

CHAPTER FIVE

Dreams as subject of psychoanalytical treatment research

Horst Kächele

An overview of the various functions of dreams distinguishes six (Strunz, 1989):

1. Dream as by-product of the biological phenomenon of sleep
2. Adaptive functions
3. Creative functions
4. Defensive functions
5. "Negative functions", e.g., in the repetition of a trauma in a nightmare, and
6. So-called "demand functions", e.g., dreams during a therapy.

This paper will focus on the last of the six functions and shall—by providing three empirical illustrations—point to the rather meagre attention given to dream reports in treatment research. When we speak about dreams in psychoanalytic therapy, we tend to think of a specific dream; rarely enough is it considered that the repeated communication of dreams belongs to the core features especially of psychoanalytic therapies. How else could one understand that an expert panel of North American psychoanalysts places this feature on the first rank of a list of features that discriminates a "psychoanalytic prototype" from prototypes of other psychotherapies (Ablon & Jones, 2005).

Table 1. Rank ordering of Q-items by factor scores on ideal psychoanalytical process factor. Eight of the twenty most characteristic items of an ideal psychoanalytical treatment (Ablon & Jones, 2005).

PQS	Item description	Factor score
90	P's dreams or fantasies are discussed.	1.71
93	A is neutral.	1.57
36	A points out P's use of defensive manoeuvres (e.g., undoing, denial).	1.53
100	A draws connections between the therapeutic relationship and other relationships.	1.47
6	A is sensitive to P's feelings, attuned to P; empathic.	1.46
67	A interprets warded-off or unconscious wishes, feelings, or ideas.	1.43
18	A conveys a sense of non-judgmental acceptance.	1.38
32	P achieves a new understanding or insight.	1.32

From the psychoanalytic literature of the middle of the last century I want to remind us of two documents that illustrated the usefulness of the systematic study of complete dream series. The one document is Alexander Mitscherlich's book on *The Origin of Addiction* (1947) where the author tried to convey "what the patient was able to communicate about her unconscious attitude expectation" (Mitscherlich, 1983, p. 285). From his third case he provided a complete list of all 103 dreams in the appendix. The other document—also widely forgotten—is Thomas French's three volume opus *The Integration of Behavior* (1952, 1954, 1958). As the introduction to the second volume he wrote:

In this volume we shall try to show that every dream has also a logical structure and that the logical structures of different dreams of the same person are interrelated, that they are all parts of a single intercommunicating system (French, 1954, p. V).

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Let me mention one more example from the beginnings of psychoanalytic dream-related treatment research. The founder of cognitive therapy,

Aaron Beck, at that time still psychoanalytically oriented, reported with his colleague Hurvich (1959) about the psychological correlates of depression. They investigated the frequency of “masochistic” dream contents based on a sample of patients from private practices. Looking back later, Beck motivated his moving away from psychoanalysis with the findings from this study.

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I shall now report on three studies on dreams that I was able to undertake, collaborating with a number of colleagues.

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Study I: patients’ dreams and the theory of the therapist (based on Fischer & Kächele, 2009)

An often repeated opinion within clinical quarters is the critical statement, that patients’ dreams correspond to the theory of their therapists. If any, some kind of proof could be based on the famous study by Hall and Domhoff (1968) that compared Freud’s and Jung’s own dreams with the content-analytic system developed by Hall and van de Castle (1966). My doctoral student Christoph Fischer and I decided to examine this issue (Fischer, 1978; Fischer & Kächele, 2009).

Thirty dreams from each of eight patients—four in Freudian therapy and four in Jungian therapy—were compared both in terms of kinds of content and in terms of changes over time. The patients were matched in diagnosis, age, sex, and social background.

To analyse the dream materials we used the content constellations that Hall and Domhoff had identified as “Freud” and “Jung” syndromes. In the first third of the dream series, Freudian patients dreamt more “Freud-syndrome” dreams, and Jungian patients dreamt more “Jung-syndrome” dreams, producing a significant difference. In the last third of the dream series the difference was no longer statistically significant. These findings support the hypotheses that the theoretical orientation of the therapist exercises an initial influence on the dreams of the patient, and that this influence diminishes as the treatment progresses and the patient becomes more independent of the therapist.

Study II: Relationship patterns in dreams (*based on Albani, Kühnast, Pokorny, Blaser & Kächele, 2001*)

Twenty-two years ago the study group of Lester Luborsky reported that in reported dreams and relationship narratives the most frequent components of the CCRT-method agree, as well in terms of content as in terms of the valence of the reaction components; both in dreams and in the narratives negative reactions prevail. In the view of these authors this confirms that there is a core relationship pattern, which is expressed in dreams in the same way as in relationship episodes (Popp, Luborsky & Crits-Christoph, 1990).

To check this claim we studied the 330-session-long psychoanalytic therapy of the 27-year-old patient Franziska X (see Thomä & Kächele, 1994, chap. 2.2.2), who had received the diagnosis of "anxiety hysteria with obsessional, phobic features".

Franziska X suffered from intense bouts of anxiety attacks that were tied to situations where she had to display her professional competence. Her training as a lawyer had been very successful and she could expect to start a good career if she could get over these anxieties. With her husband, whom she had met during her studies, she enjoyed a satisfying psychological and social relationship in which sexual demands did not play a major role.

Her development was complicated as Franziska X at the age of six had been confronted by the sequelae of her mother's eclampsia in the context of giving birth to a younger sister. Franziska remembers only a mother unable to talk in a clear way. The father had had to take care of the children, but she always was afraid of him.

We were able to analyse one third of all the sessions: there were 113 transcribed sessions spread out evenly across the whole treatment. We identified fifty-seven dreams in which twenty-one relationship episodes were located.

In the dreams we found positive reactions of the subject (SO) above chance, yet in the immediate relationship episodes after a dream, more negative reactions above chance. The same was true also for the reactions of the object (RO), that in the dreams the positive reactions dominate, although this could not be statistically confirmed.

The wishes in dreams and in the narratives are widely congruent; however, anticipated reactions of the object and the subject clearly

diverge. In her dreams the patient is connected to friendly objects, and feels respected, which is in clear contrast to the frustrating reaction expressed in her relationship narratives.

Sexual wishes dominate most of the dream episodes and she dreams of the fulfilment of these wishes. In the relationship episodes after a dream, sexual wishes are more infrequent. So this study contradicts the claim by Luborsky's group for this single case. The expectations towards significant others clearly are at variance between dreams and narratives. In her narratives the patient feels rejected.

We also noted that in the majority of the relationship episodes excerpted from dreams or narratives, "men" are the prevailing partner of interactions (e.g., doctors, "boys", music teacher), the analyst most frequently among them. In her dreams the husband does not show up at all. There are few very relationship episodes with the father; the patient talks a lot about him, and clearly the father is an important object but the episodes were often incomplete and thus could not be used in the formal evaluation. It seemed to us that the "object father" was a relevant topic but not the relationship to the father. We found very few relationship episodes about the mother, which demonstrated the psychological absence of the mother figure; only late in the treatment the relationship to the mother became a salient topic; as the treatment was interrupted prematurely due to external circumstances, the study was not able to observe change in this pattern to the mother. Our findings confirm that the salient aspect of dream and dreaming resides in the "modeling of affective-object related references", as Ilka von Zeppelin and Ulrich Moser have pointed out (1987, p. 122).

Summarising the findings of the study we can say that the differences between dream episodes and narratives do not result from different topics. In dream episodes as well as in the first narratives after a dream the topics are congruent, but the organising relationship patterns are quite divergent. These findings do not corroborate the claims by Popp et al. (1990). The core relationship patterns in dreams and narratives do not correspond in this case. In the dreams of the patient positive expectations towards objects and the self prevail. This means that the patient reverses her frustrating experiences in her dreams. In contrast to this in her narratives the patient presents her factual relationship experiences in quite substantial negative qualities.

This signifies that the manifest dream content is therapeutically relevant. It represents her internalised, relationship experience. Therefore a contrast between narratives about daily experiences and dream reports may have a diagnostic and a communicative function, as Mark Kanzer (1955) has already pointed out.

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Study III: Dream series analysis as a measure of process (based on Kächele & Leuzinger-Bohleber, 2009)

This study in close collaboration with M. Leuzinger-Bohleber explored the issue of how development over the course of treatment can be portrayed by the study of dreams. Particularly for the long-term treatments, what kind of models do we have to map the process? In our work in the long-term processes we have seen different courses for different variables (Kächele & Thomä, 1993); however, we assume that a linear trend model for changes in basic cognitive functioning is the most plausible.

To test this assumption we need data covering the course of the analysis from the beginning to the end phases of a treatment. By using a single case design we might find out which of the descriptors are most likely to follow the linear trend model.

The study uses the instruments developed in an earlier study by Leuzinger-Bohleber (1987, 1989) on cognitive changes, that had examined the beginning and end phases of this treatment.

Now we utilised the total dream materials that we could identify in the transcribed sessions of the psychoanalytic treatment of patient Amalia X (see Thomä & Kächele, 1994, chap. 2.4.2).

At the time when we performed this study we had a large number of transcribed sessions: out of 517 recorded sessions 218 had been transcribed for various studies. In these sessions a student rater (M.E.) identified all dreams. A total of 93 dream reports were identified with some sessions containing multiple dreams; so the total number of dreams used in this replication study was 111.

The reliability study

Three raters—two of them medical students (M. E. and M. B.) and one of them a psychoanalytically experienced clinical psychologist with more than ten years of clinical experience (L. T.)—were intensively trained to understand Clippinger's and Moser's models of cognitive processes.

In several pre-tests they were acquainted with the kind of material to be rated. The training was very time-consuming; the inter-rater reliability achieved was quite impressive: the three raters jointly judged one third of all identified dream reports (38 out of 111 in 93 sessions):

Item B2.1, B2.2, C4: Kappa 0.82–0.89

Item A1, A2, C1, C3: Kappa 0.90–1.0

Item A3.1, A3.2, B1, C2: Kappa 0.47–1.0

It is noteworthy that 84% of all values are beyond a kappa value of 0.7.

Guided by principles of Moser's dream theory and special hypotheses detailed by Leuzinger-Bohleber's study, the investigation focused on the various aspects of dream content which will be commented upon now.

Expressed relationships

A1. How does the dreamer appear in the dream action?

Most frequently during the whole course of the treatment the dreamer is actively involved in the action. This is somewhat surprising since the patient came with a depressive basic mood to analysis.

A2. Do dream partners occur in the dream?

Again the patient is heavily involved with more than one partner all the time. A clinician might "see" in the data a slight increase of dyadic relationship, probably reflecting the patient's gain in intimate relationships, of which one is the relationship with the analyst.

A3.1. What kind of relationship occurs between dreamer and dream partner?

Statistically there are more loving, friendly, respectful relationships and less neutral relationships. We see this as a shift to the development of more pronounced positive qualities in relationships.

To summarise the findings we use a graphical illustration to make our point that the overall impression of these items, along the course of the analysis, allows quite straightforward conclusions. There is less dramatic change and more stability, as the findings from an earlier study, comparing beginning and end sessions only, had suggested (Figure 1):

Dream atmosphere

B1.1. Does the dreamer comment about the atmosphere of her dreams more often?

No obvious change.

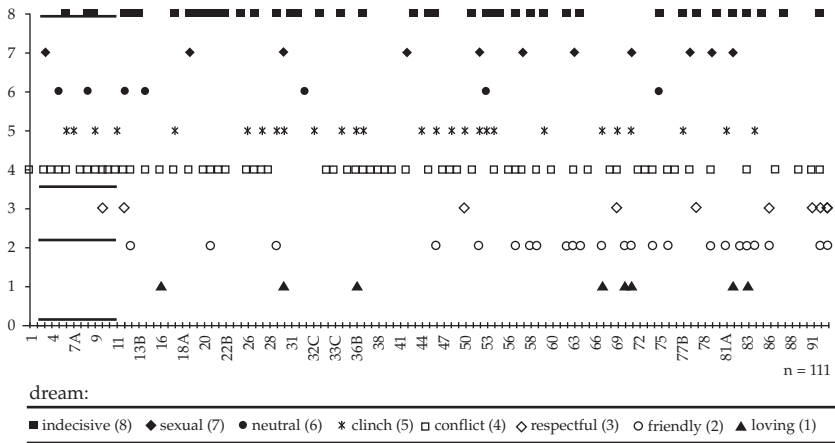


Figure 1. What kind of relations do you find between the dreamer and the dream partner in the manifest dream content?

B1.2. If yes, how does she comment?

The findings are presented as a ratio of neutral:positive in relation to the total amount of sentences where she comments about the atmosphere in the dream in Table 2.

There is a definite increase in the second half of the analysis of neutral:positive comments in regard to the dream atmosphere. From our clinical knowledge we find this is in good correspondence with the development of her personal life.

B2.1. How do you judge the atmosphere of the manifest dream?

By Spearman rank correlations of time and bipolar adjective list we find rather impressive systematic changes in time in some of the bipolar adjectives like pleasurable/non-pleasurable (-0.56), euphoric/depressive (-0.64), harmonic/disharmonic (-0.42), hopeful/resigned (-0.70), happy/sad (-0.58), easy-going/painful (-0.61), peaceful/dangerous (-0.52), happy/desperate (-0.68); all of these correlations are below <0.001 p value.

By Spearman rank correlations we also find rather impressive systematic changes over time in some of the unipolar adjectives such as anxiety ridden (-0.43), neutral (-0.26). However, aggressive atmosphere remained the same, shifting from very low to very high level along the treatment.

Table 2. Atmosphere in the dreams.

Phase/Sessions		Dreams	Sentences with neutral: positive to total	Percentage
I	1–99	1–18	1/11	9%
II	100–199	19–34	3/14	21%
III	200–299	35–54	5/16	31%
IV	300–399	55–70	6/8	75%
V	400–517	71–111	6/10	60%

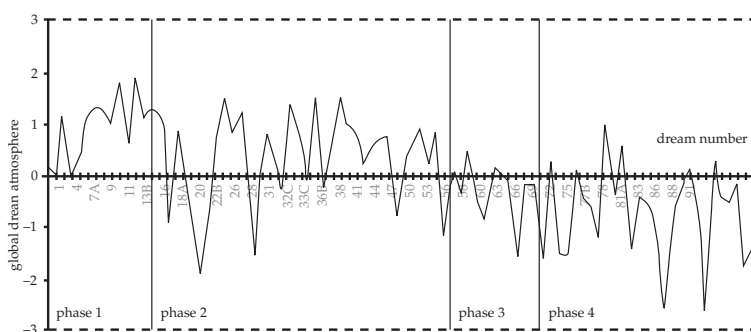


Figure 2. Global dream atmosphere. General factor: negative (high) versus positive (low) emotions.

By factor analytic technique we identified a strong general factor that demonstrated the development of dream atmosphere over the course of treatment from negative to positive (Figure 2).

Keeping in mind the diverse findings on the level of single items, an orthogonal varimax rotation was performed. The outcome of this operation pointed to two components. The factor “negative me” using Dahl’s system of classification of emotions (Dahl, Hölzer & Berry, 1992) incorporates the self emotion states and displays a decreasing trend whereas the factor “negative it” assembles the aggressive and anxious states that are object-oriented showing an up-and-down across treatment.

Problem solving

C1. Are there one or more problem solving strategies?

One or two problem solving strategies are equally distributed across the treatment. There is no substantial change.

C2. Is the problem solving successful?

The percentage of successful problem solving strategies is increasing and the unsuccessful strategies are decreasing; furthermore, partially successful solutions tend to be increasing.

C3. What problem solving strategies do you find?

The patient throughout the analysis is actively seeking solutions of problems; there is a slight increase in deferred actions. A clinician might be surprised by this result.

C4. Are the problem solving strategies reflected upon?

There is a powerful increase of the reflection upon these strategies continuously taking place over the course of the analysis. This finding is well presented in a graphical representation (Figure 3). The changes occur in a continuous non-dramatic fashion along the continuum of treatment.

The overall hypothesis of this study focused on the issue of whether the changes can be modelled as linear trends or whether other, non-linear models are necessary. Here the findings are very unequivocal: either we find stationary processes with variations in intensity (such as in aggressive or anxious feelings) or the changes that are patterned along the time axis in a linear fashion incline or decline.

Some surprises in the findings have to do with the patient's particular capacities that she already brought to the treatment. From the start she brought the capacity to actively organise relationship patterns in her

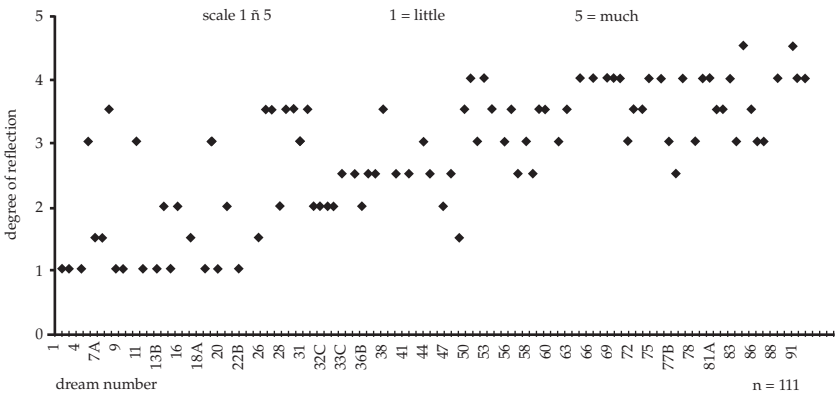


Figure 3. Reflection of problem solving.

dreams; however, change occurred in the quality of these relationships: they became more friendly and caring.

The impressive findings concern the systematic change in dream atmosphere along the time axis: “negative me” emotions decreased, but “negative it” emotions display a stable variability. Another impressive finding is the systematic tendency for the capacity to shift from unsuccessful to successful problem strategies along the analysis.

Our conclusion is that the process of change in this psychoanalysis, in basic psychological capacities—in so far as they are represented by the capacity to organise a dream space, takes place all along the way. If the textual material that dreams are made of is considered a valid extract from the patient’s psychic life, then this study has demonstrated the following:

- a. Psychic change does occur
- b. Psychic change mainly takes place in a linear trend
- c. Relationship, atmosphere, and problem solving in dreams are valuable dimensions of capturing a patient’s psychic change process.

I have tried to illustrate with three studies that formal research on dream reports can be a useful tool to investigate certain phenomena which usually escape clinicians’ attention, their curiosity being more often directed to the single dream which makes clinically perfect sense. The function of formalised treatment research thus occupies a different space from the clinical work and has another task.

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CHAPTER SIX

The work at the gate—Discussion of the papers of Juan Pablo Jimenez and Horst Kächele

Rudi Vermote

Juan Pablo Jimenez's paper is a beautiful illustration of dealing with and thinking about dreams in psychoanalysis. The psychoanalytic research by Horst Kächele shows how the use of a strict methodology and statistical analysis of the data of a long-term analysis can offer new and thought provoking findings, which are not visible from within the sessions.

The common points between both papers are striking. Both papers focus on the manifest dream. In the research of Kächele and colleagues, this is the story of the dream; to Jimenez it is the narration of the dream and the associations that go with it.

Both authors further focus on the divergence between dream content and what happens in life at a conscious level. From this divergence, we might gain the impression that they are two separate worlds. This is challenging because most psychoanalytic models on dreams are based on a link between dreams and actual experiences: the Freudian approach linking dreams to inner conflicts and wish-fulfilment, the Kleinian interpretation linking dreams to the transference-countertransference in the here and now of the session, and the Bionian interpretation where dreams are seen as a processing of thoughts and feelings by the dream