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Dreams, Narrative and the Psychoanalytic Method¹

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I had a dream. You always write down dreams. This one is disgusting! I was in a restaurant and I ordered a certain dish made up of certain types of meats, delicacies, kidney, prosciutto, sauteed in urine. I thought it was disgusting, but they said try it, and I did, and I liked it. I thought it was gruesome. I heard that dreams are wish fulfillments, is that true?

MRS. D. IS AN ATTRACTIVE, MARRIED, woman in her early thirties. She has been in psychoanalytic treatment for three years sorting out a chaotic and horrendous life history. Raised by a strict, puritanical, rigid Catholic mother who could tolerate no disagreements or any attempts at autonomy or disobedience and by a distant, working class, sometimes alcoholic father who was prone to physically abuse her brothers and to sexually abuse her. While the specifics of the sexual abuse remain unclear there now seems little doubt that she was repeatedly abused between the ages of five and eight.

A younger sister, having dropped out of college, returned home following a dramatic suicide attempt. Mother now spends much of her time taking care of this daughter. From a young age Mrs. D. attempted to defy her mother, to challenge her views on religion, and to struggle for some measure of autonomy. Her experience has been consistent: mother loves, nurtures, and protects at times of weakness, neediness and complacency. She becomes cold and distant with the least sign of strength and independence.

In her early twenties Mrs. D. married an Asian professional. Her

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family was outraged. But her marriage has deteriorated as her husband would like to have a child, and Mrs. D. has not, or has not felt ready. Three "accidental" pregnancies have been terminated by abortion. It was her concerns about the repeated abortions and her sense that not wanting children might be indicative of underlying problems, and finally her sister's suicide attempt which precipitated her decision to enter treatment.

The dream (introduced above) occurred in the third year of treatment, on a week in which she had made an appointment to begin marital counseling with her husband. I had made the referral to a male therapist after much discussion with the patient about her marital concerns.

Mrs. D. is a psychologically unsophisticated patient who has recently begun to read psychologically oriented self-help books. When she introduced the reported dream by noting my interest in dreams, I took this to be the first association to the dream. Was she attempting to cater to me, to serve me a dish, and would it be a delicacy or something less appetizing? When she bracketed the dream with a reference to wish fulfillment I thought, how sensitive of her to tune into my area of interest. How could she have known I was looking for just such a dream "specimen"?

My first response to the dream was simply to wait in silence. The manifest theme of the dream, the dream story which I had been told, had a clearly organized structure. This was a story of being told to do something, to swallow something, and of being disgusted but enjoying it. This simple theme resonated with my knowledge about this patient and in particular with my experience in the transference-countertransference. What was it she was serving me? More to the point, what was it she felt that I was trying to shove down her throat? Mrs. D.'s dream and its analysis will be further reviewed after an examination of some theoretical issues.

Dreams have a special significance for all psychoanalysts and to some they are still regarded as the most important source of material provided by patients. For many years psychoanalysis was identified with dream analysis, and dreams

were exploited by analysts as "the royal road" to the unconscious. For Freud (1900), dream analysis revealed hidden and disguised childhood sexual wishes. Through the method of free association the analyst could unearth the buried but preserved infantile past and bring to consciousness the derivatives of the drives.

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Freud recognized and described the dramatic quality and composition of dreams. He elaborated that they have plots, characters, settings, beginnings, middles, and endings. Freud believed that the narrative coherence of dreams argued against their being considered the product of random neurological processes. In clinical work with dreams, however, Freud argued that analysts "should disregard the apparent coherence between a dream's constituents as an unessential illusion" (Freud, 1900p. 449). For classical psychoanalytic theory, dreaming is both meaningful and motivated, but the meaning and motivation are to be found *not* in the manifest content, but in the dreamer's associations.

Freudian technique has always been cautious and reserved about the clinical use of manifest content. Attention to manifest content was thought to lead the analyst astray and to divert attention from the unconscious depths. However, from the beginning of the history of psychoanalysis there have always been some dissenting opinions regarding manifest content. Some early analytic writers suggested that the manifest content itself be viewed as an important communication.

As early as 1916, Jung focused attention on thematic aspects of dream structure. He suggested looking at dreams as forms of drama (1916p. 266) and thought that most dreams had a discernible structure to which the analyst could attend as an aid to interpretation. The dream structure included the exposition, (consisting of the identified characters, the setting, and the initial problem), the development of the plot, the climax of the action or the culmination, and the solution or final result. It was because of Jung's interest in narrative themes and dream structure that he recognized the potential for studying dreams in series.

While controversy has continued, there seems to be a growing consensus among analysts on the value of manifest content (Panel, 1984). Erikson's (1954) examination of the Irma dream alerted analysts to the clinical usefulness of manifest content. Pulver (1987) recently described how analysts condemn the interpretation of the manifest dream while they belie that position in their clinical behavior. He points out how psychoanalytic training texts emphasize the dangers of working from manifest content, but that many analysts are convinced of its great value. Pulver outlines many ways in which the manifest dream contributes to our understanding of the dreamer.

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Kohut's description of self-state dreams has once again brought the controversy regarding the clinical use of manifest content to the center of analytic debate. Kohut (1977) described the existence of two types of dreams, structural-conflict dreams and self-state dreams. Structural-conflict dreams are described in the terms of classical theory. According to Kohut, they are dreams which express verbalizable latent content. They are the dreams of "guilty man", and they are interpreted along the traditional lines of drive and defense. The analyst follows associations which lead to latent dream thoughts derived from conflict between id, ego, and superego. Self-state dreams are those in which the meaning of the dream can be understood with only a knowledge of the dreamer, but with little associative activity, on the basis of manifest content alone. These dreams are attempts to bind the nonverbal tensions of traumatic states with the aid of verbalizable dream imagery. They are adaptive attempts to master the anxiety generated by a disturbing change in the state of the self.²

Kohut's approach has once again brought up the controversial question of how much to pay attention to the manifest theme of the dream and how much to rely on a detailed pursuit of the patient's associations to dream elements. Kohut advised that with self-state dreams "free associations do not lead to unconscious hidden layers of the mind; at best they provide us with further imagery which remains on the same level as the manifest content of the dream" (Kohut 1977p. 109). Kohut (1977) argues that urging a patient to free associate to a dream, that is to break it up into its parts and to associate to each component, can be a disorganizing experience to some patients. This type of analysis can feel to fragile patients as if they themselves are being taken apart. Self psychologists believe that it is not necessary to pursue the patient's associations, day residue, or the various dream details. The dream is understood directly, from manifest content, as a portrayal of the dreamer's dread of threats to the integrity of the self. More traditional analysts have expressed concern that an approach which

² Kohut had drawn attention to the similarity between his view of self-state dreams and Freud's (1920) description of traumatic dreams. One can read Freud as dealing with the problem of the cohesion of the self in the language of prestructural theory and the economic point of view. "Binding", from this perspective, refers in economic terms, to the need for cohesion.

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relies on manifest content is superficial, and that it may lead to interpreting the dream material in accordance with preconceived ideas about the patient or in line with prior theoretical convictions. Attending to the patient's associations more rigorously, serves to keep the analyst in touch with the meaning of the dream to the patient, and it allows the patient to play a more active role in the psychoanalytic process.

Slap and Trunell (1987) criticized the self psychology literature for not providing associations to dreams. They felt that this reflects the self psychologist's conviction that this data does not contribute to the understanding of dreams. Because this data is not reported, any attempt to validate the concept of self-state dreams is made difficult.

Why has there been so much controversy about the clinical value of manifest content? To understand the debate, we need to examine the place of the dream in Freud's theoretical model. Psychoanalytic dream theory and the technique of dream interpretation developed in such intricate connection with psychoanalytic theory and technique as a whole that dream interpretation became the Shibboleth of classical psychoanalysis. Freud's discovery of the psychoanalytic method and his own self analysis centered on the investigation of his own dreams. In *The Interpretation of Dreams* (1900), Freud presented his theory of dreams embedded in a general theory of mind, a theory of the structure of neurosis, and a theory of psychoanalytic methodology. What characterizes the Freudian point of view is that the manifest dream is seen as a facade whose purpose is to conceal and disguise and *not* to reveal the inner psychological life of the dreamer.

Freud explained the phenomena of dreaming in terms of the topographic theory. The dream work took place in the system Ucs. and was governed by the laws of the primary process. Freud considered the distinction between primary and secondary process thought to be among his most important contributions. He considered these two modes of thought to be antagonistic. Primary process thought was associated with the unconscious and was characterized by symbolization, displacement, and condensation. It tended to be visual rather than verbal and to disregard the laws of syntax, time, and place. In contrast, secondary process thought was characterized by logic and rationality, and tended to be verbal and associated with the ego.

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It has largely been assumed that Freud considered dreams to be brought about through the primary process exclusively. Any aspect of dreams that reflected more organized thought reflected secondary process thinking tacked onto the dream as part of secondary revision. At times Freud did write as if secondary revision did its work after the dream "has already, in a certain sense, been completed" (Freud, 1900p. 313). But later, in the same work, Freud's position vacillated, and he wrote:

We must assume rather that from the very first the demands of this second factor constitute one of the conditions which the dream must satisfy and that this condition, like those laid down by condensation, the censorship imposed by resistance, and representability, operates simultaneously in a conductive, and selective sense upon the mass of material present in the dream-thoughts (p. 499).

But in the very next sentence Freud again depreciates the organized aspect of the dream by saying that of the conditions involved in the formation of dreams, secondary revision is "the least cogent".

Why did Freud wish to minimize the importance of secondary revision and of the organized quality of dreams, and why have analysts since Freud continued to disparage the organized narrative quality of dreams? Because Freud used dreams as his talking-point in describing the functioning of mind, the method of free association and the topographic theory, he emphasized a certain view of the dream. Freud was determined to use dreams to prove the topographic model of the mind, the primary process functioning of the unconscious, the importance of infantile sexuality, as well as the usefulness of the free association method. Even after the development of structural theory, Freud continued to view dreams in much the same way.

Free association is the technical term for the method used to uncover the hidden meaning of the dream. In dream interpretation the dream must first be broken up into its component parts, that is it must be "analyzed". The method is very specific in breaking down the dream into its parts and not treating it as a whole. "Our first step in the employment of this procedure teaches us that what we must take as the object of our attention is not the dream as a whole but the separate portions of its content" (Freud, 1900p. 103). The assumption is that the free associations to the various details will ultimately converge on a common theme.

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The dreamer's associations begin by diverging widely from the manifest elements, so that a great number of subjects and ranges of ideas are touched on, after which, a second series of associations quickly converge from these on to the dream-thoughts that are being looked for (Freud, 1923p. 110).

In describing Freud's position that the dream needs to be analyzed into its components to be interpreted, I am referring to an aspect of method and not to technique. By method I mean a mode of pursuit, a way of approaching the dream, in contrast to technique which refers to practical details. Freud was capable of great flexibility regarding the technique of analyzing a dream as can be seen in his description of "several technical procedures" (Freud, 1923p. 109). However, from a methodological viewpoint, he argued the need to take the dream one piece at a time and to disregard its apparent coherence. Freud described his method as employing interpretation " *en detail* and not *en masse* ... it regards dreams from the very first as being of a composite character, as being conglomerates of psychical formations" (Freud, 1900p. 104).

It can be seen that to focus on manifest content was not only to be seen as superficial and missing the psychic depths, but more importantly it represented a challenge to the psychoanalytic "method" of investigation. Freud insisted that the dream be broken up into its parts and *not* treated as a whole. He was adamant about this because he needed to be certain that the insights into the unconscious would not be lost or trivialized. Freud anticipated, quite correctly, that if the dream were not broken up into its constituents, if it were taken as a whole, as a story, that the distinction between primary and secondary process would break down.

Seeing the manifest content of the dream as resulting from secondary elaboration which occurs after the dream is completed has enormous clinical consequences. The manifest dream story is then seen, *not* as the "real" dream, but as an added on afterthought. It is seen as nothing but a false impression, a concocted story to disguise and mislead. This view of manifest content is in accord with the dichotomies that Freud was constructing at this early point in the history of psychoanalysis. Thus, manifest hides latent, conscious conceals unconscious, surface buries the depths, defense distorts wish, present reenacts the past. It can quickly be seen why anyone focusing on the manifest dream story would be suspected

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of heresy. Clearly, to focus on manifest content was to be neglecting the unconscious, drives, the psychic depths, the nature of primary process thought, the past, and in particular infantile sexuality. A focus on manifest content would clearly mark anyone as a revisionist. This was especially true since Jung did focus on manifest content and also did dissent in regard to sexuality and other basic psychoanalytic tenets.

In my view this aspect of the history of the development of psychoanalytic theory has had a stultifying effect on progress in dream theory and in the clinical technique of dream interpretation. Specifically, it has led to a false polarization between work with dream associations and attention to the manifest dream theme. Classical analysts have tended to neglect the coherently organized dream narrative. This is a result of the broader trend to neglect and minimize all of the more organized, structured, developmentally mature aspects of dreams. Any organized aspect of a dream is dismissed as due to the results of secondary elaboration or secondary revision, but not really a part of the dream. It is as if it could be assumed that the "real" dream is a result of primary process and that all of the seemingly organized aspects of dreams are added on after the fact.

I have been describing Freudian dream theory as it emerged in the context of the topographic theory. Arlow and Brenner (1964) set out to revise dream theory in accordance with the structural point of view. They argue that the dream, like all other thoughts, is the result of an interaction of the workings of all three psychic structures: id, ego, and superego. Since the dreamer is asleep during dreaming, this compromise formation is effected by the regressed state of the ego and superego, and only a small role is played by the claims of external reality. This leaves a relatively large part to be played by infantile, wish-fulfilling fantasies. The dream is therefore largely influenced by id wishes and by the regressive alterations of the ego and superego.

Arlow and Brenner are very clear in arguing that dreams are constructed from both primary and secondary process mentation simultaneously. According to the topographic theory the dream is created in the system Ucs., that is, according to the primary process. How, they argue, can this be when we know that dreams are also the result of the censor and the need for secondary revision? They conclude that the topographic theory does not fit the facts. Structural

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theory explains the dream work as an interplay among id, ego, and superego. Thus, it postulates that ego functions, including defensive and integrative functions, participate in the dream work throughout.

Despite this recognition, Arlow and Brenner continue to emphasize the regressed quality of dreams. They write:

despite many exceptions, dreams are not as a rule harmonized and integrated with respect to their various component parts to nearly the same degree as we expect ordinary waking thoughts, or even daydreams, to be. The dreamer, like the child, is less concerned with unity and consistency than is the waking adult, even though, as Freud noted, the integrative function of the ego plays a part in dream formation (1964p. 125).

From a methodological point of view they continue to disregard the manifest theme of the dream, although Brenner (1976) acknowledges that a psychoanalyst may know enough about a patient so as to be able to understand a dream even without associations.

The trend in much of the contemporary psychoanalytic literature has been to stress the adaptive and communicative functions of dreaming. Fosshage (1987) is the most recent of many analysts who propose revising psychoanalytic dream theory in order to highlight the adaptive, regulatory, and organizing functions of dreaming. Once again, it can be seen in his work, that in order to view dreams as primarily adaptive, one needs to reexamine the nature of primary process thought. In contrast to Freud, Fosshage defines primary process not as a primitive form of mentation, but as a form of cognition which uses visual and sensory images in the service of integrative and synthetic functioning. Once dreams are viewed as serving adaptive, self-regulatory functions, then there is no theoretical reason to insist on the ubiquitous operation of disguise and defense in dreams, and therefore the distinction between manifest and latent content breaks down. As a result Fosshage ends up advocating the abandonment of the free association method. He writes:

To view dreaming as a form of mentation positions us in the clinical setting to listen to the major themes or meanings communicated, as we would with waking mentations. Just as persistent attempts to isolate elements in the patient's waking mentation for associational purposes would detour and disrupt the patient's waking communication, so it does in approaching the dream (1987p. 306).

For many classical analysts, despite the contributions of structural

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theory and ego-psychology, the primary impetus for dreaming remains the infantile drive or wish seeking discharge or gratification. The focus remains on the regressed and primitive qualities of the dream. It is for these reasons that classical analysis has always been skeptical toward any view of dreams which sees them as problem-solving or in any way too much like waking thought. For if dreams are seen to be more organized and developmentally more complex, then we can no longer equate dreams with the unconscious, the primary process, the psychic depths, or the primitive, bestial core of man. The distinction between manifest and latent content is necessitated by a theory of drive and defense (Brenneis, 1975), and the associations are required to translate the manifest dream into latent dream thoughts. For classical analysts, a methodological shift of attention to the manifest content endangers the most fundamental Freudian principles.

On the other hand, when revisionist analysts have tried to focus on and make use of manifest content these attempts have typically gone hand and hand with an abandonment of the free association method. Thus, beginning with Jung, his focus on the whole dream gestalt was accompanied by an abandonment of the method of free association and a reliance on his own method of "amplification". Similarly, the previous discussion of Kohut's innovations has demonstrated that his focus on the manifest content led him away from the free association method, and the most recent work of Fosshage (1987) suggests the abandonment of the free association method. An examination of the views of other major revisionists will clarify how an emphasis on manifest content was accompanied by a neglect or dismissal of the free association method.

Sullivan was critical of the free association method and replaced it with the detailed inquiry, and correlated with this shift he too relied considerably on manifest content. Sullivan was most interested in the dream as a "relatively valid parataxic operation for the relief of insoluble problems of living" (1953p. 342). He gave dreams considerable attention as diagnostic and prognostic indicators in psychotherapy. But my impression, derived from Sullivan's clinical vignettes, is that he was impatient with the careful disciplined exploration of dream details. At least with the difficult patients that he treated, he considered that the free association method led to obsessional details which obscure what is most central and significant in the dream. Sullivan's technique with dreams

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consisted of paraphrasing the main theme or point of the dream, as he could extrapolate it from the manifest content, back to the patient, and then he would ask for associations.

The psychiatrist clears up as much as he can of what is irrelevant and obscuring in the reported dream, presents what he seems to hear in terms of a dramatic picture of some important problem of the patient's; and then propounds the riddle: "What does that bring to mind?" (1953p. 338).

In a critique of the role of associations in dream interpretation, Fromm (1980) emphasized reliance on manifest content and attacked the free association method. In as much as Fromm shifts the emphasis from how the dream conceals to how the dream reveals, he sees pursuing associations as a distraction. Referring to Freud's interpretations of his own dreams, Fromm wrote:

By heaping up association upon association which end up in practically nothing, he succeeds in covering up the awareness of the meaning of the dream ... Freud's method of endless associations is an expression of resistance against the understanding of the meaning of his dreams (p. 79).

Stolorow (1979) observed that many analysts make use of both manifest content and free associations when working with dreams. He suggested that in addition to focusing on the "molecular" approach, which breaks the dream down into its elements, that analysts focus on the "molar" approach, which examines the distinctive manifest dream themes. He specifically recommended that analysts make use of these themes as the starting points for free association.

Rycroft (1979) in an attempt to integrate Freudian and Jungian approaches to dream interpretation, advocated approaching the dream as a whole as well as associating to its details. He rejected the supposed opposition between primary and secondary process thinking. Instead he saw the two modes of functioning as complementary to each other. As a result he proposed an alternative view of dreams as imaginative activity occurring during sleep. This view focuses on dreams *not* as primitive and regressive, but as creative and progressive.

I agree with a view of dreaming which emphasizes its adaptive, integrative, creative, communicative, and self-regulatory functions, and I value what can be learned clinically from the manifest content in and of itself. Nevertheless, I strongly disagree with a neglect or abandonment of the free association method, as well as

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to the deemphasis of the role of psychic conflict that often accompanies this shift. I will return to this methodological critique after a discussion of the role of narrative in dreams and in psychoanalysis.

Freud's utilization of an archaeological metaphor for psychoanalysis in which the buried, repressed, infantile, sexual, but still alive past must be unearthed by the psychoanalytic method, has been challenged in recent years. It has been argued that therapy is not accomplished through discovery of the traumatic past, but rather that what matters is the construction of a life in the form of a narrative. In the following section of the paper I would like to describe story making, the narrative function of mind, as an important element in the construction of one's sense of self and in the creation of dream narratives.

Psychoanalysis has been described as a hermeneutic discipline in which the analyst helps the patient to construct a self-consistent, coherent, and comprehensive story of their life (Schafer, 1983) ; (and Spence, 1982). The analyst engages the patient in the task of putting thoughts into words and through the analytic dialogue a plausible life-historical narrative is constructed. This process serves an organizing function in that the narrative creates order and meaningfulness out of the confusion of the patient's life. The history of the patient continues to evolve as it is told and the analytic process must be self-reflective enabling the continual revisions of histories previously developed. This re-vision of psychoanalysis is interesting in that it speaks to contemporary concerns about narrative that could not exist but for the sensibility that Freud's original conceptualizations helped bring into being (Brunner, 1986).

The creation of a life historical narrative is not unique to the analytic experience. The continual creation and revision of a life story is an ongoing process in which we all engage. It is a basic function of the mind which serves to maintain identity and the coherence of the self. People maintain ongoing internal dialogues in which they construct continually revised narratives of their lives. These are internal, largely unconscious, autobiographies, mediated through language, and forming our sense of identity. The self is thus a personal myth (Kris, 1956), a continually evolving theory, fantasy, or belief about one's own person (Grossman, 1982).

This view of the self as a story, theory, or myth places great

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emphasis on language and internal dialogue. Much of the theory of the self and of self and object representations has relied on visual and spatial metaphors such as self-image, shape of the self, or self-boundaries. I am not arguing that non-verbal or pre-verbal factors are unimportant. On the contrary, to paraphrase Freud, the self is first and foremost a bodily self. But with the development of language and the internalization of words and symbolic thought, the self that can be studied by the psychoanalytic method is forever transformed into a narrated verbal self.

The narrative quality of the manifest dream is a reflection of the mind's capacity and tendency to integrate, synthesize, and create order, both in wakefulness, and in sleep. The narrative story-like quality of dreams is a result of an inherent organizing property of the mind which functions in the realm of language by constructing narratives. As described earlier, story making, the narrative function of the mind, is an important element in the construction of one's sense of self. It is this same tendency of our mind which creates stories of our life which also creates our dream narratives, and therefore the same organizing themes would be expected to appear. The principal schemas and strategies with which we organize our experience and from which we create our internal autobiographies will be reflected in the themes and narrative

constructions of our dreams. An exploration of the thematic aspects of dream structure reveals clues as to patients' typical and characteristic patterns of organizing narratives of themselves in relation to others.

Foulkes (1985) carefully investigated the phenomenology and structure of manifest dreams. He described dreams as mental acts organized both at a momentary level and on a sequential level. Dreams cohere in the form of a narrative or story in the same manner as does much of our waking experience. It is true that at times the narrative organization breaks down in dramatic ways, however most transitions in dreams preserve either the characters or the setting or both. Furthermore, a careful study of the development of children's dreams revealed that this organization in dreams is a developmental achievement (Foulkes, 1982). Developmental evidence suggests that the kind of narrative organization found in dreams emerges in development only at the point where children's waking thought shows internally regulated coherency. These studies indicate that dreams are generally coherent, organized,

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narrative stories. Dream imagery is generally well formed, and sequentially dreams are well ordered. It would seem that dreams are deliberately planned mental activity.

This is not to argue that all dreams are simply understood, coherently organized, well told stories; clearly they are not. I am only suggesting that psychoanalysts have overemphasized their disorganized, regressive, and disguised qualities to the exclusion of their more organized and coherent thematic aspects.

The thrust of much recent experimental and laboratory work on dreams has been to view dreaming as serving an adaptive function. This is consistent with the trend in contemporary psychoanalysis which emphasizes the organizing, self-maintaining, and communicative function of dreams. Much research points to the role of dreaming in the transfer of newly acquired information into the permanent memory structure (Palombo, 1978). In dreaming we assimilate new information to our established sense of self and accommodate our self to newly acquired information. Thus, the very purpose of the dream is information processing serving the maintenance, organization, preservation, and growth of the self.

I now return to Mrs. D.'s dream. Her spontaneous associations concerned looking for a job and going on interviews. Generally the interviewers were men and Mrs. D. was concerned that they would not hire her because of their fear that she would soon become pregnant and leave the position. She would be silently outraged if an interviewer asked her if she had or planned to have children. Her associations led to thoughts of marital difficulties and to her feeling that she could not communicate with her husband. She tried to speak with him, but he just "erected" a barrier. She twice remarked that it was similar to her communication with her mother.

I inquired in some detail regarding associations to the elements of the dream. She elaborated that the dish was served to her in a Teflon frying pan, the cheap and non-stick type. Mrs. D. likes to go to restaurants, but her husband often takes her out when he knows that she wants to discuss a controversial issue; he is aware that she will not bring up problems in public. Mrs. D. also had thoughts about their sexual difficulties. They discussed their conflict about having children at the marital session. She was surprised that her husband had been responsive to the idea of treatment. But will he "stick" with it?

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She described that the urine was sizzling and bubbling like a liquor which had been poured on. The meat was glazed with what seemed like a smooth coat of oil. One piece of meat in particular stood out, it was of a deep reddish color and shiny like oil. The dish was sweet. "I never order fried meats, ham steak, or kidney. I never eat organ meats, plus urine is disgusting. Like my marriage, it's awful, I can't believe it." Because her husband wants children he refused to have anything to do with birth control. Mrs. D. resented this and as a result they have had little sex. I said that eating disgusting organ meats with urine might refer to oral sex. She laughed and said that this was embarrassing, but that this had been on her mind. "I think he likes it but I don't. It's distasteful, disgusting, it's something he really likes and enjoys, probably very important to him, but he denies it." I asked who "they" were in the dream who told her to try it. She said it was a waiter in a white coat. She thought that the image of the white coat was more of a doctor than of a waiter. She wonders if she's more sexually repressed than she knows. "I'm not doing what everyone else does, I'm not a connoisseur."

Together we explored these themes in relation to her current concerns about her life and her treatment. Her husband buys her off, cheaply, with a dinner, from truly saying how she feels. "A male doctor convinces you to do something that you find disgusting, and when you do try it you are repulsed but find you like the sweet taste. Is there a doctor here trying to force something down your throat? Is the new doctor, the marital counselor, also going to try to persuade you to do what you find objectionable?" I found myself wondering whether I was really neutral about her choice of whether or not to have children. Do I really believe that if she were healthy, if her analysis were successful, she would opt to have a child? Am I trying to secretly and subtly persuade her of this? Am I trying to cover my true intentions with slippery oil to disguise what I really want her to swallow? I discussed her perceptions of me and my attitudes in regard to this. Is there perhaps a

wish to be persuaded by me that sex, oral sex, men, babies, pregnancy, are not so bad or disgusting? Does she want me to try to help her to try new experiences which frighten and repulse her? Would she like to be more of a gourmet, more sophisticated, and not as parochial, conservative and narrow-minded as her mother?

I asked her to consider whether it might be that she would like

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to see both me and the marital counselor as trying to convince her to do disgusting things, to be insensitive to her feelings, and to try to serve her offensive and repugnant ideas. She might want this so that she could react with outrage and abhorrence and feel justified in returning to her mother and her mother's views of men. Other questions that were raised included whether my interventions were being viewed as attempts at sexual seduction. Or was she seducing me, by presenting such a rich dream specimen into ignoring her hostility and cynicism, so that I would not notice how "pissed off" she truly was? Another approach to this dream, by way of amplification, was to wonder if she had thought to ask to see a menu, to actively participate in the decision making, rather than to go along with the waiter's recommendation?

For Freudians things are never as they seem. Philosophically, they are interested in the reality behind appearances. The surface is viewed as a deception covering a deeper buried core truth. This is inherent in the distinction between manifest and latent content, which is a distinction required by a theory of drive and defense. From this perspective a dream can never mean what it seems to say. For interpersonalists (Levenson, 1985), the issue is not the search for the truth behind appearances, but rather the search for the truth inherent in appearances. "For the Freudians, the key question is, what does it truly mean? For the interpersonalist, the question is, what's going on around here?" (p. 53). It is in a similar spirit that Basescu (1987) remarks that dream interpretation, in the traditional sense, does not play a large role in the work of most interpersonal analysts. It is not that dreams are neglected, but rather that there is no attempt to decipher them. They are treated as communications rather than as puzzles, so that the analyst asks what does the dream say rather than what does it mean.

The method of free association seems ideally suited to the goal of excavating the buried, hidden, and disguised latent content. But where the classical model encourages getting behind, under, or beneath the surface by taking apart, "analyzing", deciphering, the manifest appearance, the interpersonal model seeks the expansion of experience by meticulously focusing on the surface. The interpersonalist holds a magnifying glass over the surface in an attempt to see the most subtle nuances of experience.

We have seen that a variety of revisionist positions have in common an exclusive focus on manifest content and a disregard of

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associations or at least a neglect of the careful, disciplined pursuit of associations to specific dream elements. In my opinion, an over-reliance on manifest content shifts the balance of the analytic work too much onto the analyst, and the patient may feel left out of the interpretive process. By learning to free associate to the dream the patient learns to take an active part in the analysis. Furthermore, the systematic search for associations leads into directions that could not have been guessed at by the analyst without these.

At the other extreme, is the classical approach which neglects the manifest content, dismissing it as just a misleading story superimposed on the real dream as part of secondary revision. I am also critical of this approach in that it neglects the value of the thematic and structured aspects of dream narrative.

Freud described how associations diverge from the specific elements of the manifest content and later converge crystallizing into clear latent dream thoughts. His writing leaves unclear whether this convergence occurs spontaneously or whether it is a result of active interventions on the part of the analyst. By leaving this point vague, Freud avoids the recognition that at some point in the procedure the analyst imposes order on the material. How is the analyst to choose a focus from among the numerous directions in which associations may lead? In what way does the analyst decide when and how to organize the patient's associations? I have found it helpful clinically to maintain a balance between following associations in whatever direction they may lead and returning to the manifest theme story of the dream. My experience confirms Palombo's observation that "The manifest dream is the point of convergence for the multiple associative strands that radiate from it" (1984p. 405). It is by moving back and forth from associations to manifest theme, from analysis to synthesis, that the diverging associations ultimately converge allowing the analyst and patient jointly to construct a meaningful dream interpretation.

A variety of technical options exist for the contemporary psychoanalyst. In addition to the many techniques suggested by Freud (1923), it has been suggested that the analyst ask the patient if any memories come to mind in relation to each of the dreams components (Palombo, 1984). The analyst may begin by asking what the patient felt during the dream

(Bonime, 1962). It would be in the spirit of Gill's recent writings (1982) for the analyst to ask the patient to help the analyst see any connection between the dream and

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what is going on in the treatment. In this way the analyst may choose to focus the exploration of the dream around the past, the extra-transference present, or on the transference in the here-and-now. The analyst may choose to ask for associations to specific dream elements as well as for associations to the central dream theme as suggested by Stolorow (1978). This may help to construct interpretive narratives which are more plausible to the patient and which can more readily be incorporated into the psychoanalytic life narrative being created jointly in the analysis. To ask the patient what comes to mind about the dream theme can be less threatening and less disorganizing because not only may the patient feel less taken apart, but in addition the dream story has a way of capturing the patient's imagination in a most compelling way. While I agree with Fosshage's (1987) suggestion to elucidate and amplify the meanings of the dream images, affects, and themes, I can not agree with his abandonment of the free association method, or with his deemphasis of the central role of conflict in psychic life.

I would also suggest, as illustrated in my use of Mrs. D.'s dream, that the analyst can use the dream themes to monitor not only the patient's transferences, but also the patient's perceptions of and fantasies about the analyst's countertransferences. This is an area too often neglected in analytic work, and it is particularly important to be alert for these attitudes because they are often not directly voiced by patients (Gill, 1982).

Dreams are exceptional in the clinical situation specifically because as stories, they lie at an optimal distance between daily waking reality and life concerns on the one hand and between unconscious fantasy, autistic, indescribable thoughts and chaotic images on the other. The dream narrative is organized, communicable, describable, and to a great extent cohesive and coherent. Yet, dreams are also our most private, personal, and revealing communications. The dream is a story, the function of which is synthesis. It weaves together a subplot of our lives, and its integration with the rest of our autobiography results in a further consolidation of self. In Winnicott's (1971) language, dreams are "transitional phenomena" and as such they can express our deepest concerns with a playful lightness and paradoxically with a vivid and profound urgency. Dreams, which may seem most trivial, provide the distance which allows the most serious issues to be explored. Yet

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even the most difficult issues, when approached through a dream narrative, can be worked and played with creatively and can thus provide a sense of hope.

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