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The dreams healers and clients have about each other and about the healing process go to the heart of the endeavor. Recognized for their singular importance by Hippocrates and Galen, by the Asklepian tradition, and by indigenous cultures with shamanistic practices, such dreams fell into disrepute after Freud labeled a doctor's dream about a patient as a sure sign of a neurotic problem (Lippmann, 2000). The clinical literature reflects this negative attitude: from 1900 until the mid-1980s, only one or two papers on this topic per decade were published.

The emergence of intersubjectivity and a more nuanced understanding of countertransference have opened the way for increased interest in the dreams that therapists and clients have about each other. Research done in the 1980s provided baseline estimates about when and how often these dreams take place. In two separate surveys of analytic patients' dreams, 1 out of 10 was found to contain undisguised figures of the therapist (Rosenbaum, 1965). To this can be added the various ways the therapist can be depicted—as a nurse, contractor, plumber, midwife, private eye, dentist, archaeologist-thus making the frequency of such dreams much greater than 10 percent.

A recent doctoral dissertation on therapists in training found that they dream about their patients and/or supervisors as often as once a week (Degani, 2001). A survey of Canadian psychoanalysts and candidates determined that dreaming about patients was most likely to take place when the clinical material was highly charged with erotic or aggressive themes; this was true for all phases of treatment. The survey also found that experienced analysts were just as likely to have dreams about patients as were novice candidates (Lester, 1989).

It may be either the therapist or the client he has a drawn above. who has a dream about the interactive field between them. The dream can open up new territory where both intrapsychic and intersubjective conflicts can be explored more fully. Psychiatrist C.G. Jung had more interest in the interpersonal dimension than Freud did, citing many examples of dreams he and his patients had about each other. In his 1929 dream seminar, he told of a dream in which the patient and his analyst had established a joint checking account. This exemplifies the pool of shared resources that is created by the mutual healing endeavor. In 1934, Jung wrote to a young psychiatrist, "In the deepest sense we all dream not out of ourselves but out of what lies between us and the other" (Adler, 1973, p. 172).

This simple statement, far ahead of its time, provides the theoretical foundation for a new model of understanding of the fact that mutual dreaming takes place. Intersubjective dreams can be seen as a consultant in the room, whose task is to monitor the treatment, keep it on course, and move it forward. Such dreams are like a third thing that emerges from the interstitial space between one individual and another, drawing both into the healing matrix.

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