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Comparative Analysis Of Patients' Dreams In Freudian And Jungian Treatment[1]

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Abstract

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. 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 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 from the therapist.

Key-Words: dream, content-analysis, Freud, Jung

The intention of this work was to evaluate the widespread conviction that the particular theory of the therapist exercises an influence on the dreams of his patients. This hypothesis, with which we agreed when we initiated the study, is based on the following formulation. Presumably, the particular conditions of a patient's socialization have led him to suffer from a number of unconscious, repressed conflicts. One would expect Jungian and Freudian analysts to react differently to the associations and dreams offered by the patient in treatment. Governed by the views and perceptions characteristic of their different theories, the analysts would recognize different sets of unconscious wishes and conflict solutions as relevant for the patient, and would work on them in the treatment process. Their strategies, differing in content, would probably evoke clearly differential material in further dreams produced by the patient. Two postulated reasons for this difference are the analyst's expectancy attitude and the patient's willingness to conform to the rules

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of the game set up by the analyst. Both aspects might contribute to stabilization of the developing therapeutic alliance.

We formulated 6 hypotheses based on our expectations of different degrees of intensity in the content categories of the Freudian and Jungian dreams. In the Freudian series, as compared with the Jungian, we expected:

(1) more intensive affective contents
(2) more sexual fantasies and manifest sexual contents
(3) more active conflicts between the dreamer and his environment.

In the Jungian series, as compared with the Freudian, we expected:

(4) more regressive situations and contents oriented to the past, or familiar from mythology
(5) more irrational situations and contents, far removed from the dreamer's everyday, common world of experience
(6) more contents dealing with nature and its description.

We further assumed that this "different-content dreaming" would be noticeable in the opening phase of treatments with both Jungian and Freudian patients. During this opening phase, we expected Jungian patients to emphasize archetypal and mythological dreams, which, in the sense of the compensatory function of dreaming, would indicate underdeveloped personality characteristics and thus point to final aspects of the treatment. In this phase, the Freudian patient would primarily actualize his repressed sexual and aggressive conflicts and open to his analyst the "royal road" to his unconscious.

We hypothesized that, toward the end of the treatment, both the actual conflict situation and the analyst's expectations of the patient would change so that the dreams would display less unresolved archetypal or drive content. Both Freudian and Jungian dreamers would have gained independence and thus would dream more independently and "self-assertively" toward the end of the therapy. We thus assumed that in the later phase the dreams of Jungian and Freudian patients would be more alike than they had been at the beginning of the analysis.

Finally, we hypothesized that Freudian and Jungian dreams could be distinguished overall in terms of a Freud-syndrome and Jung-syndrome of dream categories.

Subjects And Methods

We wrote to several therapists and therapeutic institutions in Germany, Austria, and Switzerland and asked for series of patient dreams. As it would have been highly unrealistic to attempt to collect a large sample of dream reports from audio-recorded treatments (there are only a few places in German-speaking countries where treatments are recorded), we accepted dream reports that were written down immediately after the session. However, we restricted our search to patients whose primary symptoms fitted the diagnosis of anxiety neurosis. With this procedure, we

received dream material on 20 patients. Freudian dream series were made available to us by colleagues from Salzburg, Heidelberg, and Ulm; Jungian material came from the institutes of Zurich and Berlin.

From this material, we selected four Freudian and four Jungian patients who were comparable in age (average: 32), sex (2 men and 2 women in each treatment type), and social background (middle class). From each patient, 30 dreams were included in the study. Each dream series represented-the whole 'treatment over' time, even though the treatments themselves varied in length.

To study the content of patients' dreams, two research tools were used: (1) the dream content analysis of Hall and van de Castle (1966); (2) the dream content analysis of Kluger (1975). Hall's dream content analysis quantifies the following characteristics of dreams: setting and objects; characters; aggressive, friendly, and sexual interactions; activities; success, failure, misfortune, and good fortune; emotions; modifiers: temporal, negative, and oral; castration. With this system, Hall and Domhoff (1968) compared the dreams of Freud and Jung, and found considerable difference between the dream contents of the two men.

Kluger's content analysis quantifies the following characteristics of dreams: parallels to mythological motifs; heightened affect; remoteness from everyday experience; non-rational imagery or behaviour. Kluger reports that his system identifies archetypal dreams and differentiates them from non-archetypal dreams; he showed that archetypal dreams occur more often in patients in Jungian treatment than in untreated subjects.

For our study of patients' dreams during Jungian and Freudian therapies, we selected 10 relevant categories from both these content analysis systems These 10 categories were related to Fischer's (1978) theoretical study of Freudian and Jungian dream theory, which showed that differences in the dream content could be deduced .

The 240 dreams were coded by trained students according to the 10 categories. The student coders adhered strictly to the prescribed content categories; they did not know the formulation of the hypotheses. **Two or four students were used for each category, for a total of 34 coders. On a pre-test of the coding, the concordance coefficient for inter-rated reliability showed a mean of 0.74.**

The ten categories, we used were: mythic parallel, deviation from everydayness, deviation from rationality, nature, regressive situations (Jungian categories); and affect, aggressive interactions, friendly interactions, sexual interactions, active environmental conflicts (Freudian categories).

The relevance of these categories was established in a theoretical study, showing that Jungian dream theory sets off archetypal and mythological contents, as well as nature symbols and regressions (individual and historical), whereas Freudian dream theory deals with individual drive-

dynamic interactions and conflicts, with sexuality and affects.

Results

Content

(1) In the affect category, intensity values were rated between 1 and 4. Freudian dreams reached an average intensity of 2.43, Jungian dreams a value of 2.13 ($p < 0.05$). In the aggressive actions category, the intensity of ratings was almost equal, but 28 % more Freudian than Jungian dreams were rated as aggressive. Ratings of "friendly-amicable actions" were almost even. In the Freudian series, however, we found 4 times as many ratings in the subcategory covering the desire for friendship, love, and marriage.

(2) In Freudian dreams there were clearly more sexual actions and contents ($p < 0.01$). No difference was found between the dream series with regard to the intensity of the rated sexual actions.

(3) There was a much more frequent occurrence of active conflicts with the environment in Freudian dreams ($p < 0.05$). The dreamers' experiences of failure and success were also rated: in the Freudian series, conflicts ended in failure 46 times; in the Jungian series only 18 times. The success experiences were evenly distributed: 30 in the Freudian, 35 in the Jungian series.

(4) In the regression category, the dreamers' experiences from further in the past were rated. The Jungian series tended to have more frequent regressive contents ($p < 0.10$). At the beginning of the therapies the regressive dreaming was of equal frequency; during the last third of the series, Jungian dreams were 5 times more regressive than Freudian dreams ($p < 0.05$).

In the mythic parallel part of this category, Jungian dreams received twice as many mythology ratings as Freudian dreams (£ < 0.06).

(5) In the categories, deviation from everyday situations and rationality, we found that their contents are very similar and for this reason intercorrelate highly. No differences between the Freudian and Jungian series were found in average intensity values in either category. Ratings for the highest deviation from everyday situations, however, were found more frequently in the Jungian dream series. This means that Jungian dreams have more extreme variations, fluctuating from an everyday character to distinct alienation from everyday life. Freudian dreams, however, show a balanced alienation intensity. This tendency was also demonstrated in the category rationality: extremely irrational situations and actions occurred much more frequently in Jungian dreams, whereas Freudian dreams showed a more balanced rationality.

(6) In Jungian dreams, nature contents occurred much more frequently ($p < 0.02$) than in Freudian dreams.

Changes in Dreams over Time

In order to test our hypothesis, that at the beginning the dreams would be more strongly oriented toward the therapist's expectations, we evaluated separately the ratings of the first 10 dreams, the middle 10 dreams, and the last 10 dreams of each series.

Comparing the course of the dream series in the 10 content categories, we found that, in the first third of the dream series, Freudian and Jungian dreams showed highly significant differences in 4 content categories; Jungian patients dreamt 6 times more often mythologically, deviated more from rationality in their dreams ($p < 0.05$), and dreamt more of nature ($p < 0.001$) than Freudian patients; the Freudian patients, however, dealt with nearly two times as many active environmental conflicts.

In the second third of the dream series, a significant difference in the average intensity value was established for the categories affects and sexuality; Freudian dreams were more affective ($p < 0.01$) and had more sexual contents ($p < 0.05$) than Jungian dreams.

As mentioned earlier, in the last third of the dream series, the Jungian dreams were rated 5 times more often in the category regression ($p < 0,05$) than the Freudian dreams.

For the 4 content categories with significant differences, in the first third of the dream series, and also for the categories affect and sexuality in the second third of the dream series, the differences disappeared in the last third, or slipped to a lower level/so that there was no longer any statistical;, significance Thus, with respect to these characteristics, the dream series grew more alike toward the end of the treatment.

Frequency of Archetypal Dreams

In dealing with the question of whether the frequency of archetypal dreams varied in the Freudian and Jungian series, we used Kluger's 4-category analysis (1975). According to Kluger, a dream can be specified as archetypal if it reaches a high rating in 3 out of his 4 categories (mythology, affect, deviation from everyday situations, and deviation from rationality).[i]

In terms of this working premise, 18 Freudian and 18 Jungian dreams were identified as archetypal dreams, contrary to our expectations. The dreams that were identified as archetypal had been so rated mainly on the basis of the categories, affect, deviation from everyday situations, and rationality. In these categories, the archetypal Jungian and Freudian dreams were rated with almost the same frequency.

There was a decisive difference, however, in the category mythology. Jungian archetypal dreams contained a mythological component more than twice as often as Freudian archetypal dreams - i.e., 78 % of the Freudian dreams rated as archetypal contained no mythological component, whereas half of the Jungian archetypal dreams had a mythological rating.

In the light of these results, in our opinion a dream should not be rated as archetypal if the mythological component is missing.

Despite this criticism, the course of archetypal dreams followed the direction that we had hypothesized. In the first third of the dream series, the so-called archetypal dreams occurred 7 times more often in Jungian dreams than in Freudian dreams ($p < 0.05$). In the last third, this difference changed dramatically; twice as many Freudian as Jungian dreams were rated as "archetypal", and this reversed difference was not statistically significant. The result did not indicate greater mythology in Freudian dreams, but only more affective codings.

Freud-syndrome and Jung-syndrome

In the final step, we tested the differentiating validity of the 10 content categories, as we had postulated that Freudian and Jungian dreams could be separated in terms of a Freud-syndrome and a Jung-syndrome of dream categories. The syndromes investigation was based on a discriminance analysis, which achieves a maximum separation of groups by linear combination of different variables. The combination of the 5-content categories that, according to the hypotheses, should be noted more frequently in Freudian dreams corresponds to the postulated Freud-syndrome; the combination of the 5-content categories that, according to our expectations, should be noted more often in the Jungian dreams corresponds to the Jung-syndrome. We attributed "Freud-syndrome signs" and "Jung-syndrome signs" to all dreams, depending on which categories were rated in each individual dream.

Out of the total sample of 240 dreams, 149 (62 %) were identified as either Freud-syndrome dreams or Jung-syndrome dreams. In the dream series from Freudian patients, 57 could be identified as Freud-syndrome dreams and 20 as Jung-syndrome dreams. In the Jungian dream series, 50 could be identified as Jung-syndrome dreams and 22 as Freud-syndrome dreams. In addition to this result, we wanted to see whether "the increasing similarity" of the dream series manifested itself in the relationships between the syndrome dreams. According to our hypothesis, early in the series there should be many more Freud-syndrome dreams than Jung-syndrome dreams in the Freudian series and vice versa in the Jungian series. In the last third, the difference in distribution of the syndrome dreams should decrease.

Indeed, in the first third of the dreams, the Freud-syndrome dreams occurred more frequently in Freudian treatments and the Jung-syndrome more frequently in the Jungian treatments ($p < 0.-01$). In the last third, there were still more category-relevant syndrome dreams in each series, but the difference was no longer statistically significant ($p < 0.10$). Thus, Freudian and Jungian patients dreamt differently at the beginning of treatment (syndrome-oriented) but their dream behaviour became more similar toward the end of the treatment.

Comment

Overall, the anticipated difference in dream content of Freudian and Jungian analysis patients was established with a variable degree of statistical significance. The dreams of Freudian patients had more drive-dynamic (aggressive and sexual) contents, were more intensely coloured affectively, and more often involved active conflicts of the dreamer with his environment. The dreams of Jungian patients had mythological and regressive contents (related to the dreamer's past) more often, were more irrational and removed from everyday situations, and had nature contents more frequently. Contrary to our expectations, the Freudian and Jungian dream series were similar in number of archetypal dreams. However, the archetypal dreams of the Jungian dream series had a mythological component much more often, which fulfilled our expectations. Nearly all of these results contributed to our findings that it was possible to define a Jung-syndrome and a Freud-syndrome in the initial third of the respective dream series, and that these syndromes became less clearly defined as treatment progressed.

With the regression category, however, the results were puzzling. After an initially similar frequency of regression, the Jungian dreams became more regressive during the course of the treatment, whilst the frequency of regression of Freudian dreams decreased. We could not reconcile this result with Jungian dream theory, and thus we would be especially interested in learning whether Jungian colleagues have any conceptualizations that might cast light on this result.

The various results confirmed our assumption that, at the beginning of the treatment, Freudian and Jungian patients clearly meet the theory-related expectations of the therapist with their dreams. The reasons for this unconscious compliance are open for further clinical evaluation. We would point to the understandable wish of the patient to be cooperative, especially at the beginning of a new relationship that is essentially based on the patient's capacity to tolerate and accept a certain degree of dependency (Strupp, 1978). It is also reasonable to assume that the patient at first readily absorbs a novel framework presented by an expert in whose hands he has placed himself. The impressive change over the course of treatment might demonstrate the diminishing influence of the therapist on the patient's unconscious life and thus might likewise demonstrate the strengthening of the patient's ability to dream his own dreams.

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Endnotes

[i] Kluger deduced this specification from Jung's hypothesis, that there are two levels of unconscious, an innate collective unconscious whose contents, the archetypes, image instinctive patterns of behaviour, and a personal unconscious whose contents derive from the individual's life history. He found out, after a theoretical research of Jung's theory of the archetypes and the collective unconscious, that archetypal dreams speak in terms of mythical parallel, with heightened affects, and show great deviations from everyday situations and rationality.