



## The Patient's Dreams and the Countertransference

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Dreams reported in psychoanalysis may reflect not only the transference of the patient, but also the countertransference, counterresistance, and counteranxiety of the psychoanalyst. Because of the communicative capacity of dreams, the analyst may use the patient's dreams as supervision. Objective signs are described that may indicate countertransference interference in the analyst's dream interpretation. Through a process of reciprocal, interactive dream interpretation, the dream's meaning about the transference-countertransference matrix can be clarified. Usually, there is an intermediate stage in working on a dream, during which the dream meaning is enacted in the dream-interpretation process. Clinical examples include the "Lovely Dream" reported by Freud, along with examples from the casebook of Gill and Hoffman (1982) and from the author's own practice.

When Freud wrote that dreams are the royal road to the unconscious, he meant the unconscious of the dreamer. They are indeed that, but in clinical psychoanalysis the dreams of the patient may provide a road to the unconscious of the analyst too—a road perhaps less royal than rocky and perilous. The aim of this paper is to consider how the analyst may use the dreams of the patient to understand better his own unconscious, as activated in the psychoanalytic relationship. As the analyst understands more clearly the contributions of his own unconscious countertransference, counterresistance, and counteranxiety, he may be better able to help the patient with his transference, resistance, and anxiety. In short,

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- 1 -

we will consider how an analyst may use his patient's dreams as supervision.

The idea that patients may consciously or unconsciously supervise the analyst is not a new one. Langs (1978) outlined many ways that the patient may unconsciously communicate to the analyst that there are violations of the frame of psychoanalysis. Casement (1991), expanding Langs's work, has shown how the analyst can continually adjust his approach by carefully learning from the patient what the patient needs, without recourse to Langs's fixed and arbitrary vision of psychoanalytic conduct. Probably the most daring innovator in this area is Ferenczi (1988), whose research into mutual analysis in the 1930s allowed the patient access to the analyst's associations in the interest of removing countertransference blocks and thereby helping the patient.

Ferenczi was a pioneer in exploring the potential of a patient's dreams to clarify the countertransference. His experiments with mutual analysis included understanding of his patient's dreams in terms of both the transference and countertransference. He wrote in his diary (Ferenczi, 1988) on January 19, 1932: "R.N.'s dream. Former patient Dr. Gx. forces her withered breast into R.N.'s mouth. 'It isn't what I need; too big, empty—no milk.' The patient feels that this dream fragment is a combination of the unconscious contents of the psyches of the analysand and the analyst" (p. 13). Ferenczi connected her dream to an episode from his own infancy, which he recalled for the first time with emotion and which freed him to be more empathic with the patient's traumatic history.

The idea of dreams as supervision implies a theoretical postulate, namely, that dreams are not just a reflection of intrapsychic process, but can instead be used by the dreamer for interpersonal communication. This was not Freud's view. He wrote: "The productions of the dreamwork, which, it must be remembered, are not made with the intention of being understood, present no greater difficulties to their translators than do the ancient hieroglyphic scripts to those who seek to read them" (Freud, 1900p. 341). In 1933, Freud returned to this question: "dreams are not in themselves social utterances,

not a means of giving information” (p. 9). Freud conceived of the dream work as a disguiser, as a flawed attempt at hiding the dream's meaning from the

- 2 -

analyst and patient, which the analyst, through his skill, triumphs over. Ferenczi took a different approach; he may have been one of the first psychoanalysts to view the intent of some dreams to be communication of a person's views about another person. Ferenczi (1913) stated, “One feels impelled to relate one's dreams to the very person to whom the content relates” (p. 349).

Today, many analysts see the intention of dreams as ambivalent. Dreams can function as both disguisers and communicators, especially those dreams that are told to another person (Aron, 1989). We know from experimental dream studies that many more dreams are dreamt than are remembered (Aserinsky and Kleitman, 1953); most of us know from personal experience, too, that more dreams are remembered than are told to someone. Thus, when a dream is both remembered and told, there may be an intent not to hide but to communicate something. That which is expressed may be some aspect of the patient's personality, but it may also be a communication to the analyst about his or her personality, at least as perceived by the patient, that for any number of reasons cannot be expressed overtly by the patient. It may also be a plea for change in the analyst or in the relatedness between patient and analyst. I have discussed a subset of such dreams (Blechner, 1983), those of borderline and schizophrenic patients expressing a simple message to the analyst that could not be stated by the patient in direct, waking speech. These included communications that were the opposite of the stated words of the patient: one patient, for example, expressed only caution and distrust of the analyst in her waking words, but expressed confidence and a sense of warmth about the analyst's manner in her dream.

I would like now to propose an expanded view of dreams as commentaries on the analyst's personality and functioning that either cannot be said by the patient or, if they can, are not being heard by the analyst. Dreams that are communicated by a patient to the analyst can be a form of unconscious supervision. This function of dreams is not meant to supplant the more usual considerations of dream functions in psychoanalysis—as expressions of wishes, as expressions of childhood traumas, as expressions of psychic conflict, as a kind of play space, as expressive of the transference, as indices of bodily and psychic states. These functions of the dream are well documented and discussed in

- 3 -

our literature. Nevertheless, dreams can also function as a kind of supervision of the analyst—as a commentary on the analyst's countertransference, or the flaws of his approach in treating the particular patient, or the expression of appreciation for an analytic intervention, even one that, in waking life, the patient has met with protest and resistance. These are only some of the aims that the patient's dream-supervision can have.

Kanzer (1955), in his seminal paper on the communicative function of the dream, describes a number of ways in which the dream can be used by the analyst as supervision. He discusses how a patient's dream may communicate not only the patient's dynamics, but also the possible countertransference interferences of the analyst. For example, a woman dreams: “I am lying on the couch and you are sitting at the other end of the room. I rise up to come to you but find that there is freshly laid concrete between us. This hardens rapidly as I put my feet in it. I am caught in a vise, am terrified and scream” (p. 262). She awakens with an asthma attack. Kanzer sees the dream and the subsequent asthma attack as an attack on herself and the analyst, as the patient's seeking to have him abandon his neutrality. But he also questions the analyst's own involvement: “whether his own interpretations were ‘too freshly laid,’ too ‘concrete,’ and posed the threat of holding her ‘in a vise.’” (p. 262). This double consideration of the meaning of the dream, as reflecting both the patient's and the analyst's involvement in the analysis, is the first step in the process of interactive dream interpretation that is explored in this paper.

Similarly, another patient described by Kanzer dreams that he is “standing behind his brother, who is trying to replace a door that has come off its hinges. He is bungling the job, but the patient decides to say nothing” (p. 262). Kanzer considers how saying nothing refers to the highly obsessional patient, who talks much and says nothing. But he also considers the dream as an attempted corrective to the analyst, who reacts to the patient's obsessiveness with disapproving silence, while the patient bungles the job.

Dreams can, in this way, be transitional actions. They are actions midway between consciousness and unconsciousness, between repression and deliberate expression. They are communications with an option, to understand or not, both for the dreamer and for the analyst to whom the dream is told.

- 4 -

Understanding, however, is usually not achieved quickly nor all at once, but, rather, gradually and laboriously. When the dream contains a communication to the analyst about something in the analyst's personality or technique that troubles

the patient, and the analyst, for reasons of personal anxiety or conviction, resists hearing this communication, then understanding will be slow, if it occurs at all. Levenson (1983) has shown that, in such cases, there is often an intermediate stage to understanding: the analyst enacts, in his process of dream interpretation, the very dynamic that the dream attempts to communicate. Greenson (1970) describes a superb example in which the dream-interpretation process reflects the dream content and in which the analyst reenacts the dream as he interprets it. He describes a case analyzed by Hans Thorner (1957), of a man with examination anxiety who felt he had a “black record,” the nature or reality of which seemed unclear to the analyst. The patient reported a dream in which red spiders were crawling in and out of his anus. A doctor examined him and told the patient that he was unable to see anything wrong with him. The patient replied, “Doctor, you may not see anything, but they are there just the same.” The analyst interprets:

Here the patient expresses his conviction that he harbours bad objects (red spiders) and even the doctor's opinion cannot shake this conviction. The associative link between “black record” and “red spiders” shows the anal significance of his “black record.” He himself is afraid of these objects against which he, like the man in the dream, asks for help. This help must be based on a recognition of these objects and not on their denial—in other words he should be helped to control them. It is clear that we are dealing with a feeling of persecution by bad internal objects [pp. 284-285].

Greenson (1970) criticizes this as an example of interpreting from a theoretical position rather than from the patient's associations. He speculates that the patient's reproach to the physician combines a hostile transference and a possibly justifiable reproach to the analyst, and he wonders whether “the red spiders crawling in and out of the patient's anus are not the patient's reaction to his analyst's intrusive and painful interpretations” (p. 532). If Greenson is correct, then Thorner, in his one-sided, overriding interpretation of the dream, is

- 5 -

recreating the dream in the session: the patient tells the analyst in the dream that the spiders are there whether he sees them or not, and the analyst painfully reiterates his position that they are not.

Such clinical examples may at first seem discouraging. Lest anyone think that Thorner's case material is an unusual example of a counter-transference blind spot, we should note that probably in every analysis a similar phenomenon occurs with some frequency. Take any reported dream interpretation, subject it to the scrutiny of several skilled analysts, and they will be able to find any number of countertransference trends portrayed in the patient's dream and reenacted by the analyst as he interprets the dream (see Levenson, 1983.) But if such processes occur, then of what value is knowing that to the analyst? Is there any hope that the analyst can become aware of his unconscious countertransference? Are there any means by which he can become more quickly aware of these developments by himself and hence help the analysis to progress more productively?

My answer to this question takes two directions. One identifies certain objective characteristics of the dream-interpretation process, some common features of the interaction between patient and analyst that might signal a strong countertransference, counterresistance, and counteranxiety (Wolstein, 1967). This may be called “the objective approach,” which has much theoretical interest, but certain limitations in clinical application. Although knowing such objective signs may be useful to the psychoanalyst, it is often not possible for the practitioner, in the heat of clinical struggles, to view the therapeutic process with such calm, objective reserve. The clinician may also find that certain blocks or gaps in his perception guard against his perceiving his own countertransference. When that happens, can anything be done? To consider this question, we shall have to switch perspective and take our second approach, the interactional, mutual approach to studying countertransference interference. This view holds that the analyst's blind spots may be portrayed by a patient's dream. The dream-interpretation process itself may at first reenact the dream dynamics, so that the analyst will not see his own blind spots. But through a continual, circular, mutual process of revision and rerevision of the interpretation by both patient and analyst, the analyst may come to perceive his countertransference and, having done so, may make great strides in understanding, clarifying, and resolving the patient's transference.

- 6 -

## Objective Signs

Let us begin with the objective signs to the analyst, from his work as a dream interpreter, that his countertransference may be interfering with his ability to understand his patient. What follows is by no means an exhaustive list; on the contrary, it is only a tentative beginning, outlining some factors that I have observed in my own work and in reports of dream analyses by other analysts.

### 1. Breaking One's Own Rules of Dream Interpretation

The first sign is, by definition, relativistic. It is the analyst's breaking rules that are usual for his technique of dream interpretation. Thus, a procedure that is usual for one analyst may be part of an effective approach to dream interpretation, whereas another analyst, for whom the same procedure is anathema to his technique, may consider his use of such a procedure as a possible sign of countertransference.

Thus, no single procedure is a sign of countertransference for all analysts but must be considered relative to one's usual procedure. We all know that there are many codified formulas of the rules of dream interpretation. Grinstein (1983), Bonime (1962), and Altman (1975), among others, have compiled unified approaches. An analyst may subscribe fully to any one of these systems, although most analysts with experience eventually develop a standard of procedure that is quite personal. Whatever that standard is, it must form the backdrop against which departures are defined and which can then be considered as possible signs of countertransference. (Of course, it may also be an inspired intervention and an extension of the analyst's repertoire; the interface between creative analysis and countertransference is a complex one. See Meltzer, 1978).

As an example, I would like to take a special look at one rule with which most Freudian analysts would agree—that is, the rule of giving primacy to the patient's associations in interpreting dreams. Freud repeatedly stressed the importance of this; even in the section on dream symbols in *The Interpretation of Dreams*, while providing many of the common meanings of certain symbols, Freud (1900) stressed that

- 7 -

the individual's own associations may negate any meaning derived from formulas of symbol translation. Freud would have agreed, in theory, that ignoring the patient's associations, or the analyst's giving primacy to his own associations, was a sure danger signal. Many Freudians and analysts with other outlooks would also agree, and if they find themselves overriding a patient's associations with their own, they ought to pause and consider their countertransference.

There are, however, analysts whose standard procedure does not give primacy to the patient's associations. Jung was one example. He felt that working primarily from the patient's associations leads one away from the true meaning of the dream, back to the patient's complexes, which could be discerned without the dream. Free associations, he believed, “always lead to a complex, but we can never be certain whether it is precisely this one that constitutes the meaning of the dream.... We can, of course, always get to our complexes somehow, for they are the attraction that draws everything to itself” (Jacobi, 1973p. 84). Jung felt that Freud's stated procedure of relying primarily on the patient's associations led to a reduction of the dream. Jung recommended instead a process that he called “amplification,” in which the analyst provides his own associations to the dream. Jung (1944) wrote:

The *amplificatio* is always appropriate when dealing with some obscure experience which is so vaguely adumbrated that it must be enlarged and expanded by being set in a psychological context in order to be understood at all. That is why, in analytical psychology, we resort to amplification in the interpretation of dreams, for a dream is too slender a hint to be understood until it is enriched by the stuff of association and analogy and thus amplified to the point of intelligibility [par. 403, p. 277; see also Jacobi, 1973p. 85].

Some Freudians, including, as we shall see, Freud himself, agree at least in part with Jung. It is a rare analyst who today would never volunteer one of his own associations to a patient's dream. I believe, however, that while this procedure can be extremely productive, it must be combined with attention to the patient's associations. Otherwise, it leads to the converse of Jung's criticism of Freud's procedure—it

- 8 -

leads to the enactment of the analyst's complexes, at least those stirred by the patient. Moreover, if it is the analyst's usual practice to give primary attention to his patient's associations, then he must consider his not doing so as an objective sign of possible countertransference interference.

## 2. The Leap into Latent Content

Another signal of countertransference interference is what I call a “leap into the latent content.” By this I mean a too ready escape from the manifest material of the dream into an interpretation that seems arbitrarily derived from the manifest content. Especially common methods of leaping into latent content include: 1) a formulaic interpretation of dream symbols without reference to their specific meaning to the patient; 2) the interpretation of the dream through an arbitrary theoretical system; 3) the omission from the dream interpretation of certain sections of the dream; and 4) ignoring the persistent protest by the dreamer that the interpretation makes no sense. The interpretation by Thorner mentioned earlier probably fits into this category.

Levenson has been a relentless critic of this sort of dream interpretation. He has often noted how a standardized “depth interpretation,” such as of penis envy or oedipal conflict, can allow the analyst to deflect a more immediate

reflection in the dream of the specific interaction of analyst and patient (see, for example, **Levenson, 1983**p. 95 ff; **1987**; and **1991**, passim).

### **3. Ignoring the Transference and Countertransference Aspects of the Dream**

In the interpretation of most dreams, the analyst should consider how the characters in the dream might refer to the patient and himself. This consideration may include particular details of each person in the dream as well as the relationship between people in the dream. When the analyst fails to perceive any correspondences between the dream

- 9 -

and the analyst-patient dyad, some problematic countertransference may be at work.

There is no limit to the range of features of the analyst that can be included in the patient's dream, and the analyst should always be ready to discover new ones. One of the most common is a reference to the analyst's name. An analyst with many years of experience will have accumulated a large number of references to his name. Yet even the most proficient dream interpreters have missed a few. Ella Sharpe (**1937**), for example, who was very attuned to such matters, seems not to have noticed the personal reference when a patient dreamt of "sharp cliffs" (p. 103). Greenson (**1970**), too, in his important paper on interactive dream analysis, did not interpret the "green" raincoats (p. 541).

The analyst can never pick up all references to himself, but when he discovers an omission, he ought to consider the possible dynamics of his oversight. For example, a patient reported a dream to me early in the analysis in which a black prostitute was sitting behind him. Several years later, in referring back to the dream, I discovered that he thought that black was a direct reference to my name because of its similarity to the letters Blech, which some people pronounce "Bleck." He said he thought the connection so obvious that he hadn't mentioned it. I first thought that I had missed it, because of the much more common association of my name to "bleach," but after that rationalization I reconsidered whether I had resisted the patient's perception of me as a black prostitute.

### **Objective Signs of Countertransference in a Dream Analysis by Freud**

I have identified three "objective" signs of countertransference interference in dream interpretation. I would like now to consider, from this perspective, a dream analysis reported by Freud (**1900**). It is one of the few examples to report the details of the interaction between the analyst and patient during the analysis of the patient's dream. It is the so-called Lovely Dream.

He was driving with a large party to X Street, in which there was an unpretentious inn. (This is not the case.) There was a play

- 10 -

being acted inside it. At one moment he was audience, at another actor. When it was over, they had to change their clothes so as to get back to town. Some of the company were shown into rooms on the ground floor and others into rooms on the first floor. Then a dispute broke out. The ones up above were angry because the ones down below were not ready, and they could not come downstairs. His brother was up above and he was down below and he was angry with his brother because they were so much pressed. (This part was obscure.) Moreover, it had been decided and arranged even when they first arrived who was to be up above and who was to be down below. Then he was walking by himself up the rise made by X Street in the direction of town. He walked with such difficulty and so laboriously that he seemed glued to the spot. An elderly gentleman came up to him and began abusing the King of Italy. At the top of the rise he was able to walk much more easily.

His difficulty in walking up the rise was so distinct that after waking up he was for some time in doubt whether it was a dream or reality.

We should not think very highly of this dream, judging by its manifest content. In defiance of the rules, I shall begin its interpretation with the portion which the dreamer described as being the most distinct [p. 285].

It is noteworthy how Freud comments on this dream. His first sentence is somewhat deprecatory, that is, "we should not think very highly of this dream." This is an unusual association of the analyst; generally, we do not evaluate a patient's dreams, nor is it obvious what is less valuable about this dream. That Freud does not think too highly of it, however, can be connected with the high and the low levels of the dream. That he starts the dream analysis with his own evaluation of the dream is a sign that some sort of countertransference, perhaps competitive and evaluative, is at work and that

observations of this countertransference, and its interactions with the patient's personality, may be part of the latent content of the patient's dream.

Freud then associates the climb that starts with difficulty and ends easily to the introduction to Daudet's *Sappho*, describing a young man who carries his mistress upstairs in his arms, at first with ease, but then

- 11 -

with difficulty. This is the opposite of the situation in the dream, but the patient finds that it fits some of the day residue, a play he had seen the night before.

We may note here another aspect of Freud's first comments on the dream: "In defiance of the rules." In this dream interpretation Freud breaks a number of his own rules, including the rule of following primarily the patient's associations. Instead, he starts the interpretation with his own association, to Daudet's *Sappho*. While the patient finds this relevant to the day residue, Freud seems involved with his own association, to the detriment of his attention to the patient's. The patient's association is to lines from Uhland: "I was lately a guest at an inn with a most gentle host;" and then to Goethe's *Faust*:

Faust (dancing with the young witch):

A lovely dream once came to me,  
And I beheld an *apple-tree*,  
On which two lovely apples shone;  
They charmed me so, *I climbed thereon*.

The Lovely Witch:

Apples have been desired by you,  
Since first in Paradise they grew;  
And I am moved with joy to know  
That such within my garden grow.

To grasp fully the transference significance of this association, we must examine the last two lines in the original German:

Von Freuden fühl'ich mich bewegt,  
Dass auch mein Garten solche trägt.

The speaker is moved with joy, with *Freuden*, which seems a clear reference to his analyst's name. In other contexts, Freud was aware of this typical play on his name, yet here he overlooks it (see **Freud, 1900**p. 207, n. 2.) One can speculate that the patient feels joy (*Freuden*) in his analysis—that there is a strong positive transference.

- 12 -

Freud does not interpret the dream within the transference; he distinctly avoids it. Yet several factors in the manifest content suggest that the dream refers to the experience of analysis. At one moment the dreamer is the audience; at another, he is an actor, suggesting the dual roles of an analysand. Second, the obscure part of the patient's dream, which Freud stated are usually of greater importance, is his anger with his "brother," who is up above, while he is down below. Moreover, it had been decided and arranged even when they first arrived (i. e., even when the analysis was started) who was to be up above and who was to be down below—the initial contract between analyst and patient. That this is part of the transference-countertransference interaction is signaled by the dream interpretation interaction: the subservience of the patient's associations to Freud's. We can see from this dream, by the way, that the questions of asymmetry and mutuality, which have lately received much attention (**Blechner, 1992; Burke, 1992**), have been ongoing since the beginning of psychoanalysis. Although Freud was alarmed by Ferenczi's experiments in technique, the problems addressed by Ferenczi seem to have been relevant to Freud's own clinical work.

There is something important about how the analysis of this patient started. This is probably within Freud's conscious or unconscious awareness; his association is to the beginning of *Sappho*, in which a man carries a lady he has just met up several flights of stairs. At first, she seems light and he is full of energy. By the last flight, she seems an intolerably heavy burden. One point of this passage is that the drama of an entire relationship can be foretold by a very early interaction between two people, as is often true in psychoanalysis. The course of the entire analysis is often adumbrated by the first session, the first dream, even by the first contact before the first session.

In the second part of the dream, the dreamer comes across an elderly gentleman, and after their encounter he is able to walk more easily. (Who would not welcome such an outcome of analytic treatment?) Yet some powerful countertransference is at work, so much so that later, Freud speaks of his own association to Sappho as if it were the

patient's: "The wet-nurse, as well as Daudet's *Sappho*, seem to have been allusions to the mistress whom the patient had recently dropped" (p. 287).

- 13 -

What is the source and nature of Freud's countertransference? We can only speculate. When Freud concludes that the dream alludes to the patient's wet-nurse, we may wonder whether the intensity of the maternal positive transference is interfering with Freud's acknowledging his own representation in the dream. Many years later, Freud (1931pp. 226-227) described his difficulties with preoedipal transferences, which he thought might be better handled by female analysts than male analysts, an issue that has been examined further by Lasky (1989).

The exact nature of the transference and countertransference must remain a subject of speculation. It ought, in any case, not deter us from our main concern, which is to study how the dream-interpretation process reenacts the dream themes and to discover if there are any techniques by which the analyst can deepen his understanding of the patient's dream and his own countertransference involvement as reflected in both the manifest dream and the subsequent interaction during the dream interpretation.

Freud's analysis of the "Lovely Dream" contains at least two of the objective signs of countertransference interference that we have identified: he breaks his own rules and he ignores overt references to himself and to the analysis. Freud even goes so far as to consider that his own association of Sappho is the "prototype in the dream-thoughts" of the patient. This seems like an overvaluation of his own associations. While it is true that the analyst often can derive the most inspired interpretations from the way his own associations resonate with the patient's material, such inspiration often teeters on the edge of counterresistance, and requires extra caution.

## Reciprocal Processes of Dream Interpretation

While the objective signs that we have identified may be useful for signaling countertransference intrusion, they must be considered with balanced skepticism. For example, while it is a danger signal if one ignores references to the transference, it is also possible to overattend to the transference implications of a dream. Khan takes this position, asserting that since "analysts are addicted to being objects for their

- 14 -

patients, it follows that they may not allow themselves to become non-objects, an essential requirement if patients are to experience themselves" (cited in Curtis and Sachs, 1976p. 349). In other words, there is danger in too much transference interpretation, in what we might call "hypertransference" approaches, where the focus on the references to the analyst can squeeze out any other possibilities. How can the analyst know? There is no sure way; one must simply continue to listen, to subsequent dreams and other material, for constant correction of one's analytic course. The likelihood is that, in the first attempts at interpretation, the analyst and the patient will replay the problematic process described in the dream. Levenson (1991) cites many cases in which a patient's dream portrays a dramatic situation that is paralleled by the interaction with the therapist. Often, the analytic task, as outlined by Levenson, is to explore the parallel of the dream and the clinical interaction, and then for the analyst to consider how he can extract himself from the neurotic interaction, leading the patient to find a new way of dealing with his world.

In this paper, I would like to expand on this area of study. Some of the best examples of the parallels between dream material and subsequent enactments in the dream interpretation process have been identified by analysts examining the dreams of other analysts. It is surely easier to identify the countertransference and counterresistance of other analysts than one's own. While such "Monday-morning quarterbacking" of other analysts' work is interesting theoretically, it may lead one to ask, Are there ways that the analyst and patient can articulate the countertransference and counterresistance illustrated by the dream without the help of an outsider? Joseph (1985), like Levenson, discusses "the way in which a dream can reveal its meaning in a fairly precise way by being lived out in the session" (p. 451). This is one of the reasons that attention to a single dream and its implications for the analysis should not be confined to the session in which it is presented. Rather, it is only through the continuous, reciprocal, interactive interpretation that its meaning will become clear. The analyst will likely see the transference implications of the dream more clearly; the countertransference implications will be less within his awareness, so that he may at first reenact them rather than see them. But then, gradually, he can gain insight into the countertransference implications either

- 15 -

through his self-analysis and continued attention to the patient's associations, or through the patient's becoming more bold and spelling out his view of the countertransference more explicitly, or through some other mutual process. A breakthrough is more likely to occur if there are continual revisions of the interpretation by both patient and analyst.

For example, a young woman undertook psychoanalysis because of a troubling involvement in sexual masochism. One year into the analysis, she had the following dream:

The dream doesn't really take place in my parents' apartment. There is a bookcase there in what used to be my bedroom. What next occurs is a realization that the book that perfectly captures the situation is *As You Like It*. Then we are in the dining area. Both my father and I end up sitting at the dining room table, which is oval. I sit at my father's place. My father is in my mother's place. My father also had the same thought, that *Macbeth* accurately reflects the situation. I think he must think of the correct play himself. He then says: It's not *Macbeth*, it's *As You Like It*. Then, in the dream, I told you the dream.

She associated the dream to James Thurber's story, *The Macbeth Murder Mystery*, which is hilarious and makes "Who committed the murder?" the central question.

The patient was extremely intelligent and witty but used intellectual games as a defense. The form of her participation in the dream interpretation was much as in the content of the dream itself. In the first session after she had the dream, she told me, "I had a strange dream, and in the dream I told you the dream. But now, I am not ready to tell it to you." In the next session, she made reference to the content of the dream: "Well, of course, it was about incest, as I told you." Actually, she had not told me (at least according to my memory), although she had done so in the dream. On one hand, this shows one function of the dream-telling within the dream—it allows a persistent avoidance of actually telling the dream. But it also indicates the parallel between the dream text and the process of dream analysis. Just as in the dream she expects or hopes that her father will realize what she is thinking without her having to say it, so too does she expect or hope that her analyst will know the content of her dream without her having to say

- 16 -

it. This had been a continual event in the analysis. The patient had actually stopped working with a prior therapist when she had concealed some very important information and the therapist failed to notice it. The patient claimed that she continued working with me because she had not been able to fool me. (Of course, in telling me this, she did not tell me how she had tried to fool me and how I had seen through it. Probably, as in the dream, she hoped I would know this; and I certainly had my ideas, although, as always with her, I had some doubt.)

You can see from my description of the dream the nature of the transference and countertransference. (As I write this, I realize that I am talking to you, reader, as the patient talks to me in the dream and the sessions, as if, "Of course you know.")<sup>1</sup> By itself, the dream could be interpreted as indicating, on one hand, a romanticized transference within an oedipal constellation—mother is out of the picture, father sits in her chair, alone with his daughter, and the daughter wants him to think of romance and seductiveness (*As You Like It*), not violence and guilt (*Macbeth*). Intellectual games had, in fact, been the favorite means of sexual seductiveness between her and her father. Moreover, the way they played them had a distinctly sadomasochistic cast. Her manner of reporting the dream, however, added several dimensions to this interpretation; she had a wish for me to have total empathy with her that bordered on mind-reading. At the same time, there was a dread of overt self-assertion and a kind of covert control that was achieved through these sorts of intellectual games, in which the rules alternately adhered to and broke stereotyped gender roles. (Note that in the dream the patient sits in the father's chair and he in the mother's, reminiscent of the switches in gender roles, clearly in *As You Like It* and more subtly in *Macbeth*.)

I must admit that the dream itself succeeded in engaging me in a sort of mind game. I was intrigued by a startling coincidence that seemed like telepathy. The patient spoke fluent French, and I remembered

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<sup>1</sup> This may be an example of parallel process different from that usually discussed in the literature. Searles (1955), Eckstein and Wallerstein (1958), Caligor (1984), and others have discussed parallel processes that occur in psychoanalytic supervision. Perhaps parallel processes can occur, too, in a psychoanalytic paper, where the relationship between the writer and the reader parallels the relationship between analyst and patient described in the paper.

- 17 -

that during the session in which she told me that she had had the dream, without telling me the content of the dream, I had thought to myself, "à votre guise," which in French means essentially, "as you wish," or, one might say, "As You Like It!" But the experience that this was telepathy seemed to me to reflect the nature of the transference wishes, with which I was complying.

Then, in the next week, I discovered how my deep and convoluted attempts to understand the dream, as I have just described them, were in themselves part of the transference-countertransference matrix. The patient told me at the start of a session that she was very angry with me. "Do you know why?" she asked. (I was here already bracing for a new game in the Olympics of empathy.) I confessed that I did not. But instead of games, she told me, quite simply, that she was angry

that I interpreted too much about her. Some things she told me were simple conversation, ice-breakers, and she felt I was overinterpreting and overpathologizing her. I then realized that the dream had been a simple message about this complaint. It was a wish-fulfillment transference dream. In it, the father [the analyst] is thinking *Macbeth* (i.e., tragedy, corruption, murder, greed, etc.) while she is thinking *As You Like It* (i.e., comedy, lighthearted, good-natured). She hoped that her father would understand this without her saying so in the dream, and he eventually did. But I did not, and my attempts at depth interpretation of the dream continued the pattern. Even her association to the *Macbeth Murder Mystery*, which makes a delicious joke of a tragedy, had not stopped me. And so she had to tell me explicitly that my continued interpretation was too disturbing. This action on her part was itself a therapeutic breakthrough, since she tended, when angry, either to suppress her anger until there was an outbreak of violence or to bind it in masochistic rituals. Of course, the grave, Macbeth-like issues of murderousness, deception, and conspiracy in crime were also potent issues in the patient's psychology and received further attention as the analysis progressed, but the dream alerted me to the need to slow down and to temper the focus on those issues.

The meanings of the dream continued to unfold. I took the patient's request seriously and focused less on what I saw as her pathology and destructiveness. I realized that I had been guarded in dealing with her and wondered whether that was necessary. It turned out that my

- 18 -

countertransference feeling with her was justified. In the ensuing months, the patient played a practical joke on me (the details of which I cannot relate for reasons of confidentiality). She had played this joke on other people, but it had a more serious outcome with me because it seriously embarrassed and humiliated me. It was a practical joke that her father had played on her, as well as on a number of his relatives and acquaintances. But the essence of the practical joke had been reflected in the dream: is it a comedy or is it hostile? All practical jokes have this combination of motives: there is an aspect of fooling or humiliating the other person in the guise of humor and fun. The question raised by the dream of whether the play that describes the situation is *Macbeth* or *As You Like It* was very much to the point of the patient's psychology and her experiences with her father. He was someone who did things that were supposedly in good cheer but often conveyed a deep, underlying hostility, of which the practical joke was only one example. The patient was frequently the victim of these games from early childhood, when she was even less well-equipped to handle them. They left her with the unconscious question, Is what has happened with my father destructive or fun? Is this a destructive murderous tragedy (*Macbeth*) or a comedy (*As You Like It*)?

Her association to Thurber's *The Macbeth Murder Mystery* set up the same dialectic—can make a comedy out of something that is full of underlying destructiveness? And the question of who did it, in the Thurber satire, was also relevant. When I was hurt by the patient's practical joke, her first reaction was a complete lack of empathy, as if it was my doing and my problem that I got burned. After a great deal of analytic reflection on this, we were able to elaborate how this was her own experience of her father's destructiveness. If he claimed no destructive intent, but she was hurt by him, then “Who done it?” The tension of this conflict lay at the root of her own masochistic sexual practices, which, by the way, she referred to as “The Game,” which was quite sinister and lurid in its rituals of domination, pain, and control. In fact, the title of the play *As You Like It* contains within it the essence of her masochism, as if she were saying, “Do with me *as you like it*, with no concern for my well-being, and I will act as a willing participant, but know that underneath this veneer of pleasure, there is great hurt to me.”

- 19 -

## Facilitators and Pitfalls of Reciprocal Dream Interpretation

As noted, it often happens that, after a patient presents a dream, the transference-countertransference pattern described by the dream is enacted in the first effort at interpreting the dream. The countertransference implications of the dream will then become further clarified, either explicitly by the patient or by the analyst's self-analysis. Is there any way to enhance this process?

One possibility is suggested by the work of Gill (1982). He recommends attending explicitly to the implications of the dream for the “here-and-now” interaction between patient and analyst. This strategy may help, depending on how close the countertransference is to awareness. If it is relatively close to awareness, then speaking overtly about it can be useful. Unfortunately, if the countertransference tendency is strongly dissociated or if the analyst is not highly motivated to learn about it, or both, then the procedure will not work. Rather, what may then happen is that the way the analyst attends to the countertransference reenacts his problematic countertransference. This pattern is well illustrated in Gill and Hoffman's (1982) casebook, an extremely valuable document of verbatim analytic sessions. It contains some examples of an analyst who intends to understand what the patient sees in him but fails in that effort and instead acts out the countertransference while ostensibly exploring the countertransference. For example, consider case D (pp. 69-90) in the casebook: an analyst

who is intimidating engages in a democratic attempt to explore the patient's perception of his intimidation but does so in such an overbearing manner that we are right back where we started—with the patient being intimidated into the study of the analyst's intimidation.

And in case B, this sort of circular process occurs in reference to a dream. The patient says:

We saw the movie [*I Am Curious Yellow*] Saturday night and then Saturday night I had a dream that, um, was in a class situation. And I don't remember if there was anybody in particular who was running the class, but it was something we did do in a, in a way in the class I'm taking; because we were all, we'd all made puppets. And the part I recall now about the dream was my playing around

- 20 -

with the puppet I made and feeling fairly free and yet always knowing that pretty soon I'd be asked to perform in front of others. And when this did happen in the dream and I had to make my puppet work in front of others, I completely lost control over it. I, I just sort of froze and I couldn't do anything.

And then I think there was some awareness again of, um—because I had frozen and I wasn't handling my puppet, especially after having practiced much better or played with it beforehand—again of incurring disapproval. And in fact, there is a definite connection—because—with what was happening with F—because I think what I did with my puppet when I realized I was freezing and was going to get disapproval anyway since I wasn't going to be able to perform with it, I then—I can't remember now exactly how I did this—but in some way I turned it back on the class and asked them to tell them, tell my puppet about themselves. And somehow it ended up I and my puppet weren't doing anything and that I was making the class do it. And even though it was still a fiasco, somebody else was acting, it wasn't me. Somebody else was doing the work or, or expressing themselves, revealing themselves. And that is what I was doing with F. And it was the inability to feel free to really express myself and know what I liked and didn't like that I think was what was bothering me in that class. When I felt his disapproval, even if he really didn't give it, I assumed he was, because I knew I wasn't doing something that is a standard of his and that I wanted to be able to meet [pp. 33-34].

The dream is difficult to follow as it is reported; it could be stated as follows:

I had a dream that was in a class situation. And I don't remember if there was anybody in particular who was running the class. We'd all made puppets. I was playing around with the puppet I made and feeling fairly free and yet always knowing that pretty soon I'd be asked to perform in front of others. And when I had to make my puppet work in front of others, I completely lost control over it. I just sort of froze and I couldn't do anything.

- 21 -

And then I think there was some awareness again of incurring disapproval. I turned it back on the class and asked them to tell my puppet about themselves.

The patient says that she is compliant to her father and that he requires her to be so, but the interaction with the analyst suggests that she is compliant only on the surface; she is secretly and self-effacingly assertive. When the analyst starts to put forth his own ideas about the dream, it spurs her on to develop her own. He seems not very receptive to her ideas—after asking her about what the puppet was like, he virtually ignores her response—that at first the puppet had a definite character and face but then it is faceless. We can see her defensive pattern—to hide her identity behind a haze of obsessional facelessness. Her manner of speaking is so convoluted, it is extremely difficult to perceive what her ideas are; from the way she tells the dream, it is difficult to know what happens in the dream. The analyst seems to pursue a vague sexual interpretation single-mindedly. He thinks that her husband is the puppet, that she is masturbating him in the dream, and that her pleasure in it is that she can treat her husband privately like a puppet, but not publicly. Is that also going on in the transference? She certainly is a lot more forceful and individualistic than she portrays herself. She tolerates the analyst's clumsiness, doesn't get overtly angry, and continues to formulate her own interpretation—which seems to be that she likes the idea of performing publicly but is afraid of disapproval.

The dream-interpretation process is an enactment of the dream; as we look over her associations, we realize that she has formulated her own interpretation of the dream. But she does so unobtrusively enough so that the analyst can miss it. She has a clear face, but she shows it in a private and covert enough way so that no one will notice; were she to be completely public and overt, she might freeze, so she lives out her wish to perform by turning the spotlight on others.

This process has gone one step further in this paper; I realize that by summarizing her dream, by cleaning out its obsessional detail, I have also been presenting her dream for her, continuing to enact the dream message that she cannot

perform alone.

We do not know how this analysis continued; but let us imagine how it might continue if the analyst did not seek outside supervision. The

- 22 -

patient might continue to comply with the analyst's line of interpretation, and the deadlock might become even more fixed. If, however, the analyst were sincere in trying to understand his involvement in the dream, the patient might eventually summon the courage to express her own view of the dream, which she is close to doing anyway in the session reported in the transcript. It might take much longer for the patient and the analyst themselves to clarify their interaction as reflected in the dream than for the analyst to do so with a supervisory consultation. But it might also be more useful and edifying to the patient if she and the analyst could themselves identify and analyze the parallel between the dream and their relationship and work out a different way of interacting.

Circular reenactments happen with any analyst, no matter how skilled. None of us has all areas of our personality completely accessible to consciousness; on the contrary, every patient can perceive and describe certain areas of the analyst's personality that no one else can (Wolstein, 1976; Sandler, 1976; Levenson, 1983). Seeking objective signs to our countertransference involvement in dream interpretation may be some help. Consultation with colleagues may also provide an objective opinion about the transference-countertransference interaction. Ultimately, however, it is continual attention to the reciprocal processes of dream interpretation, constantly evaluated and reevaluated by both patient and analyst, that allows an analysis of dreams to break through transference-countertransference deadlocks and become most productive for the patient's self-understanding in an interpersonal matrix. While the clarification of a dream's meaning through such a circular process may be slower than seeking a consultation, the solution of the dream within the analysis alone may have more value for the patient.

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- 25 -

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