

The Royal Road: Closed for Repairs



Meredith Sabini

A few years ago, a woman I went to graduate school with called to say she'd just finished analytic training and now would like to take one of my dream seminars, since neither her personal analysis nor her course work involved dreams. Thank goodness we were on the phone and she didn't have to see my jaw drop! How could training at a traditional psychoanalytic institute in a major city not include dreams? Were they no longer central to the work? As a continuing education provider offering professional dream seminars for years, I was aware that masters and doctoral level programs rarely include dreams; but to learn they were now absent from psychoanalytic training as well came as quite a shock. This is the world that built the royal road; how could it turn its back on the main route to the unconscious?

I called an analyst I knew who was a member of that particular institute and told her the story. She verified that their single course on dreams had recently been shifted from required to elective status. She too was distressed at this development, but said it seemed to be a widespread trend. A library search I did turned up a survey of 30 analytic institutes that documented the decrease in dream courses, starting in the 1980's; another study found that 74 % of therapists surveyed reported rarely or never using dreams in their work. I then did my own informal survey of colleagues and interns from various graduate programs, and learned that almost none had had any course work in either dream theories or practical dreamwork. It's not something therapists are proud to disclose, so though I'd been hearing anecdotal reports here and there over the years, I had not realized the problem was so widespread.

It took a while for all of this news to settle in, but eventually the veil lifted and I realized I was practicing a specialty that had fallen off my profession's map. So I decided to survey the washouts, potholes, detours, and deferred maintenance along the old royal road in order to assess whether it could be repaired.

The royal road was originally designed as a one-way street for the dreams of patients in psychoanalysis, which, in the early days, meant lying on the couch four or five days a week for perhaps six months. After splitting from Freud's Vienna school, Jung widened the royal road by bringing in objective amplification of cultural and universal motifs and by including informative dreams he had about patients. Though the expression "the royal road" remained more associated with classical psychoanalysis, both founding fathers gave dreams a central place in a way no other schools of psychology or psychotherapy ever have.

Recent decades have seen a falling off in the use of psychoanalysis and there has been a rise in brief treatment modalities: self-help groups, EMDR, coaching, 12-step programs, improved psychopharmacology. In the general analytic world, *intersubjectivity*—focus on the interpersonal field between therapist and client—has replaced the previous emphasis on the subjectivity of dreams. This new focus transcends parochialisms enough to interest many schools of psychotherapy in its use. But unfortunately, dreams have not, by and large, been brought along on the intersubjective thoroughfare—because, I suspect, we don't yet have a truly two-person psychology of dreaming.

In fact, for many years, it was thought that only novice practitioners dreamt about their patients, out of anxiety; and to have such a dream later on was considered indicative of a countertransference problem. Subsequent clinical research disproved both assumptions. New information like this, which is vital to upgrading clinical services, does not tend to flow onto the royal road, but stays in the cul-de-sac of professional journals. There is a split between academic dream research and clinical practice that creates huge potholes along this route, leaving both sides uninformed about the other.

The foundation on which the royal road was built was too shallow a roadbed to sustain the substantial flow

of traffic it would come to bear. Clinical theories need empirical substantiation for solidity. Freud's notion that dreams contain disguised unconscious wishes and Jung's notion that dreams compensate conscious attitudes have both been perceived as staking grand claims rather than pertaining only to some dreams some of the time. No single dream theory could be expected to explain the multiplicity of dream contents or functions.

Recent developments in dream theories that have been empirically tested remain largely unknown to most therapists. When I ask seminar attendees if they are familiar with the various types of dreams—problem-solving, rehearsal for new stages of life, continuing waking concerns, outward-facing dreams about others or showing evolved survival strategies—most answer in the negative. Despite the contemporary emphasis on therapeutic interventions being evidenced-based, evidence about dreams tends to not be in this picture. In this way, the royal road has remained too narrow; not widened to accommodate newly substantiated theories, most of which have direct relevance for therapeutic treatment.

The roadbed was also not dug deeply enough at the inception. Whereas medical students learn about the Hippocratic tradition and take the Hippocratic oath, psychotherapists in training rarely hear about the Asklepiian tradition, which lasted over a thousand years and is the foundation of Western healing arts. Dreams were at the center of this practice, and healing took place *within* the dream itself, not via an interpretation or enactment.

In more skeptical moments, I think of my profession as being in the same relation to dreams and dreaming as medicine was in relation to puerperal fever and germs in the 19th century. Dreams are still viewed as discrete phenomena that pertain only to the dreamer. Dreams are not contagious, of course, but our dreaming mind is our link to the unconscious interconnectedness that intersubjectivity deals with.

In his marvelous 2003 keynote address to the IASD conference, interpersonal analyst Paul Lippmann challenged the heroic attitudes toward dreams: the wish to dig gold out of their earth, to strip mine them for resources, to control nightmares, to achieve heights of lucidity. In "Dreams and psychoanalysis: A love-hate story," Lippman elucidates specific reasons therapists are ambivalent about dreams: they are valued for the depth and insight they bring but feared because they bring in the unknown, which tends to make therapists

feel less than competent. He noted how dream theories, when used as a template held up in front of dreams, can function as a defense against this destabilized stance. I often suggest that therapists set aside preferred theories and imagine being naturalists exploring a forest for the first time, our only task to describe well what we see, the dream being like a tree with bark, leaves, and roots. It seems as if our field skipped this stage of naturalistic observation and went directly to theory formation. Dream theories often arose from either clinical or limited populations such as college students, and so we do not yet have adequate normative data on what people dream about over the life cycle.

Lacking both basic and advanced clinical training in dreams, psychotherapists have picked up the notion, popularized by Perls in the 1970s, that we dream only about ourselves and that all parts of a dream stand for aspects of the dreamer. This narrow lens doesn't allow for recognizing interpersonal and transpersonal contents in dreams. Despite the guidelines Jung gave in 1917 for identifying dreams that pertain to others, this interpersonal function of dreaming remains unfamiliar to many. What he offered was not based on conjecture or over-generalization, but on good observation of and respect for exactly what a dream said.

Thus many therapists operate with limited notions of what types of dreams there are and how they function. The unconscious does manifest in ways other than via dreams, but dreams can provide pertinent information and guidance like nothing else does. As the psychotherapy profession has lost interest in dreams and dreaming, dreamworkers have picked up that slack. Whereas psychotherapists attempt to do depth healing work without the guidance of dreams, dreamworkers often cruise along the royal road to the unconscious with a natural affinity for dreams but no training in diagnostic assessment, psychodynamics, transference, or countertransference. Much could be gained if clinicians and dreamworkers worked complementarily.

Can the royal road be repaired? At the IASD conference this June, my colleague John Beebe and I will take up this question. It may be that the metaphor itself, which has been in use for a full century, has outlived its usefulness. The image of a flat, two-dimensional surface for transporting precious cargo from the underworld may be ill-suited for the complexity of dream phenomena as we now know it. Please join us for a lively exploration of this topic.

Meredith Sabini, Ph.D., licensed psychologist and director of The Dream Institute of Northern California