

The Dream in the Therapeutic Encounter: A Theoretical Formulation and Single Case Study

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The present paper seeks to better understand the underlying mechanisms and phenomenology of dreaming and dream telling in the psychotherapeutic encounter. Toward that end, this paper offers a theoretical framework regarding the interplay between intrapsychic and intersubjective mechanisms underlying dreaming, dream telling, and dream interpretation in psychodynamic psychotherapy, with a focus on the capacity of the dream to facilitate unique communicative pathways. This theoretical framework informs a discussion of the results of several self-report psychotherapy process measures from a single 12-session treatment, including the Working Alliance Inventory, Session Evaluation Questionnaire and Session Impact Scale.

Keywords: introjection, projection, projective identification, introjective projective identification in the dream, transitionality, dream telling in psychotherapy

The present paper formulates an account of the overlapping intrapsychic and intersubjective mechanisms that inform dream content formation, dream telling, and dream interpretation in psychodynamic psychotherapy. The experience of dreaming during sleep is understood as an early effort to communicate with others and influence the external world. Though dreaming is an apparently intrapsychic phenomenon directed toward the preservation of sleep through mechanisms such as displacement, condensation, and reversal (Freud, 1916/1973), dreams also function to promote object-relatedness through mechanisms such as introjection and projective identification within the dream. By introjecting objects into the dream experience and projecting intolerable difficulties onto those objects within the dream, the dreamer establishes a transitional space within which they can process intolerable difficulties and render them tolerable in conscious thought.

Articulation of the dream in psychotherapy, in writing or in any other medium of communication embeds the dream in language, thus solidifying it in the discourse of the external world and negating its transitional quality. The solidification of the dream account in the external world enables the dreamer to communicate that which is otherwise not possible to communicate. By solidifying the transitional phenomenon of the dream into external discourse in the therapeutic

encounter, the patient introduces a third entity into the therapeutic encounter, which reconfigures the form of the encounter from dyadic to triadic. The triadic configuration established by the dream narrative functions to antagonistically regulate the analytic encounter between relatedness and withdrawal, enabling the patient to communicate that which is otherwise intolerable. The dream account is not unique in its capacity to reconfigure the analytic encounter from dyadic to triadic. Discussion of a variety of internally and externally generated experiences such as memories or people, are also potentially conducive to a triadic configuration of the therapeutic encounter. However, the dream experience and in session dream account occupy an exceptional position in psychotherapy. The dream experience enables a working through of that which is intolerable in a transitional space and communication of previously intolerable material in external discourse, which renders the intolerable tolerable to conscious thought and enhances the dreamer's object-relatedness.

The potential of dreams to elucidate unconscious conflict is a foundational proposition of psychoanalysis. In his *Revision of the Theory of Dreams*, Freud (1933) writes that the theory of dreams "occupies a special place in the history of psycho-analysis and marks a turning-point; it was with it that analysis took the step from being

a psychotherapeutic approach to being a depth-psychology” (p. 7). Dream interpretation is a unidirectional process directed toward identifying the latent dream thought that is shrouded within the manifest content of the dream and explaining how the latent dream thought has manifested in the way that it has in the analysand’s mind (Freud, 1933, pp. 9-10). As Freud outlines, the interpretation of a dream follows a process whereby the analysand relays the dream narrative to the analyst. The analyst, freeing themselves from the impression of the manifest dream narrative as a whole, must obtain associations from the analysand to distinct portions of the manifest dream narrative. Though the associations may appear irrelevant to the analysand at first, they, “throw a surprising light on all the different parts of the dream, fill in the gaps between them, and make their strange juxtapositions intelligible” (Freud, 1933, p. 12). However, the associations in themselves do not elucidate the latent dream thought. As Freud also writes, “an association often comes to a stop precisely before the genuine dream-thought: it has only come near to it and has only had contact with it through allusions” (p. 12). The next step toward elucidating the latent dream thought is for the analyst to “fill in the hints, draw undeniable conclusions, and give explicit utterance to what the patient has only touched on in his associations” (p. 12). In this way, the analyst functions as a skilled external observer of something that exists in the analysand’s mind.

Sándor Ferenczi, a contemporary of Freud, acknowledges the influence that the relationship between analyst and analysand has on dream content formation and dream telling. In an insightful and very brief chapter, *To Whom Does One Relate One’s Dreams*, Ferenczi (1923/1994), writes, “We analysts know that one feels impelled to relate one’s dreams to the very person to whom the content relates” (p. 349). In a broad sense, Ferenczi’s insight means that the dreams the analysand chooses to bring into analysis are informed by the relationship to the analyst. Moreover, it also means that the content formation of the dream is influenced by the analytic relationship. In acknowledging the analyst’s influence on the analysand’s dreams and dream telling, Ferenczi identifies a dialectical interplay between dreaming and dream telling, and thus positions the dream as an inherently communicative mechanism.

This difference in theory also translates into divergence in technique. In describing his method of dream interpretation, Freud (1933) describes that while the analysand describes their dream, the analyst will

have “listened passively, without putting our powers of reflection into action . . . We decide to concern ourselves as little as possible with what we have heard, with the *manifest* dream” (p. 10). This passive attention diverges strikingly from the way in which Ferenczi suggests analysts should attend to the narration of dreams. In *Attention During the Narration of Dreams*, Ferenczi (1923/1994) writes, that while the analyst should normally listen with “suspended attention” and “allow scope to his own unconscious” during the narration of dreams, they should listen with strained attention as “every detail, every shade of expression, the sequence of the content, must in the interpretation be put into words” (p. 238). Ferenczi emphasizes the significance of the words used in the narration of dreams and notes that he often has the analysand repeat complicated dreams two or even three times. In this way, he embeds the analyst more actively in listening to the dream. Ferenczi’s contribution marks an early contribution to understanding of the intersubjectivity of dreams that has been expanded upon by later theorists.

In his paper, Kanzer (1955) recalls Ferenczi when he addresses a fundamental antagonism of dreaming. That is, the antagonism between its fundamentally intrapsychic nature and communicative elements. Kanzer (1955) writes:

The dream is inherently – in appearance at least – a narcissistic phenomenon, entirely intrapsychic . . . Nevertheless, there are communicative elements about the dream and . . . within the dream itself that are of great importance not only for the therapeutic approach but for the theoretical formulation of dream psychology (p. 260).

For Kanzer, the intrapsychic nature and communicative elements of the dream are reconciled in a form of secondary narcissism whereby “the dreamer, withdrawing from the outer world, can relinquish objects only by introjecting” (p. 260). Broadly, this means that the content formation of dreams is directly informed by the dreamers’ relations to external objects. More specifically, he means that in order to fall asleep and thus shut out the external world, the dreamer must introject external objects. In this way, the boundary between the intrapsychic and intersubjective is blurred.

In order to understand what Kanzer means by introjection, it is helpful to understand Ferenczi’s distinction between the paranoiac and the neurotic. In *Introjection and Transference*, Ferenczi (1916) writes,

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“Whereas the paranoid expels from his ego the impulses that have become unpleasant, the neurotic helps himself by taking into the ego as large as possible a part of the outer world, making it the object of unconscious fantasies” (p. 47). The paranoid’s expulsion of unpleasant impulses is understood as projection, while the neurotic’s taking in of the outer world is understood as introjection. Within this distinction, it is no stretch to suggest, as Kanzer does, that the unconscious fantasies informed by introjection become manifest in the dream. It is of course important to note that the introjection of the neurotic and projection of the paranoid are extreme examples of the unconscious processes that occur in the normal functioning of the mind (Ferenczi, 1916, p. 48).

In itself, the claim that the content of dreams is informed by introjection remains vague in that it accounts for the source of the objects in dreams but does not describe how the objects are utilized once introjected into the dream. Contemporary contributions to group analytic theory inform a clarification of the role of introjected objects in the dream. Friedman (2004) describes a process that he calls “projective identification in the dream” whereby the dreamer utilizes stored objects to “contain and elaborate conflictual and sometimes unbearable material” (p. 510). In this way, the dreamer, “imaginatively tries to work through difficulties by projecting them on to Others and their relations” (p. 510). For Friedman, the dreamer utilizes introjected objects in the dream to project conflictual and unbearable material, so that the dreamer does not need to directly identify with the material to begin processing it. Friedman takes a Bionian perspective whereby dreaming is a space for ‘thinking’ in which emotions that are unbearable to the dreamer can be transformed into material that is bearable for the dreamer to process consciously (p. 509). Integrating introjection and projective identification in the dream, we understand that the dreamer, burdened by unbearable and unconscious material, must introject external objects through dreaming and project the unbearable material onto the objects in the dream. Thus, the dreamer is able to experience and work through unbearable material from a tolerable distance in the apparently intrapsychic simulation of the dream. Just as the dream is at once intrapsychic and directed toward communication with the external world, the mechanisms underlying the content formation of the dream are informed by introjection and projective identification. Just as the dream blurs the boundary between intrapsychic and intersubjective phenomena, utilizing introjected objects

for projective identification blurs the boundary between introjection and projection, as the two occur as part of the same process in the dream. Thus, the dreamer’s simultaneous utilization of introjected objects for projective identification in the dream constitutes a phenomenon which can be called introjective projective identification in the dream.

The categorization of the dream is thus located somewhere between the intrapsychic and intersubjective. The ambiguity of this space in which the dream is at once an entirely intrapsychic and narcissistic phenomenon and a mechanism which dynamically utilizes external objects to communicate with the external world, as well as the integration of the seemingly divergent mechanisms of introjection and projective identification to inform dream content can be reconciled by considering Winnicott’s conceptualization of transitionality. Winnicott (1958) introduces the concepts of transitional objects and transitional phenomenon to designate:

The intermediate area of experience, between the thumb and the teddy bear, between the oral erotism and true object relationships, between primary creativity and projection of what has already been introjected, between primary unawareness of indebtedness and the acknowledgment of indebtedness. (p. 230)

The transitional object is thus the original not-me object that occupies a space neither fully acknowledged as internal to the infant nor as belonging to external reality. For Winnicott, the transitional object or phenomenon can be something such as a bundle of wool, corner of a blanket, word, tune, or mannerism which becomes vitally important in order for the infant to sleep and functions as a defense against anxiety (p. 232). In normal development, the transitional object and phenomena ultimately lose meaning as they “become diffused” and “spread out over the whole intermediate territory between ‘inner psychic reality’ and ‘the external world as perceived by two persons in common’ ” (p. 233). Thus, transitional objects and phenomena serve to help one negotiate the boundary between self and other. Once the boundaries between self and other are negotiated in successful development, transitional objects and phenomena become obsolete. In light of the way in which the dream utilizes introjected objects to work through difficulties via projective identification and the way in which these mechanisms

blur the boundaries between the intrapsychic and the intersubjective, as well as between self and other, the dream is understood as a transitional phenomenon.

In its being told, the dream functions as a third in the analytic encounter, moderating the exchange between analyst and analysand. Though the dream necessarily communicates something about the inner experience of the analysand, it also functions as an external object that relates ambiguously to the analyst and analysand. Pontalis (1974) describing the location of the dream narrative in the analytic encounter, writes, “Each of us ascertains that the dream, however misleading its content, is placed between the analyst and analysand: *a no man’s land* that protects the two, though none is certain from what” (p. 127). This function of the dream in session relates analogously to the simultaneous introjection of external objects and withdrawal from the external world while dreaming, in that the narration of the dream entails a withdrawal from the dyadic intersubjective space while also functioning to promote object-relatedness. The dream and dream telling are analogous in their antagonistic nature. This ‘no man’s land’ to which Pontalis (1974) refers, within which one may very well derive meaning from the dream, necessarily entails a dampening of the dream affect as well as a reduction of the dream itself as it is articulated and thus reduced in language. He writes:

In fact, however, many of the networks established in an associated way are convergent; no matter that the affect cannot be changed, there still remains a divergence between the dream put into images and the dream put into words – one might almost say put to death. (Pontalis, 1974, p. 127)

Though the associations made in relation to a spoken dream may converge thematically, Pontalis claims that this exercise necessarily changes the dream, as the original dream is diluted by its being put into language, or in his words, death. The dilution of the dream in its being put into language means that it is not possible to fully convey a dream to another. Similarly, Freud (1933) claims that articulating a dream in language through writing would make it inaccessible to interpretation. Freud writes that when the dreamer writes down their dream in order to remember it, “the resistance from which he has extorted the preservation of the text of the dream will then be displaced on to its associations and will make the manifest dream inaccessible to interpretation” (p. 14). Though the

resistance may function differently in the case where the dream is written prior to the session and when it is articulated for the first time in session, both Freud and Pontalis identify a solidification of the dream as it is articulated in language. Pontalis (1974) engages further with the intersubjective dynamics of dream interpretation and identifies how the dream comes into being as a third entity in the analytic encounter.

Pontalis is not alone in his claim that the dream narrative plays a regulating role in the analytic encounter. For instance, Mathys (2012) writes, “Introducing a dream into the conversation establishes a triadic form of communication out of a dyadic one. This is equivalent to a form of regulation of relation between analyst and analysand” (p. 221). This phenomenon is referred to as “the triangulating function of sharing dreams” which means, quite straightforwardly, that the relationship between the analyst and analysand is regulated by a third point, the dream. For Mathys (2012), the analysand’s introduction of a dream into dialogue can function to distance themselves from the ‘here and now’ of the encounter. However, this distance does not hinder therapeutic traction. Mathys (2012) also claims that the distance resulting from the introduction of the dream can achieve a successful compromise whereby the analysand, in communicating through a dream narrative, speaks from a distanced perspective and thus takes less responsibility for the content of what they communicate. This temporary distancing, which without the theoretical framework of the triangulating function of sharing dreams may be observed as a withdrawal rupture, enables the analysand to talk about “delicate, shameful, or unpleasant things” that may be otherwise unspeakable (p. 221).

The triangulating function of sharing dreams bears a striking resemblance to the dreamer’s utilization of introjected objects for projective identification in the dream. In both dreaming and dream telling, the individual utilizes external objects to distance themselves from things that are otherwise not possible to communicate or bring to conscious thought. In both cases, there is a necessary distancing through which the individual processes difficult thoughts, experiences and emotions. In the dream, the distancing from intolerable content that is facilitated through the utilization of introjected objects for projective identification functions as a pathway for the dreamer to process otherwise intolerable material. The telling of the dream in-session functions analogously in that triangulation creates distance between the analyst and analysand that

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counterintuitively functions as a pathway for communication and object-relatedness.

In addition to enabling communication, dream telling may also be directed toward containment. As Friedman (2004, p. 511) claims, this function is most clearly observable in children. Friedman writes that young children commonly wake up screaming due to insufficient self-containment abilities and that:

While comforting the child, the awoken parent will often unconsciously 'take in' his/her fears and be left with the unspoken dread. This is a normal 'meeting' between a child's request for containment, in which a child demands nocturnal help and unconsciously transfers his/her anxieties to a 'container on call', the (pre-consciously) prepared and willing parent. (p. 511)

For Friedman, this containment function in childhood informs future containment patterns in adulthood. The present framework suggests that containment is one mechanism in the communicative process. The role of containment as a communicative pathway can be understood through the role of regressive containment efforts in the context of nightmares. Kanzer's (1955) framework of dreaming as an introjection of external objects in order to withdraw from the external world, nightmares, which often force one to return to the external world, can be understood as a failure to tolerate the introjected object and thus a failure to withdraw from the external world. In the case of the nightmare, processing of intolerable content is interrupted. Thus, the dream telling may be directed toward containment as well as communication and object-relatedness.

Kanzer (1955) also writes that the child's crying out for their caregiver during a nightmare can be understood as a panic resulting from their inability to communicate with the external world during sleep. "Nightmares pass directly into communication when the child cries for his mother, or reflect the paralyzing fear of being unable to establish such communications" (p. 261). In this way, the child screaming during a nightmare is an attempt to communicate with the external world, and the nightmare is an early effort in the communication and can be considered to be analogous to the adult analysis describing a dream in analysis. This image is not to suggest that adult analysis is as regressed as a screaming child, but rather that the regressive image screaming child captures a core element of

the communicative function of dream telling that this paper seeks to investigate.

Current Study

The current study addresses the relationship between in-session dream telling and self-report scores on the Working Alliance Inventory (Horvath & Greenberg, 1986), Session Impact Scale (Elliot & Wexler, 1994) and Session Evaluation Questionnaire (Stiles, 1980). Results of this exploratory study are discussed in reference to the proposed framework within which dreams are directed toward processing intolerable content in the dream experience and in the telling of the dream. Further, the proposed framework suggests that the dream in the therapeutic encounter functions as an analytic third entity which antagonistically regulates the encounter between relatedness and withdrawal.

Method

Participants

This case study was selected from archived psychotherapy video data and questionnaires originally collected from 12-session treatments at an urban Northeastern university. The therapist is a doctoral candidate in clinical psychology. Patient and therapist selection was informed by existing notes on the data set indicating that the patient discussed their dreams during multiple sessions. All videos of the case were watched by the author.

Measures

Working Alliance Inventory. The Working Alliance Inventory (WAI), developed by Horvath and Greenberg (1986) is a self-report measure of the therapeutic alliance, defined by Bordin (1979) as a combination of patient and therapist agreement on goals, patient and therapist agreement on how to achieve those goals (tasks), and the development of a personal bond between patient and therapist. These aspects of the therapeutic alliance are delineated in the subscales of task, bond, and goals. The WAI is a self-report measure administered to patients and therapists to apply across theoretical orientations. The present study utilizes a shortened 12-item WAI developed by Tracey and Kokotovic (1989). It is worth noting that while the version developed by Tracey and Kokotovic administers

questions on a 7-point Likert scale, the therapy site (data collection site) for this study administered the measure using a 5-point Likert scale. However, we do not expect this difference to have a meaningful effect on the results of the present study.

Session Evaluation Questionnaire. The Session Evaluation Questionnaire (SEQ) developed by Stiles (1980) is a 27-item semantic differential measure which assess patients' feelings about the session. Patients rate on a 7-point scale, the extent to which a given session felt difficult (1) or easy (7), for example. Subscales of the SEQ include session depth, smoothness, positivity and arousal.

Session Impact Scale. The Session Impact Scale (SIS; Elliot & Wexler, 1994) is a self-report measure administered to patients to assess the patient's experience of the impacts of therapy. The SIS is a 16-item measure consisting of items such as, *realized something new about myself*, and *realized something new about someone else*, to which patients rate their agreement on a scale of 1 (not at all) to 5 (very much). Subscales of the SIS include Helpful Impacts and Hindering Impacts. The Helpful Impacts subscale is further divided into Task Impacts and Relationship Impacts.

Procedure

Dyad selection was based on a preliminary search through existing process notes collected by first year master's students in The Safran Psychotherapy Research Lab at The New School for Social Research. The dyad was selected after a keyword search for the word "dream" showed that a student had noted that the patient discussed their dreams in sessions 8 and session 12. Existing data did not include note of patients discussing dreams in any other sessions. However, a review of all the video data for this patient revealed that the patient also discussed their dreams in sessions 3 and 4. As students were not instructed to make note of the discussion of dreams in session, the archived video data likely includes other videos of patients and therapists discussing dreams.

As video data was missing for sessions 7 and 12, and video data of session 9 was missing audio, all data collected from these sessions was excluded from analysis. The SIS, WAI and SEQ were administered to this patient after each session. The relationship between self-report scores on the

WAI, SIS, and SEQ and in session dream discussion is measured using paired samples *t*-tests.

Results

Presence of Dream Narratives

The present study consists of one case; therefore, results of the relationships between dream telling and patient and therapist self-report measures are intended to provide an impressionistic understanding of the dyad of study which may function to generate hypotheses for future large scale studies. The patient discussed dream narratives during sessions 3, 4, 8 and 11 (4 sessions) and did not discuss dream narratives during sessions 1, 2, 5, 6 and 7 (5 sessions). It is unknown whether the patient and therapist discussed dreams during sessions 7, 9 and 12 (3 sessions) due to missing video/audio data. Data collected from sessions 7, 9, and 12 were excluded from analysis. A paired design was used to compare sessions containing dream narratives to sessions without dream narratives.

Dream Telling and the Therapeutic Alliance

A paired samples *t*-test found no significant relationships between dream telling and any items or subscale on the WAI.

Dream Telling and Session Evaluation

A paired samples *t*-test indicated a positive relationship between the patient's score on the session positivity subscale (Likert scale 1 to 7) of the SEQ as well as several individual items on the SEQ. Results indicate that following sessions involving dreams, the patient reported feeling less happy, less friendly, faster and rated the therapist as less skillful than after sessions that did not involve dreams. The patients rating of session positivity was substantially higher after sessions in which they discussed their dreams, $M_{Dream} = 5.28$, $SD = 0.92$, than after sessions in which dreams weren't discussed, $M_{Nodream} = 3.52$, $SD = 0.81$ ($M_{diff} = 1.76$), $t(8) = 2.64$, $p = .057$, 95% CI [-0.08, 3.60], $d = 1.18$. The patient reported feeling less happy after sessions that involved discussion of dreams, $M_{Dream} = 2.75$, $SD = .126$, than after sessions in which dreams were not discussed, $M_{Nodream} = 5.25$, $SD = 0.96$ ($M_{diff} = -2.5$), $t(8) = -8.66$, $p = .003$, 95% CI [-3.42], -1.58], $d = 4.33$. The patient reported feeling less friendly after sessions that

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involved discussion of dreams, $M_{Dream} = 2.5$, $SD = 1.29$, than after sessions that did not, $M_{Nodream} = 5.5$, $SD = 1$ ($M_{diff} = -3$), $t(8) = -3.28$, $p = .046$, 95% CI [-5.90, -.095], $d = 1.64$. The patient reported feeling faster after sessions that involved discussion of dreams, $M_{Dream} = 4$, $SD = 1.15$, than after sessions that did not, $M_{Nodream} = 2$, $SD = 1.5$ ($M_{diff} = 1.75$), $t(8) = 7$, $p = .006$, 95% CI [0.95, 2.55], $d = 3.5$. The patient reported feeling more aroused after sessions that involved discussion of dreams, $M_{Dream} = 4.25$, $SD = 1.258$, than after sessions that did not, $M_{Nodream} = 1.5$, $SD = 0.58$ ($M_{diff} = 2.75$), $t(8) = 5.74$, $p = .010$, 95% CI [1.23, 4.27], $d = 2.87$. The relationship between the patient's rating of the therapist's skillfulness following sessions that involved dreams $M_{Dream} = 6$, $SD = 0.82$, compared to those that did not, $M_{Nodream} = 6.75$, $SD = 0.5$, approached significance ($M_{diff} = -0.75$), $t(8) = 3$, $p = .058$, 95% CI [-1.55, 0.05], $d = 1.5$.

Dream Telling and Session Impact

Paired samples *t*-tests indicated that the patient reported feeling more aware (Likert scale 1 to 5), more supported, more relieved, as well as more distracted and confused after sessions that involved dreams than after sessions that did not. The patient reported—more awareness following sessions that involved discussion of dreams, $M_{Dream} = 4.33$, $SD = 0.58$, than after sessions that did not, $M_{Nodream} = 3$, $SD = 0$ ($M_{diff} = 1.33$), $t(8) = 1.19$, $p = .057$, 95% CI [-0.10, 2.77], $d = 2.31$. This relationship trended toward significance. The patient reported feeling more supported after sessions that involved discussion of dreams, $M_{Dream} = 4.67$, $SD = 0.58$, than after sessions that did not, $M_{Nodream} = 3.33$, $SD = 0.58$ ($M_{diff} = 1.33$), $t(8) = 5.19$, $p = .057$, 95% CI [-0.10, 2.77], $d = 2.31$. This relationship trended toward significance. The patient reported feeling greater relief following sessions that involved discussion of dreams, $M_{Dream} = 4$, $SD = 1$, than after those that did not, $M_{Nodream} = 1.33$, $SD = 0.58$ ($M_{diff} = 2.67$), $t(8) = 8.66$, $p = .015$, 95% CI [1.23, 4.10], $d = 4.62$. The patient reported feeling—less distracted or confused after sessions that involved discussion of dreams, $M_{Dream} = 1$, $SD = 0$, than after those that did not, $M_{Nodream} = 3.67$, $SD = 0.58$ ($M_{diff} = -2.67$), $t(8) = -4.7$, $p = .015$, 95% CI [-4.10, -1.23], $d = 4.62$.

Discussion

Results from the Working Alliance Inventory, Session Impact Scale and Session Evaluation Questionnaire are speculatively compatible with the

triangulating function of the dream in which the dream regulates the therapeutic encounter between relatedness and withdrawal. In sum, the self-report results indicate that after sessions in which the patient discussed a dream, they felt more aware, supported, relieved, positive, faster, and more aroused than they did after sessions in which they did not discuss their dreams. However, after these sessions, the patient also reported that the therapist was less skillful and that they felt less happy, less friendly and more distracted and confused than after sessions in which they did not discuss their dreams.

Taken together, the positively and negatively valenced results of the self-report measures indicate that the dream has a potentially disruptive effect on the in-session experience of the patient, in that it facilitates an oscillation between relatedness and withdrawal. This coheres with a conceptualization of the dream as directed toward processing intolerable content, and the telling of the dream as a step in the processing of intolerable content. This concept may in part account for some of the negatively valenced patient self-report data, including distraction and confusion and diminished feelings of happiness and friendliness. Based on subjective observation of the videos of the sessions, there is often an observable misattunement between the patient and the therapist in the moments before the patient describes a dream. During this misattunement, it seems as if the patient is trying to communicate something to the therapist while the therapist attempts to direct the dialogue in another direction. The patient appears to take a heightened level of agentic control over the dialogue, which disrupts the previously established equilibrium. The therapist seems to eventually adjust, albeit with some delay, and listen passively. It is possible that these moments influence the patients self-report that the therapist was less skillful during sessions in which they describe their dreams.

Though disruptive, the dream, via triangulation, is conducive to communicative pathways otherwise unavailable. This may be related to the increase in positively valenced self-report items, including heightened feelings of being aware, supported, relieved, positive, faster and aroused. Moreover, based on observation of the videos, the dream narratives always appeared to hold the interest of the patient and therapist. The heightened level of relief reported by the patient following sessions in which they described a dream can most likely be attributed to the containment function of dream telling. The relief reported by the patient may also

be related to the processing of previously intolerable unconscious material that takes place in the telling of the dream.

Notably, the significant relationships between self-report process measures were only derived from responses of the patient, as responses of the therapist to self-report measures did not differ significantly between sessions that involved discussion of dreams and those that did not. Broadly, these findings suggest that the phenomenology of the dream in the therapeutic encounter is more pronounced for the patient than the therapist. To broadly dichotomize, the therapist's approach to dream narratives bore more resemblance to the Freudian approach or passive listening rather than the Ferenczian approach of more active engagement. One may speculate that a more active approach to the patient's dream narrative may be related to a heightened phenomenological impact of the dream on the therapist.

Limitations

As a single case study, the extent to which the results generalize to a broader population is speculative. The study is limited in that video data is missing for several sessions. The present study is also limited in that it relies solely on self-report data, which is understood as an artifact of a relational exchange between patient, the therapist, and the clinic in which the therapy took place rather than an accurate representation of the phenomenological experience of the patient and the therapist. Given that video data was missing for several sessions, it is possible that a complete single case would provide clearer results with higher statistical power. Moreover, the self-report questionnaires all utilize scales which limit the depth of understanding that can be gained from a response.

Future Directions

These limitations highlight a number of directions for quantitative and qualitative approaches to studying the intersubjectivity and phenomenology of dream telling in psychotherapy. Future qualitative research would benefit from utilizing open ended questionnaires to patients and therapists. Future quantitative research would benefit from including a larger sample, as well as coding video recorded sessions using an observer-based coding system, which would potentially provide empirical support for some aspects of the triangulating function of the dream. Future research would also

benefit from comparing the intersubjective qualities of dream telling to those of other types of narratives. While the present paper maintains that the dream facilitates unique communicative pathways and processing of unconscious material, it is possible that other types of narrative may present similar intersubjective patterns in session. A clear understanding of the triangulating function of the dream, and potentially other narratives, may inform more adept therapeutic responsiveness.

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