of herself that she could not bear to experience. Coming to therapy provided the possibility that I would be a mother that could deal with the powerful "death instinct" elements in her personality that she had always kept at arm's length.

I insisted that we meet daily, adjusted my fee to fit what the patient could afford, and saw the patient five days a week from then on. I had to put her sessions at the end of each day, as an add-on, as I had only two open times we could use during my regular schedule. The patient was cooperative, relieved, and ended up in a successful long term analysis.]

2 – Most dreams have elements that can be related to the patient's external life, the patient's childhood, and the therapy relationship. Because of this, it is usually helpful to start with whatever element the patient seems to have the most immediate "emotional" connection or reaction. This commonly takes one into the area of the patient's current external life, less often back to childhood or the relationship to the therapist.

I find that a dream that is evocative can ultimately be taken up from all three angles, often clarifying for the patient the totality of how their childhood, current life, and relationship with therapist all fit together in a logical fashion because their "unconscious inner world" is the common denominator to all three.

The reconstruction of how the patient viewed his or her infancy and childhood gives an "anchoring" quality to the therapy and their understanding of themselves. But it is desirable, to the degree possible, to always include an understanding of how the patient is reacting to the therapy and therapist because that is virtually always the most emotionally "immediate and alive" element, even if obscure to the patient's conscious awareness.

<u>Technical Issues in Dream Interpretation</u>:
1 – "Introducing" new patients to the dreaming process:

I find it helpful to tell new patients that dreams are actually a representation of how their unconscious inner world is "thinking" about and trying to "cope" with issues of emotional importance at the moment. I will usually follow this up in the very first session by asking if they have had any repetitive dreams or if they had one they remember from recent times.

This gives me an opportunity to demonstrate the significance of dreams right off the bat. Some patients like the idea of looking at their dreams, some say they "never dream", and very occasionally I get a patient who thinks the whole idea is preposterous. In the latter case, I am at least forewarned about a side of the patient that is likely to be against the idea of an "unconscious inner world", the primary arena in which I work.

2 – Deciding to interpret "content" versus interpreting "process" (i.e. the use to which the content is put in the session by the patient):

Occasionally a patient is acutely or chronically using the presentation of a dream for some unconscious purpose other than to gain insight. When this is the case, the use to which they are putting their dreams becomes more important to address than the content of the dream, no matter how evocative the content may be. We can always go back to the content at a later date.

3 – Clarification of "content" – versus – asking questions about "meaning":
The Kleinian analyst Albert Mason is well known for suggesting that asking the patient questions about the possible meaning of a dream is often an evasion of the therapist's inability to understand the dream and/or the process taking place. It is difficult for most patients to ever "plum" the depths of their own dreams and interpret them, even after years of treatment.

Thus, asking a patient "What do you think the dream means?" is different from asking for clarification of an aspect of the actual content that was not clear to you in the presentation or that you can't remember because the patient is presenting a long dream. Rather than ask the meaning, which the patient will often volunteer if they have an idea in mind, let the dream be presented, take it in the context of the entire session, let the session unfold, and await inspiration as to what to do with the dream and its presentation.

4 – Asking for associations is usually not a good idea for two reasons:
– First, all that has gone on in the session prior to the patient mentioning that they have a dream to share, and then reporting it, should be taken as one big association to the dream.

– Secondly, if you have to ask for associations, the more important question is why do you have to ask? Why isn't the patient offering associations, context, etc. to aid in the process of understanding the dream? The therapist has to explore these "process" issues now before going back to the "content" of the dream.

5 – Selecting key elements, issues, or images on which to focus:
– Dreams are a reflection of "character patterns" for coping, as well as "acute emotional issues" at hand requiring attention. Some patients regularly bring in long, convoluted dreams. At other times, the therapist might feel that one area of the dream is of particular importance in the current context of the treatment. In either case, it is often helpful to narrow one's focus and do a more detailed exploration of a specific issue or area.

– The choice of specific area to focus one's interpretive efforts is typically "context" driven i.e. mood, external circumstance, etc. in patient's life at that moment. Sometimes the dream represents a particularly "ripe" opportunity to highlight an issue the therapist wishes to reinforce.

– As a general rule, it is better to digest one idea or element than to overwhelm the patient with so many ideas that they lose all of them. It is often useful to hold on to particularly "evocative" or "instructive" dream and come back to it in future sessions.

[Dream Example #17: Four variations of a dream of "riding in a car":
– Variation A: "I was in a car with my parents but nobody was driving the car. I was in the back seat but somehow I took over driving it."

Comment: This dream led to a discussion of his essential view that his parents were irresponsible, self-centered and had left him, an only child, to fend for himself from early in life. The image of being in the back seat seemed less to represent anal omnipotence, although there was some of that, but more to be a pun on how his existence took a "back seat" to his parents' focus on themselves. What was particularly prominent in his associations to the dream was how incompetent and inadequate he felt in life and how he felt like he was put in an impossible position in life, "You can't drive from the back seat!"

– Variation B: "My dad and I were driving somewhere in a car. He was in the passenger seat and I was in the driver's seat. I realized that my feet wouldn't reach the pedals and I woke up."

Comment: I had been commenting to this woman for some months that she didn't seem to want to allow any dependence on me or the therapy, often cancelling sessions at the last minute, asking for changes in time for some important reason, all while consciously thinking that she valued the once per week relationship with me. This dream was our first breakthrough and allowed me to demonstrate to her that she feared giving up control even though she was too young, according to the dream (feet would not reach the

pedals), to be running things on her own. Multiple associations of needing to feel self-sufficient, with problematic consequences, aided me in convincing her to increase to twice a week. The therapy finally settled in to doing real work.

– Variation C: "I had a funny dream last night. I'm hitch hiking and I get in a car with a guy who sort of looks like Dennis Hopper from "Easy Rider". He asks if I want a 'hit' from his cigarette and I say no I don't smoke. We end up in some part of Mexico and I am thinking I will have to call in sick to work tomorrow. There was more to it but I can't remember it."

Association: "I wonder if this has anything to do with Jill (a younger employee at work) sending an email invitation that Meredith (his boss) told me about. The invitation was her to Jill's baby shower (Jill is pregnant and due in a few months)."

Comment: Patient is the second of five in his family of origin, in his fifties, and never married. He goes on in this session to talk about work and does not go back to the dream. After about ten minutes I start to feel irritated that he has just dumped the dream in my lap, giving me no help or showing any interest in it when it is actually a rich sounding dream.

I mention to him that he seems to have lost interest in the dream and is leaving it up to me to think about it. Since I had a summer vacation looming, I wondered if he felt abandoned by me, as if my vacation was me going off to have a baby.

Later in the session we had a profitable discussion about how alone he often felt in life, and how when in that state of mind, he would go out on his back porch and have a cigarette even though he "didn't smoke". This would usually happen on weekends.

We came back to this "Easy Rider" dream a number of times as it compactly conveyed his rage at his mother making so many babies, leaving him abandoned, forcing him to turn to his own bottom (Mexico) and feed himself shit (cigarettes), and let the "death instinct" – who care about life or anything – part of himself take over and run his life, with his murderous urges split off (the guys who kill the Jack Nicholson character in the movie).

On a more subtle level I think this dream depicts a "narcissistic personality organization" component to his inner world that has undermined his growth over the years. It is as if he is chronically playing "hooky" from life by taking the "easy rider" way out, leaving all responsibility for caring about growth up to analyst/bosses while he "calls in sick".]
– Variation D: "I was parked outside school waiting to pick up my daughters. I was driving a really fancy convertible, like maybe an old Cadillac convertible, really big, and I had the top down. This next part is kind of weird. I was having a martini, sort of celebrating the new car. The girls came and got in and we drove home. My wife came out of the house onto the driveway and saw the martini glass I had left on the front seat. She went all crazy and I said
chill out, I was just celebrating the new car, I am not drunk. I thought to myself, she is such a bitch, she spoils everything."

Comment: This essentially "manic" dream, denies all sorts of destructive urges and irresponsibility (driving his children while drinking) and projects all responsibility and blame into his wife/mother who he provokes with the martini glass. He is completely out of touch with this while focused on the excitement of the Cadillac convertible.

We spent some time in the session focused on his denial of responsibility which seemed to put me increasingly into the position of "lecturing him" on his irresponsibility and provocativeness. I began to feel fairly irritated with him and realized I needed to take up the process between us in terms of his view of me as the container of a bad version of a parent who only criticized him and never saw life from his point of view.]

6 – Always start with the most "straight forward" and obvious implication or issue in the dream:
I have been impressed over years of doing supervision at how often a therapist assumes their patient sees an obvious "interpretation" and so the therapist looks for something more obscure or hidden. I have learned after decades with my own patients, never assume the "obvious" is in fact obvious to the patient, or that they can't benefit from one more review of it. After all, they unconsciously chose to put it in a dream again for some reason. It almost always indicates there is still more to understand regarding whatever the issue is.

7 – Break interpretations into digestible, logical components:
I have often been amazed at a therapist making a five minute interpretation of a long dream, and I can't follow it or hold on to it, so what must have happened to the poor patient? I am guilty of making overly wordy and detailed an interpretation, and find myself retracing the entire process as a "do-over" to help the patient.

As Bion said about the interpretative process in general, I find it useful to make preliminary "sighting shots" regarding the dreams possible meaning. I may highlight a particularly evocative element, the dreams tone, or even offer a couple of simple, possible "meanings" to aid in the patient's "reverie" about the dream.

8 – Most dreams can be interpreted in "layers":
This can mean a number of things. Most obvious or accessible to consciousness is one layer. Things about which you feel more speculative, or may distract a bit from the main theme but seem important, might represent a second layer. Things that may be more difficult for the patient to accept, or require some digestion and acceptance of the initial themes of the dream, may represent a third layer.

A slightly different meaning to the word "layers" can be related to the "developmental level" to which one chooses to focus. For example, it is not uncommon for a dream to be depicting and working on a current life issue that has an infantile prototype. After the current level has been discussed it is often helpful to go to the deeper, earlier, more primitive layer of meaning to add to the understanding of the current, external life one.

It is possible to do this layering of interpretations and discussions in the same session or in successive sessions.
[Dream Example #18: "I was saying to my daughter that these schools are too dark for a proper learning environment."
Context of dream: Dreamer had been upset and depressed about a project going poorly at work. She had been lying down at home on the living room couch that evening and her daughter said "Mom – you look dead."
Comment: This dream can be interpreted at multiple levels and/or areas:

– At an external reality level she is concerned about her mothering of her children (she is too "dark", i.e. depressed and pessimistic) interfering with her children's capacities to see life in a "good light".

– At an internal, psychic reality level she is being like (i.e. identified with) her damaged internal mother which is interfering with her ability to move ahead in life.

– At an infantile, genetic history level, her mother was very disturbed and was unable to provide a proper learning environment for the patient to grow in a healthy manner. The patient was afraid she herself would never escape the orbit of her infantile darkness as evidenced by her struggle at work that day.

– An even more primitive offshoot of that was a baby phantasy that she was bad and her mother was unable to love her and "see her in a good light".

– In relation to therapy and the transference, the dream could be taken as a complaint that I am not fixing her so that she has not been brought to life on my couch. It might even depict an envious attack on the

"light" of the analysis, preventing a proper learning environment from being created by me.
We actually took up the dream as relating to recent discussions regarding the inability of her "adult" self to look after pained, "good" baby parts of herself that wanted to grow, but were being consistently undermined by a highly competitive, enviously greedy "bad" part of herself that was particularly operative because a rival at work won an award.]

9 – The patient is almost always the "ultimate arbiter" of whether or not a particular interpretation of a dream "feels" correct and helpful.

Most patients will display a physical or emotional reaction to a correct interpretation of an aspect of a dream. Even when they say the interpretation doesn't feel right, or they have no reaction even though the therapist suspects the interpretation is in the correct ballpark, patients will often acknowledge the interpretation's correctness in a future session.

[Dream Example #19: "I was parked on a street in front of a flower store to buy a dozen roses for my wife. I decided to make sure the trunk was not messed up so I could possibly put them there. As I was getting rid of the junk – I found an old [marijuana cigarette] wrapped in aluminum foil. I said to myself "I don't need this anymore, I'll throw it away with the trash". I walked over to the trash can to throw it away and I put it in. Just at that moment a black man appeared and began shooting at me trying to kill me. I started running for my life, I woke up in a panic."

Comment: This dream occurred at the tail end of a long analysis in which great effort had gone into dismantling a "narcissistic personality organization" linked to "anal omnipotence" as manifested by, among other things, chronic marijuana smoking which had been given up some years earlier. The patient was trying to preserve a loving relationship to the good family internally, and give up all destructive omnipotent maneuvers.

The dream graphically depicts the idea that the "bad" part of self feels it is being "murdered off" when the "good baby parts of self" turn toward goodness, the "adult" part self, and "good" parents internally and externally. The "bad part of self" starts shooting immediately, as the marijuana joint is discarded in the trash. That act, by the adult self, is seen by the "bad part of self" as tantamount to killing off its sphere of influence and the narcissistic personality organization. Thus it is fighting for its life.]

<u>Counter-transference Issues in Dream Interpretation</u>:
1 – Donald Meltzer highlights three CT issues:
– Fear of Invasion: He highlights how intimate an experience it is to share the details of a dream with someone, and how the dream may have little "fish hooks" of emotional reactions that stay in the mind of the therapist. This is particularly true where the recounting of the dream projects a very disturbed part of the patient into the therapist's mind.

– Dread of confusion: This does not refer to a "confusing presentation" of a dream but rather where the dream contains evidence of deep confusions in the patient. These might be regarding what is or is not proper food (usually linked to confusions about bodily zones and their products), boundaries between individual's obscured by projective processes, envious reversals and perverse twisting of the proper order of things, confusions about ethics and morality, etc.
Where any of these is relatively subtle in a dream or pervasive as a confusion in a patient, the therapist may find themselves opting for some arbitrary, rational method of dealing with the dream, in effect prematurely, rather than awaiting an emotional understanding that gives a more firm triangulation of all of the elements involved.

– Intolerance of impotence: I would have thought that Meltzer was referring to the feeling of not understanding what the dream is conveying and therefore feeling small and inadequate. But what he is empathizing is the experience one has with a patient who does not really believe in an unconscious inner

world and therefore doesn't see dream analysis as more than some "silly game" that the therapist likes, so the patient is indulging the therapist's folly, but with no real involvement in the process.

2 – I think it is important to "remove the pressure" on yourself to make a "complete" interpretation of the entire dream, or for that matter, to understand a specific dream at all. I enjoy dream interpretation and am usually fairly successful at getting some purchase on a dream's possible meaning. Yet I still occasionally have dreams presented where the only reaction I have, usually not shared with the patient, is that "I have no frigging idea what this dream is about!"

Remember that any dream can be interpreted on multiple levels, from multiple frames of reference, any and all of which may have some growth value. Don't expect to make a "complete" and "correct" interpretation of a whole dream very often, if ever.

3 – Often, just trying to say something useful, if not very profound, is the best one can do, so the patient knows we are listening. This is mostly what I did in my first years of private practice where I had many dreams presented to me about which I had very little understanding.

e.g. "The dream seems to show that you are really struggling with your violent phantasies."

e.g. "We need to keep a lookout for more dreams in this area to see if we can get a better handle on what is going on."

e.g. "This dream is helpful because it gives us a sense of what you are trying to deal with in the back of your mind."

4 – Don't be afraid to use Bion's "sighting shots" where you might say things like "I'm not sure if this is correct but this reminds me of …" or "I wonder if this could be about …" and then see what the patient has as a reaction. I find it a common experience to have an association of my own that I don't know if it is only mine, or if the patient will find it parallels their own association, and will find it helpful.

With some patients, dream interpretation is a very collaborative process. However, there are patients who for whatever reason seem to lack much natural capacity to think imaginatively and need constant associative assistance that does not seem to reflect resistance. I think this is more common with patients who tend naturally to be somewhat concrete in their thinking.

5 – In summary, make dream interpretation a fun adventure. Be curious, imaginative, creative. There will always be more opportunities to cover whatever was missed the previous time around!