

Dreams in analytical psychology

Sanje v analitični psihologiji

Abstract

Dreams have always been an essential part of human culture and history. They are also one of the corner stones of analytical psychology. At first Jung practiced classical Freudian psychoanalysis, but he soon discovered that when analyzing dreams, Freud's method of free association leads away from the content of the dream to the patient's complexes. Although this has its practical applications, Jung thought that the true meaning of the dream was missed. He soon came to the conclusion that dreams are not masked wish-fulfillment. He saw dreams as a natural phenomenon without any mechanism of deceiving. He interpreted them as compensating functions of the unconscious, which is why he came to the conclusion that their true meaning can only be discovered by the dreamer. For this reason he developed his own methods of focused association and amplification of the dream material through different cultural material, such as fairy tales, myths, symbolism, literature and science, as well as his so-called "no theory approach". The practical example shows how this approach is used in practice, how dreams are used to gain access to the disassociated traumatized memories and how they help reintegrate the lost part of the self.

Key words:

analytical psychology, Jungian psychoanalysis, dreams, psychoanalysis, psychotherapy, transference

Povzetek

Sanje so bile od nekdaj bistven del človeške kulture in zgodovine. Predstavljajo tudi enega izmed temeljev analitične psihologije. Sprva je Jung praktical klasično freudovsko psihoanalizo, vendar je kmalu odkril, da pri analizi sanj Freudova metoda prostih asociacij vodi vstran od vsebine sanj k pacientovim kompleksom. Četudi ima ta metoda svoje praktične aplikacije, je bil Jung mnenja, da s tem zgrešimo pravi pomen sanj. Kmalu je prišel do zaključka, da sanje niso prikrite izpolnitve želj. Sanje je videl kot naraven fenomen brez kakršnihkoli mehanizmov zavajanja. Interpretiral jih je kot kompenzatorno funkcijo nezavednega, zaradi česar je prišel do zaključka, da lahko odkrije pravo interpretacijo samo sanjalec. Tako je razvil svojo lastno metodo osredotočenih asociacij in amplifikacije sanjske snovi s pomočjo različnih kulturnih vsebin kot so pravljice, miti, simboli, literatura in znanost, kot tudi svoj tako imenovani » pristop brez teorije«. Praktični primer prikaže uporabo tega pristopa v praksi, kako lahko sanje pripeljejo do odcepljenih travmatičnih spominov in kako lahko pomagajo reintegrirati izgubljene dele sebstva.

Ključne besede:

analitična psihologija, Jungova psihoanaliza, sanje, psihoanaliza, psihoterapija, transfer

Introduction

In this paper I am showing how dreams are used in analytical psychology (Jungian psychoanalysis), which is one of the central points in psychotherapy. I will briefly describe the history of dreams, basic ideas about dreams by Freud and Jung and their differences. The paper ends with an atypical practical case, where we can see how dreams are used in practice and how Jung's "no theory approach" can overrule his other psychotherapeutic techniques.

History

As this essay is meant to be quite short, I am not allowed to go too deep into the history of dreams. They seem to be with us since the beginning of time. It looks like we have been recording dreams as soon as we mastered the art of literacy. In the second century AD, a Roman soothsayer named Artemidorus travelled the then known civilized world collecting material for his magnum opus *Oneirocritica* (*The Interpretation of Dreams*). In the library of King Ashurbanipal at Nineveh he found records of dreams inscribed on clay tablets. These dated back to approximately 3000 BC and even earlier (Stevens, 1995). The first recorded dream interpretation can be found in the Epic of Gilgamesh, where the latter's mother Ninsun interprets his nightmares. Anthropology teaches us that every society has had theories on dreams and that we can sum them up in three categories:

1. Dreams should be understood as messages from supernatural agencies, such as demons or gods.
2. Dreams are actual experiences, as the soul wanders during sleep to other worlds.
3. Dreams are the result of natural mental activity during sleep. Those subscribing to this theoretical view disagree whether dreams are meaningful and whether they are susceptible to interpretation.

The last view on dreams was accepted in only two civilizations and for short periods of time: in ancient Greece between the third and first centuries BC and in our Western society since the nineteenth century AD (Stevens, 1995).

If classical psychoanalysis applies to the last group, we could say that Jungian analysis, with its idea of dreams as compensation, comes somewhere between the last and the first group, depending on how we define the Self and the autonomic psyche.

Freud's theory of dream interpretation

If we want to understand Jung's theory on dreams, we have to take at least a short look at Freud's theory. Freud's most important book on dream interpretation and psychoanalysis is called *The Interpretation of Dreams*. As Freud wrote in the foreword to the English translation, it surprised the world when it was published in 1900. In this book he argues that the motivation for all dream content is wish fulfillment. According to him, most wishes are unacceptable to the ego, which uses defense mechanisms to disguise the content of the dream and preserve sleep. This dreamwork, as he called it, includes mechanisms like condensation, displacement, symbolization... To understand what is hidden beneath the disguise of dreams, we must use free association. As Freud wrote in *Five Lectures on Psycho-analysis* (Freud, 1909: 35):

“You entirely disregard the apparent connections between the elements in the manifest dream and collect the ideas that occur to you in connection with each separate element of the dream by free associations according to the psychoanalytic rule of procedure. From this material you arrive at the latent dream-thoughts, just as you arrived at the patient's hidden complexes from his associations to his symptoms and memories... The true meaning of the dream, which has now replaced the manifest content, is always clearly intelligible.”

As free association is still the fundamental layer of most psychotherapy approaches and most Jungian approaches developed from it, it is probably the most important method that Freud gave us.

Jung's theory of dream interpretation

Since Jung was Freud's pupil, he followed his ideas for quite some time, using the same methods. However, after some years he discovered that free association ran the risk of getting too far away from the dream content and focusing more on the complexes and conflicts, already known to the ego. The second and one of the most important things he discovered is that dreams are in no way a disguise of unacceptable wishes:

“I take the dream for what it is. The dream is such a difficult and complicated thing that I do not dare to make any assumptions about its possible cunning or its tendency to deceive. The dream is a natural occurrence, and there is no earthly reason why we should assume it is a crafty device to lead us astray.” (Jung, 1938: para. 41)

When we disregard Freud's explanation of dreams, we have to find a new one. Jung found it in the idea of compensation. For him the conscious and the unconscious are always in a dialectical relationship, influencing one another, but not without a certain tension:

“Experience in analytical psychology has amply shown that the conscious and the unconscious seldom agree as to their contents and their tendencies. This lack of parallelism is not just accidental or purposeless, but is due to the fact that the unconscious behaves in a compensatory or complementary manner towards the conscious.” (Jung, 1916/58: para. 132)

In Jung's view neurosis, which was at that time used for labeling most psychic problems, emerged from a one-sided conscious attitude. (Samuels, Shorter and Plaut, 1986)

To overcome this tension, communication between the two and a third way out has to be found. This was what Jung called the transcendent function:

“The question is: what kind of mental and moral attitude is it necessary to have towards the disturbing influences of the unconscious, and how can it be conveyed to the patient? The answer obviously consists of getting rid of the separation between conscious and unconscious. This cannot be done by condemning the content of the unconscious in a one-sided way, but rather by recognizing their significance into account. The tendencies of the conscious and unconscious are the two factors that together make up the transcendent function.” (Jung, 1916/58: para. 144)

The transcendent function manifests itself in many forms, but in psychotherapy the most common ways are dreams, visions and transference. Dreams are therefore one of the most important ways to access the unconscious in therapy.

Practical application of Jung's theory

Jung was certain that dreams do have a meaning and that while interpreting them, we should have in mind that they compensate for certain conscious attitudes. He always considered that when he interpreted a dream: "I make it an heuristic rule, when interpreting a dream, to ask myself: What conscious attitude does it compensate?" (Jung, 1934: para. 334)

With this in mind we can clearly see that the interpretation of a dream is only possible when we know and relate a dream to the patient's conscious situation. "I would even assert that without knowledge of the conscious situation the dream can never be interpreted with any degree of certainty." (Jung, 1934: para. 334)

For this reason it is impossible to do any interpretation of a dream without the dreamer. And at the end there is no therapeutic value if the analyst makes interpretations on his own: "When the understanding is all on my side, I say quite calmly that I do not understand, for in the end it makes very little difference whether the doctor understands or not, but it makes all the difference if the patient understands." (Jung, 1934: para. 314)

As a rule, we can say that a dream has a meaning and that it is of a compensating nature. To make any further interpretations without the patient would not only prove useless for him, but we could also run into the danger of suggestion: "Methods of treatment based on suggestion are deceptive makeshifts; they are incompatible with the principles of analytic therapy and should be avoided if at all possible." (Jung, 1934: para. 315)

With this in mind, we can understand Jung's sometimes quite strange position of "no theory approach":

"Therefore I leave theory aside as much as possible when analyzing dreams – not entirely, of course, for we always need some theory to make things intelligible. It is on the basis of theory, for instance, that I expect dreams to have a meaning ... In dream-analysis we must never forget, even for a moment, that we move on treacherous ground where nothing is certain but uncertainty. If it were not so paradoxical, one would almost like to call out to the dream interpreter: 'Do anything you like, only don't try to understand!'" (Jung, 1934: para. 318)

For this reason only the patient can make the right interpretation of a dream. Our work lies in helping him to get there and not in forcing interpretations on him. Co-constructive therapeutic dyadic work on the meaning of the dream is therefore essential: "Understanding should therefore be understanding in the sense of an agreement which is the fruit of joint reflection." (Jung, 1934: para. 314)

The same idea can be found with more modern Jungian thinkers:

“Every living system must cope with uncertainty that places it in a state somewhere between continuity and change ... In the therapeutic setting, fluctuations in relational certitude and doubt provide an emergent edge through which the co-constructed third of the relationship becomes the locus of the transcendent function.” (Cambrey and Carter, 2003: 132)

So, what are the practical ways to gather the unconscious material from the patient? Free association is probably the most important method of psychotherapy, developed by Freud. Jung used it as well for some years until he discovered that we can free-associate on anything we want and sooner or later we will end up with our own complexes. Although this method has its own psychotherapeutic value, the true meaning of a dream is missed: “Free associations will get me nowhere, any more that it would help me to decipher a Hittite inscription. It will of course help me to uncover all my own complexes, but hardly ever the meaning of a dream.” (Jung, 1934: para. 320)

For this reason Jung proposed a different method, where first the content of the dream would be discussed in detail. A person should associate on the material but should pay more focus on the dream content and not just freely follow any association: “By this I do not mean unlimited “free association” starting from any and every image in the dream, but a careful and conscious illumination of interconnected associations objectively grouped round particular images.” (Jung, 1934: para. 319)

Here, however, practice is needed: from my point of view, too much restraint can stop the free flow of associations and too little can lead us away from the material. Learning from experience is the best way to master this thin line. I also noted that in most books that I encounter on this topic, another vital point is too often neglected. It is the focus on emotions that are present in a dream, rather than intellectual discussion about objects and symbols. As Jung puts it:

“In the intensity of the emotional disturbance itself lies the value, the energy which he (the patient) should have at his disposal in order to remedy the state of reduced adaptation ... Fantasy must be allowed the freest possible play, yet not in such a manner that it leaves the orbit of its object, namely the affect, by setting off all kind of “chain reaction” association process.” (Jung, 1916/58: para. 166)

In this way we can gather all sorts of information about the patient’s conscious life and the attitude of the unconscious towards it. Usually some sense slowly emerges from the dream. It is important for the analyst to create a safe environment, where there is room for any kind of material that emerges from the patient’s unconscious. The analyst must also motivate/direct the patient that conclusions should be made by means of compensation and not conforming to the narcissistic view of ego. A dream should in general bring some change in the patient’s conscious attitude towards his own situation and life itself. On the other hand, all sorts of material will also arise from the analyst’s unconscious. Here we have to be careful what to say to the patient and what to hold back. Usually material arises that is not directly connected to the patient, but comes from already known material from a wider cultural context, such as fairy tales, theories, legends, myths, doctrines and scientific knowledge. Here we encounter the second method in analytical psychology, called amplification.

Amplification

Jung used the term “amplification” to refer to a particular way of working with dreams: his basic idea was that dreams often contain some image or event that may make the patient or the analyst - or both - think of a correspondence with already known material. As long as the correspondence is with the patient’s own material, this is a simple association. However, if it is with some form of collectively known material, then the patient’s personal dream content can be amplified by considering what meaning it had and what part it played in this already established wider context (Peters, 1998).

Whenever patients perform amplification, using knowledge already in their possession, it is as safe as any other association and usually valuable. However, the danger of suggestion arises when the analyst finds a potentially amplifying association within himself which is unknown to the patient. The difficult decision has to be weighed up carefully and is best not subjected to rules. Doing nothing, as in most therapeutic endeavors, is generally safer than doing something (Peters, 1998).

As all theories and knowledge available to the analyst may be used to amplify the patient’s material, Jung’s famous statement “I have no theory about dreams” starts to make sense.

Practical example

I chose a practical example that is quite atypical in comparison with most examples that I found in Jungian books on dreams. I had to use the “no theory approach”, as two specific aspects of the dream are involved, namely timing and transference.

A woman in her forties consulted me in my practice. She was thinking about starting therapy because of her childhood trauma. She had already been in another type of therapy for some years and had recently come to the point where she was able to tell the therapist that she was a victim of child abuse. She could not continue therapy anymore, due to the fact that she did not feel safe enough in that environment to disclose anything else about herself. She decided that from that point on, analytical therapy would be more appropriate. As I am not in favor of short and aggressive therapies, which usually do more harm and retraumatization to the patient rather than help them, I did not push her into the traumatic material. I preferred to let therapy proceed naturally. I waited for her or for the unconscious to bring the material that is needed for therapy. Here the question of timing arises. I firmly believe that it is worth waiting rather than pushing things aggressively further, even if it takes years. I always keep in mind the words of one of my supervisors that curiosity is one of therapist’s biggest enemies. We must also leave aside any narcissistic fantasies of “almighty therapists”, who can cure any problem with ease in a short time. As healing is a natural process, it needs its own time. In this sense I strongly rely on the unconscious and things that emerge in the process of therapy. In this case, to my surprise, dreams brought the content of the trauma quite soon, only after a few sessions. It probably happened so quickly due to all the work that the patient had already done in previous therapy. The content was far from any fantasy that dreams usually bring and much closer to the real traumatic event that actually happened. It presented itself more in the form of memory of the actual event, with only a few changes to the real situation. I will deliberately not go into any detail of the dream or the real situation, out of respect to the patient and also because I do not see any value in it, rather a

possible secondary traumatization of those who would read this.

In the light of compensation theory I saw the dream as bringing the unprocessed material back to the conscious where it could be processed again. In cases of severe trauma a person cannot easily remember what really happened. There is a neurological explanation for this phenomenon, according to Wilkinson (2006: 11):

“Severe traumatic experience of any kind leads to heightened activity within the right amygdala that enhances implicit or procedural emotional memory yet inhibits the storage of explicit or declarative memory. High levels of endorphins are also produced in states of traumatic stress and interfere with explicit memory consolidation; high levels of cortisol circulate that have a further adverse effect on the function of the hippocampus, which tags time and place to memories.”

For this reason these memories are not accessible to the conscious mind. Or as Pally (Pally, 2000 cited in Wilkinson, 2006: 62) puts it:

“Hyper-arousal of trauma functionally inactivates the left hemisphere of the brain, leaving memory to be encoded primarily on the right ... if the left side does not have the information, the person acts as if they don't know the information. Subsequently, if an environmental stimulus triggers reactivation of the right sided memory, the left processes it and the information is verbally recalled, [thus making possible the recovery of traumatic memory].”

In this case the unconscious offered us a helping hand through dreams: it brought back painful memories that would otherwise not be easily accessible and could subsequently be processed by putting the memories in narrative and symbolized in the safe environment of the therapeutic relationship (Wilkinson 2010).

There are also some interesting findings in neuroscience that might back up the view that one of the functions of dreaming is also consolidation of unprocessed memories. Ribeiro (2004, cited in Wilkinson 2006: 59) stresses the idea of the importance of gene *zif-268* in consolidation of memory (Ribeiro 2004:7, cited in Wilkinson 2006: 59): “a learning-related gene capable of triggering the experience-dependent strengthening of synaptic connections.”

In the same work he also stresses the importance of dreams in this process: “Despite its short duration, REM-sleep is capable of boosting memory consolidation by activating genes linked to synaptic plasticity.”

Although there is no consensus at the moment on neuropsychological theory about dreams, it is also worth mentioning one of the leading researchers in this field, J. Allan Hobson (1988: 12):

“I differ from Freud in that I think that most dreams are neither obscure nor bowdlerized, but rather that they are transparent and unedited. They reveal clearly meaningful, undisguised, and often highly confidential themes worthy of note by the dreamer (and any interpretive assistant). My position echoes Jung's notion of dreams as transparently meaningful and does away with any distinction between manifest and latent content.”

Another prominent author, A. Braun (1999: 200), has come to similar conclusions:

“The corollary of course is that there is no latent content: that rather than metaphor or symbol, dreams consist entirely of what is manifest on the surface. This does not make dream content meaningless, chaotic, or random. The uncensored but distorted appetitive drives, memories, and attendant imagery may be full of meaning, but it is mapped on the surface of the dream, not disguised and in need of decoding. I am inclined to agree with Jung, who said: “I am doubtful whether we can assume a dream is something other than it appears to be. I am rather inclined to quote ... the Talmud, which says, ‘The dream is its own interpretation’” (Jung, 1937). The issue is important, and should dictate how dreams are dealt with in a clinical context. And what should be most important to analysts is at what level dreams are meaningful and how they might represent a useful way of understanding unconscious processes — salient emotions and memories or appetitive drives — that have been accessed in the process.”

It is becoming more and more apparent that modern neuropsychology, with few exceptions, such as Solms (1999), supports Jung’s ideas about the dream as a compensating function for the conscious, trying to reveal its content rather to disguise it. However, just bringing the material from the unconscious is not enough: the question remains what to do with it.

We have to be very careful how to handle these newly obtained memories, in order to avoid retraumatisation. Wilkinson (2006: 106) writes about her conversation with psychotherapist Robin Moulds, previously unpublished: “... suffering and unreached tears of trauma patients are like a huge weight of water, pent up behind the dam. The dam is like a dissociative barrier, which protects against overwhelming stimulus.” In the same book she quotes another fragment of this conversation:

“Don’t try to break the dam down, that would lead to destruction and devastation because of the sudden overwhelming flood of emotions. What is necessary is a tap in the dam wall that can be turned on just a little so that water can trickle away, a little at a time. That way the patient’s grief and distress can be managed safely.”

For this reason none of the approaches to the dream material described above should be used, as they are too aggressive. Including the detailed investigation of the material through focused free association or amplification. In this case I relied more on trauma theory and let the patient talk as much as she wanted. I only offered emotional support, empathy and safety and no interpretations or amplifications whatsoever.

It is interesting that the patient was afterwards angry with me, because I did not stop the process. Although there was a wish on my side to stop the process, I deliberately did not intervene after having discussed the case with my supervisor. The intensity and nature of anger clearly showed that it was a transference reaction, which brought additional material on which we could work further. Later it emerged that it was the repressed anger towards her mother, who had known about her husband’s abuse but had done nothing to stop it because of her own difficult situation and because she had felt powerless. As the mother was otherwise the only person that had provided any safe attachment for the patient in her youth, at least to some extent, there was no space to accept her own negative feelings towards her. My wish to stop the process could also be viewed as countertransference, as this could be the reaction of her mother, who would rather see that the event - or, in this case, the dream - would be ignored and we would pretend that nothing ever happened. We can see how the dream not only brought back memories which would otherwise be hard to retrieve, but also dictated the appropriate timing of revealing the trauma in

therapy. It showed that dreams are not only something that happens between the patient's ego and the unconscious, but something much more complex: they are revealed in the space between the patient and the analyst and are therefore a substantial part of the therapeutic relationship. Because of this, close attention to their transference nature should also be given.

Conclusion

In this paper I have shown the main ideas of dream analysis that were proposed by Jung, who tried to stay open to dreams as much as possible, leaving most of theories aside. It is important that we put aside our own conscious explanations and prejudices, as much as we can, and leave enough room for the patient and the unconscious material to develop in their own way. The ancient wisdom that the path is more important than the goal applies here, as we should not be so concerned with the right interpretation of the dream, but more with the material that it provides us and the way the dream influences the therapeutic relationship. In this sense I conclude that we should perceive dreams as a symbolic product of the unconscious in the true Jungian sense: we should not look for a one-sided rational explanation. The true value of a dream lies in its mysterious nature, which leaves us wondering about it and gives us a lot of material to feel and think about.

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