

Examination of Use of Dreams in Psychoanalysis of a Young Man

Jae Seung Lee

*Department of Psychiatry, Yonsei University College of Medicine,
Seoul, Korea*

In the present paper, the dreams of a young man, experienced during one and one half years of psychoanalysis, are examined in terms of both therapeutic use and the function of the dream.

Major theories of dream interpretation are compared with the author's actual experience in working with the patient's dreams, in order to examine the validity of the various theories. The most frequent function of dreams was found to be wish-fulfillment,* and the most therapeutic function was self-balancing (compensation). Of the various aspects of dream interpretation, the most striking was the strong impact on the patient when his dream provided for him concrete evidence of the links between his early experiences, transference, and current life situation.

Key Words: Wish-fulfillment, Self-balancing, Representation

The interpretation of the dream is still a corner stone of the psychoanalytic technique, although there is more emphasis on the analysis of transference than on dream interpretation nowadays (Blum, 1976). Freud (1900) indicated that dream interpretation is the royal road to the understanding of the unconscious. Thus, the dream expresses the counterpart of the conscious attitude, and unwittingly influences our behavior. Dreams also reveal wishes, drive derivatives, and defenses, along with the representational world of self and object in the past and current life (Stolorow, 1978).

Greensen, (1970) notes that the dream is the freest of the free associations. The patient can

be helped to recognize his dream as his own meaningful creation, although the dream may sometimes appear bizarre and incomprehensible. While the patient is working with his dream, he can feel close to and familiar with his own dream and can develop a belief in an unconscious which governs his present behavior.

The purpose of this paper is to illustrate and examine a series of dreams of a young man during one and one half years of psychoanalysis. I will evaluate the importance of using dreams in psychoanalysis and compare how well various known theories fit into my analytic experience with this patient.

MATERIEL AND METHOD

Dreams were recorded as they were reported by the patient during psychoanalysis. From his numerous dreams, I selected those which best represented the patient's representational world and which illustrated my style of working with dreams.

CASES

This 26 year old man had been in psychotherapy twice a week with me for one and one half years, during which I helped him work through his depression. This depression was precipitated by the suicide of his former homosexual lover. After the depression lifted, he felt ready for psychoanalysis, to work intensely on his deep rooted character problems. Psychoanalysis was conducted three times a week for one and one half years, and terminated with my departure to my home country.

The patient was tall, slender and well proportioned, with straight blonde shoulder-length hair. He was generally casually but appropriately and neatly attired.

He was living by himself, attending N.Y.U. for his doctorate in Theater and Stage directorship. He was supported partially by scholarship and student loans and partially by his parents.

The patient's chief area of concern were his inability to make a decision about his career, his inability to shift from homosexual to heterosexual orientation, and his unsatisfactory social life.

The patient grew up in a highly educated middle class, non-religious Jewish family from New York. At age five, his family moved to a suburban area of Chicago, where he spent his school years.

The patient's father was currently an associate professor of social work. He was described by the patient as serious, rigid, cynical, unsociable and sarcastic, and always busy with his own work, spending no time with his children. The patient believed his father had been dominated by the patient's mother in the past but no longer, and had always discouraged the patient by comparing him to his older brother. The patient felt that his father saw him as "not able to take full responsibility for his life".

The patient believed his mother had wanted him to be a girl when he was born. He felt that she had dumped her anger out on him when she was unhappy and gave him smothering love when she was happy. He recalled his mother losing him several times in department-stores and supermarkets and believed she had done it deliberately. She had been suicidal when the patient was a child. He recalled his mother trying to cut her throat with a razor blade and his father grabbing her and taking the razor blade away. He also recalled his mother rushing out to the street and trying to run into a car. He also described her as a "crazy bitch" with no social life and "having hysterical fits quite often".

Robert, his older brother, was three years senior to the patient. He was a Yale law school graduate, and is currently working for a law firm. Although he had previous homosexual experiences, he had shifted to a heterosexual orientation through the help of psychotherapy. The patient described his brother as a bright, adventurous, and rebellious boy who had coped with their mother's "bitch" behavior by pretending to be crazy also (Ex: throwing things at mother when she was acting irrationally). Robert was greatly admired by the patient, particularly for his ability to win his parents' love in spite of his rebelliousness. John: Former homosexual lover, Thomas: Present homosexual

lover, Robert: His older brother, Michael: Younger (by 10 years) brother

DREAMS

1980, April: "John's friend is lying on his back without genitals."

*This dream lead the patient to talk about his inadequate and sad feelings about being unable to produce his own children due to oligospermia.

1980, April: "Russians were attacking us. We were in the war. When I was looking out the window, bombs were dropping. I thought, now, it's the end of the world. Stupid Carter, he was irresponsible. It dawned on me that it was four fifteen in the afternoon. I missed the session with you. I was so upset. I went to a public phone booth and got you on the phone. I was explaining to you why I made such a mistake. I was worrying that maybe, you thought I wanted to miss the session. Anyway, but, it was obvious. You didn't sound the way you do. You were commanding perfect English, more fluent, with Yiddish intonation. I think you calmly said something like this 'No point to go on' You were implicit but clear. I felt nothing left for me. I thought about killing myself. But some-how I couldn't face killing myself. It was horrible."

*This dream lead the patient to talk about his unconscious fear of commitment to psychoanalysis, in both money and time expenditure.

@Although we did not deal with many of the issues in this dream during that session, we drew many meaningful hypotheses from this dream. For example, the background of this dream being a war suggests his tendency to see the world as dangerous and hostile. In addition, the dream suggests a strong fear of making a mistake. The dream further suggests that he now

sees me as an acceptable therapist, in contrast with the past when he considered me a handicapped therapist due to my poor English and different cultural background. The dream also points to the patient's history of being rejected by an authority figure, represented in the dream by the therapist, and his tendency to blame himself, his masochism.

1980, May: "With actress, we were doing sexual foreplay. We were naked, touching, giggling and tickling."

*He was talking about his inability to be playful with a girl. It was confirmed that he didn't feel any sexual arousal in this dream.

@Sexual play with a girl without sexual arousal is one of the most frequent and typical dream contents of this patient.

1980, May: "John is there. We had sex. I was trying to penetrate him from rear. But it didn't work."

*This dream helped the patient to uncover his wish to take revenge on John. He had felt guilty toward John prior to this dream because he thought John had committed suicide because of his leaving John. After he worked through this guilty feeling, he became capable of getting angry with John. This was a turning point dream in terms of shifting affect from guilt to anger.

@ "It didn't work" could mean that he cannot take revenge since John is dead already.

1980, August: "Son baby, black negro baby. It looked like me. I could see resemblance. Baby's back-skin is peeling off. It is badly burned." "Some guy flew into my room. He was a neighbourhood gay. He was harassing me, vandalizing my apartment. He was vicious. He ruined all. I was feeling so victimized and helpless that I couldn't stop him."

*The patient talked about his image of his fragile and helpless self. This dream directly reveals one aspect of his self-representation.

@Although we did not analyze the latter half of this dream, we could see his attitude of degrading homosexuals in spite of his own homosexuality, as well as the issue of his feeling victimized.

1980, September: "Michael (younger brother) and my father were watching TV. They were relaxing. I was busy with serving them. Robert (older brother) asked me to get him a towel. I was going to get one, and then I stopped. I asked myself, why do I do this for him:"

*This dream lead him to talk about his growing sense of self confidence. Now he began to challenge others appropriately.

@This was the first dream in which the patient saw himself serving others, instead of being served. This could represent evidence of evolving health. During this period of analysis, the patient produced many other dreams in which he behaved as an assertive and challenging man.

1981, March: "I was with Thomas (present homosexual lover) in the bar. There were two good looking guys. Thomas suggested that we, each of us, take one of them. I felt attracted to one guy. Thomas said 'Go ahead and do it'. It was a big surprise to me. That pleased me. But at the same time, I felt scared and hurt. How could he openly approve that? I was appalled at his audacity. He was looking around in the bar, not secretly at all. I felt rejected. I am a very loyal person. I don't want to give him (Thomas) up."

*The patient first talked about not wanting to give up Thomas, whom, in reality, he felt stuck with and with whom he achieved little satisfaction. When I inquired 'To whom in the

past did you feel the same way as you feel toward Thomas?', he gave meaningful associations about his ambivalence toward his mother.

@Other issues emerged, such as, his being secretive about his homosexuality, his view of himself as secretive and fearful and others (Thomas and older brother) ad daring and courageous, and his strong need for dependency (inability to live without Thomas).

1981, May: "A Chinese girl says they have a telegram for me. The telegram says I am supposed to call my brother Robert who is in Taiwan (This was true in reality). I can call my brother, but, somehow, I was scared of calling. Then I heard, from the surroundings, that Robert killed himself. I was crying like a baby. At my parents house in Chicago, sitting on couch with Michael (younger brother). I spoke to my father about my sad feeling about Robert. He was sympathetic and consoling me."

*This dream helped him uncover repressed mourning for Robert, whom the patient thought he had lost and who went far away to Taiwan for business trip. He was also able to reconstruct a more elaborate and detailed image of his brother.

@It again pointed to his suicidal ideation. He appeared to introject his mother's suicidal behavior. He was increasingly viewing his father and therapist as benign and supportive figures rather than as discouraging and attacking. He was able to relax better.

1981, July: "I was walking home at night. It was treacherous. Near my apartment, I was singing out loud. While I was sleeping, I heard my mother screaming. It was frightening. I woke up. I realized our building was on fire. I could see blazing fire in the hall through the crack under the door. At least, I was confident to save myself." "I woke up. It was a

nightmare. I was glad it was a dream."

@This dream brought out many detailed nightmare-ish experiences with his mother. After this dream, I became convinced that the patient's mother was borderline, and at times almost psychotic. On the positive side, the dream suggests that the patient is confident that he can save himself.

1981, September: "I was in the session with you. I don't recall what you said. Anyway, I didn't like what you said. So I hit you. Bare flash! I was shocked." "I was aggressive, arguing with you. Woke up it was only a dream."

*Dream associations revealed the patient's unconscious affect of anger and resentment over my taking a vacation and deserting him. Earlier, the patient had been conscious only of positive feelings toward me.

@The patient can now imagine himself hitting me. He is gradually becoming more spontaneous and less inhibited and frozen in his affect.

1981, October: "I was in Los Angeles with you. We were in a car and going along the highway. The scene was open, spread out, free and wonderful. You were driving. We could see the sunset, which was beautiful."

*The patient spoke of his temporary dependency on me. He verbalized that, he now depends on me to work out his problems but believes, someday in the near future, he will grow out of that dependency. He said he hated his feeling of being controlled while he depends on others.

@This was the first time that he explicitly admitted his dependency on me. This indicated his ability to allow himself to regress to explore the more deep-rooted representational world of his psyche.

RESULT AND DISCUSSION

Latent : Manifest Freud (1900) insisted that latent meaning must be pursued rigorously to arrive at the true meaning of the dream, since manifest content is disguised through the dream work. In the present case, this distinction between latent and manifest content did not prove particularly useful. It is true that each dream had multiple levels of meaning.

But since we could not deal with all levels simultaneously, we usually focused on whichever theme was most appropriate to that phase of transference and extra-analytic situation at the time. For this patient, manifest content quite often directly revealed psychologically meaningful information. However, the manner of reporting the dream or the attitude toward the dream was even more revealing than the seemingly rich content of the dream. Erickson (1954) has shown that systematic attention to the dream's manifest content can reveal the dreamer's individualized modes of experiencing and relating to himself and his world. Arlow and Brenner (1964) have suggested that the interplay of forces and counterforces determining a patient's current conflicts may be more or less directly discernable in the manifest dream. Kohut (1977) has demonstrated that, in narcissistically disturbed patients, the precarious condition of a fragmented self may be concretely depicted in the manifest dream imagery.

Formulation of core psychodynamic pattern from a series of dreams. Saul (1940) pointed out that the psychodynamic theme can be formulated by examining carefully a series of current dreams in isolation from other material. This concept corresponded well with my work with this patient. This patient saw external reality as hostile and dangerous and viewed

himself as a victim in dreams of bombing, war and harassment by a homosexual. His dreams repeatedly indicated that the patient felt unwanted and unlovable. Trying to be a "good boy" to earn love put him into a cautious, inhibited and passive position. His passivity was particularly well depicted in a dream in which he sat in the passenger's seat and in a dream in which someone else made sexual advances. Many of the patient's dreams revealed the core issues of his inner life.

Wish fulfillment Freud (1900) formulated that the most important function of the dream is the fulfillment of repressed wish and id derivatives. The most frequent type of dream for this patient was the wish-fulfilling dream, such as "receiving advances from man", "sex play with woman", "traveling to a peaceful place", whereas these events were unlikely or uncommon in reality. Freud (1900) stated that another aspect of wishfulfillment in the dream is its use as a defense or fictitious solution. I found this to be quite true. Although the patient did not make any real effort to be intimate with a woman, the frequency and intensity of sex play with a woman gradually increased in his dream. When he finally dreamt of penetrating the vagina of a woman, he thought that he was ready for a heterosexual relationship. However, when he had a real chance to make love to a woman, he withdrew. He then realized that he was deceiving himself in his thoughts and dreams as a defense against making any effort in his real life.

Self balancing model Jacobi (1942) pointed out that dreams express the counterpart of the conscious attitude. The dream is a statement, uninfluenced by consciousness, which can rectify a situation. Bonime (1962) agreed with Jung and stated that dreams are authentic perceptions of oneself and one's reality. Many of his dreams helped to get in touch with hidden

affects of which he had been unaware of. This selfbalancing function of the dream was quite important therapeutically in uncovering the unconscious. At each turning point, the patient had dreams which corrected and compensated his subjective distortions and blind spots.

Working through of bad object relations

Fairbairn (1954) hypothesized that one of the functions of the dream is an attempt to deal with or work through bad object relationships. Many significant people in the patient's life frequently appeared in his dreams. Through these dreams and working with the dreams, he was able to reexamine traumatic and distorted experiences with the people. His main task during the advanced stage of therapy consisted of working through his bad object relationships. His mode of experiencing himself and others was gradually changing during this period. A remarkable example of this process involves his mother, who was a destructive figure in his life. He reported that most of his dreams about his mother felt nightmareish. The dream helped him to recall repressed and forgotten memories and unconscious affect about his mother. He began to integrate dissociated representations of his mother-image. He was trying to master and correct the old unhappy relationship with his mother through work with his dreams.

Patient's use of the dream as resistance

The aspect of the resistance of the dream is discussed by Bonime (1962) and Altman (1969). At times, this patient devoted so much time and attention to his dreams that he had little time to talk about the significant events taking place in his daily life. He also acted as if he did his job simply by coming to therapy equipped with a dream. He became passive, hoping to leave the work to the therapist. At each session, I pointed out to the patient his passivity and his desire to avoid reality in the same way that I handled other resistances.

Localizing in the dream changes in the patient's view of himself and objects

1) During the first year of analysis, the patient's dreams were usually war, bombing, and killing scenes. Gradually the frequency of dangerous backgrounds decreased, and rather peaceful scenes, such as a home in Chicago, a California beach, travelling on an ocean liner began to appear. Thus, these were shift from a hostile to a peaceful or cooperative world.

2) Initially, the patient depicted his father as mocking and punishing. The image of his father gradually became that of a sympathetic listener in his dreams.

3) The patient dreamed of his mother as "a bitch attacking and screaming like hell". The image of a bad mother became more intense toward the later stage of therapy. A well integrated* image of his mother would have emerged if analysis had continued.

4) The patient became increasingly assertive and less fearful. Initially, he became immobilized and frozen in threatening and dangerous situations in his dreams. Later, his assertiveness was well demonstrated by his image of seeing himself chasing a black man, a robber, and his questioning, "Why do I have to get a towel for my brother?"

5) most of the patient's dreams initially were less vivid, more obsessional and less affect laden. Eventually his dreams became more vivid, emotional, and related to significant people around him.

6) Although the patient rarely allowed himself to feel anything toward me in the beginning stages of treatment, the frequency of his emotional engagement with me as represented in dreams began to increase toward the advanced stage. For example, the patient dreamed of hitting me and of my making advances toward him. There were clearly changes of psychic

representation of self and object when we carefully examined a series of dreams during the course of therapy.

In this paper, various aspects of dealing with dreams in psychoanalysis have been examined. Above all, what was striking in dream interpretation with this patient was the strong impact on his life which was effected when we, the therapist and the patient, came to see clear and direct evidence of connections between the patient's early experiences and his current life situation and therapy transference.

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