VIEWPOINT

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Intersubjective Dreaming

by Meredith Sabini, M.S., Ph.D.

"In the deepest sense we all dream not out of ourselves but out of what lies between us and the other." This statement of C. G. Jung's from a 1934 letter to a young psychiatrist is surprisingly consonant with contemporary theories of intersubjectivity. Jung concluded by saying that the patient's dreams were "occasioned by you," referring to the psychiatrist. The underlining, which emphasizes this unique perspective, was Jung's (Jung, 1984b, vol. 1, p. 172).

"In 1917, Jung made the important distinction between subjective and objective dreams. The former face inward and concern only the dreamer; the latter face the object world and concern people and situations in it."

For the past ten years, I have been collecting examples of dreams that therapists and clients have had about each other and teaching continuing education seminars on this topic. The general sea change from the paradigm of separateness to one of interconnection and an expanded understanding of countertransference make it possible to take a fresh look at dreams within the dyad. I believe they go to the heart of the healing process. Intersubjectivity has opened up the interstitial space between therapist and client, adding a lateral dimension that complements the intrapsychic emphasis characteristic of historic models of depth therapy. But, by and large, dreams have not been included in this expansion of therapeutic territory. One basic reason for this is that we do not yet have a full two-person psychology of dreaming.

The royal road as originally conceived of by Freud and constructed by his followers was intended mainly as a one-way street for clients' dreams. Jung took a different position: he considered the doctor to be as much in the treatment as the client and he wrote openly about the dreams he had about patients, often telling the dream and the corrective insight it brought—a stance that is also consonant with the contemporary intersubjective approach.

In 1917, Jung made the important distinction between subjective and objective dreams. The former face inward and concern only the dreamer; the latter face the object world and concern people and situations in it. At that early date it was unusual to consider all parts of a dream subjectively. Commenting on a woman's dream of crossing a river at a ford and having her foot seized by a crab, Jung remarked, "The dreamer is the whole dream: she is the river, the ford, and the crab, or rather these details express conditions and tendencies in the unconscious of the subject" (Jung, 1966, v.7; par. 129). This subjectivist perspective now prevails among therapists of various theoretical orientations and is also commonly heard among the lay public.

Jung also issued an important caution: if we take only the subjective approach, "it would make your life relatively illusory; you would be completely isolated because you would have burned all bridges which connect you with reality" (Jung, 1984a, p. 31). Do we balance our focus on the existential experience of the client with adequate attention to the actuality of his or her object world? Do we inquire whether dreams that portray others may actually concern them?

Jung offered simple, straightforward guidelines for distinguishing between subjective or inward-facing and objective or outward-facing dreams. "If I dream of a person with whom I am connected by a vital interest, interpretation on the objective level will certainly be nearer to the truth . . . But if I dream of a person who is not important to me in reality, then the interpretation on the subjective level will be nearer the truth" (Jung, 1966, v.8; par. 510). However, I have found that whether the figure in

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a dream is known to the dreamer and important in reality or not is only one of several factors to be considered; it alone may not be sufficient, for we do dream subjectively about people we know well.

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How often do therapist and client tend to dream about each other? In two separate research surveys of patients' dreams, it was found that one in ten dreams contained an undisguised image of the therapist. If we add to that the many ways the figure of the therapist can be symbolized—as nurse, midwife, contractor, dentist, private eye, archaeologist—that number may well double. A recent doctoral dissertation on therapists-in-training found that they may dream as often as once a week about their patients or supervisors. In terms of therapists' dreams about clients, Lester's 1989 survey of Canadian analysts and candidates found that they were most likely to occur when the transference was highly charged with erotic or aggressive material; some dreams occur during all phases of treatment and are not any more common among novice therapists than experienced ones.

"A wonderful example of an intersubjective dream comes from Jung's 1929 dream seminar: the patient dreamed that he and his analyst had established a joint checking account from which funds could be withdrawn. Jung commented that this indicated the man had reached the point where he could take charge of his own part of the analytic endeavor."

I would now like to give examples of dreams within the dyad, starting with clients' dreams. Due to space limitations, I have chosen dreams that are brief and on a single theme. The initial dream of a shy young man upon starting analysis was: "I arrive at your door but find it is not a real door, not even a real house; it was two-dimensional like a movie set." The analyst first asked himself whether this was an accurate portrayal of how he, himself, was coming across; he felt this was not too likely. So he inquired if this image depicted how people in the patient's early environment seemed. It eventually came out that his mother never hugged him, and the patient often felt he couldn't locate her and experienced her as "flat."

The next example comes from the famous psychoanalyst Helene Deutsch. A woman patient reported a dream in which a married couple were celebrating their eighth wedding anniversary. Although typically able to associate to her dreams, she could not to this one. But Deutsch remembered that during the previous session, she had not been paying attention to the patient because she had been daydreaming about preparations for her eighth wedding anniversary that evening, of which the patient knew nothing! It was as if the dreaming mind said, "You weren't fully here last time, but I know where you were!" (Servadio, 1955, p. 253).

A wonderful example of an intersubjective dream comes from Jung's 1929 dream seminar: the patient dreamed that he and his analyst had established a joint checking account from which funds could be withdrawn. Jung commented that this indicated the man had reached the point where he could take charge of his own part of the analytic endeavor.

Now let's look at dreams from therapists. A colleague of mine had this dream one month after starting to work with a schizoid man who presented with depression: "This patient is attacking me. I run toward others for help. I find a male doctor and stand behind him." Although there was no clinical evidence of the patient being hostile or violent, the therapist felt very uneasy after this dream. She realized he was her last patient, and they met in the evening when no one else was in the building. Her associations to the male doctor led her to conclude that perhaps a more doctorly attitude was called for, so she moved the patient's hour and felt the atmosphere ease. About a month later, extremely violent material began to emerge.

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An intern had this dream about a female patient: "I am walking down the street with this attractive patient, but it's okay because we have a brother-sister relationship, which won't interfere with treatment." Discussion with the supervisor led them to discover that the intern had been defending against erotic transference and countertransference, in general, by setting a "buddy-buddy" tone with his female clients; by bringing this dynamic into consciousness, a shift in his therapeutic stance was then possible.

I once had a similarly helpful dream about a patient with whom I was over-identified. In it, she calls me and asks how I feel about her. Intending to say that I like her, I make a slip and say that I love her; I then realize that I have to be careful not to treat her as a younger version of myself. The dream came as a shock to me, as I would not have said that I loved this patient; it said I had been treating her as if she were a younger version of myself, and this felt quite accurate.

"These dreams arose out of 'what lies between us and the other.' The presence of the other definitely occasioned the dreams. They emerged from the intersubjective field in order to correct, compensate, or more fully inform one or both members of the therapeutic dyad. Dreams like this function as the consultant in the room, whose job is to monitor treatment, keep it on course, and move it forward."

Jung told the story of having a dream that corrected his tendency to look down on a patient. The patient was a young woman who'd grown up in Java and tended to imitate the colorful attire of the native women. Jung said he "felt pretty awkward on account of my own maids when she was in my office," and went so far as to tell his patient that she "couldn't go on looking like that." Then he dreamed: a young woman was seated atop the beautiful balustrade of a castle on a hill; I got a crick in my neck from looking up at her. Upon waking, Jung immediately recognized the mistake he'd been making of looking down on the woman. He told the patient the dream, and treatment, which had been blocked, opened up (Jung, 1966, v.18; par. 334–336).

Writing about dreams in interpersonal analysis, Wilner (1996) cites a short dream he had about a woman patient the night before her session: "She is a freedom fighter in Montenegro." During the session, he told her the dream and they spoke about the actual country, beset with ethnic splits, and how this paralleled the woman's internal wars. The metaphor of a black mountain described well what she was defending, and they spoke of how her provocative manner incited him. A sense of their "interlocking darker sides and mutual efforts to defend themselves" began to emerge, Wilner wrote.

A similar account of a single dream that illuminated mutual dynamics comes from interpersonal analyst Margaret Crastnopol (1997) and concerns a female patient who had been given up for adoption and suffered a lifelong sense of disconnection. In this instance, the patient had the seminal dream: she was seeing a female therapist, talking casually after the session, and the therapist wanted to tell her about having a child with a genetic defect; upon seeing a photo of the child, the dreamer first felt uncomfortable but later had a renewed sense of vitality. Crastnopol actually did have a disabled child, and wanting to test the significance of the dream, eventually shared this fact with the patient. The symbol of an "impaired child" became a shared motif: Crastnopol grew more aware of her tendency to be overly mothering to abandoned children, and the patient was able to explore her wish to be healed by a special mother.

These dreams arose out of "what lies between us and the other." The presence of the other definitely occasioned the dreams. They emerged from the intersubjective field in order to correct, compensate, or more fully inform one or both members of the therapeutic dyad. Dreams like this function as the consultant in the room, whose job is to monitor treatment, keep it on course, and move it forward. In several examples, the content pertained to the dreamer: Jung realized he was looking down on a client, the intern became aware he tended to be brotherly with female clients, I saw my over-identification with a client, and the young man discovered that he experienced the object world as flat. In other examples, the content

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pertained to the person dreamed about: Deutsch was brought up short for daydreaming, my colleague received warning information about aggressive material that a client would be bringing up. Several dreams provided a core symbol of the third thing that was present or soon to emerge between therapist and client: the joint bank account, the black mountain, the impaired child.

This material makes it clear that when we have dreams about others, we will need to enter into a process of discernment. Whether it is the therapist or the client who has the dream, these are the questions to be asked: (1) Is the dream showing me how I perceive/misperceive this person? (2) Is the dream showing an aspect of myself that is portrayed by this person (i.e., projected onto them)? (3) Is the dream showing something, either compensatory or accurate, about the psychic reality of the person portrayed?

Dreams, themselves, often give clues in their opening lines about which direction they face. Here are two examples: "I am at my grandmother's house, where I lived as a young child, and she is there." "I am at a business meeting with a colleague and realize he doesn't have the money to pay his share of the rent." The first is a subjective dream from a regressive phase of therapy; the second is about an actual adult relationship that is floundering.

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Although most dreams probably are subjective and concern ourselves, we do dream about people and situations, perhaps more frequently than we have recognized. The dreaming mind has a broader bandwidth than the waking mind, which allows it to penetrate more deeply into the psyches of others and the field between us. If we assume that all dreams refer to aspects of ourselves, we risk taking

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in psychological contents that do not belong to us. Just as we try to stay alert about preventing or correcting projections, it is equally important to guard against absorbing nonpersonal contents from the environment. By illuminating interstitial space, the dreaming mind helps prepare us to deal with the object world with more wholeness and integrity, thereby enriching our experience of life.

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