

**STANLEY R. PALOMBO**

**HOW THE  
DREAM WORKS**

*Curative Factors in Dynamic Psychotherapy*

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**The Role of Dreaming in the Psychotherapeutic Process**

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e-Book 2015 International Psychotherapy Institute

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## Contributors

*Stanley R. Palombo, M.D.*, Associate Clinical Professor, George Washington University, Washington, D.C.; Faculty, Washington Psychoanalytic Institute; Faculty, Washington School of Psychiatry.

# How the Dream Works: The Role of Dreaming in the Psychotherapeutic Process

*Stanley R. Palombo*

Despite the importance of the concepts of incorporation and identification in contemporary object-relations theory, little has been written about the way in which these processes might actually function in the day-to-day setting of psychoanalysis and psychoanalytic psychotherapy.<sup>1</sup> This deficiency is due in part, I believe, to the traditional psychoanalytic view that *dreaming* is primarily, if not exclusively, a *centrifugal* process. For Freud, dreams were a window through which information about the inner workings of the unconscious could be extracted by an outside observer. The topographic model outlined in Chapter Seven of *The Interpretation of Dreams* (1900) seems to take it for granted that the Unconscious is informed effortlessly and with perfect efficiency about the total experience of the person. Freud did not suggest any psychic mechanism to perform this burdensome function, however.

The findings of the sleep laboratory indicate that during most of our dreaming time no inner information is emerging, since dreams cannot be remembered and reported unless we are awakened within five to ten minutes

after dreaming them (Dement and Wolpert, 1958). During the 1960s several investigators independently suggested that in the dreaming state information was being transferred from a short-term memory structure that collected the experience of the previous day to a permanent memory store (Greenberg and Pearlman, 1974). An elaborate process of selection and evaluation would be necessary to sift out the important events of the day and to locate them at appropriate places in the associative network of the permanent memory.

In *Dreaming and Memory* (Palombo, 1978), I proposed a theoretical framework for understanding the role of dreaming in the process through which new experience is incorporated into this associative network. The details of the process were illustrated through an examination of transcribed psychoanalytic hours and sleep laboratory recordings of dreams reported when the patient was awakened after each REM period during a night in the laboratory.

In a similar sequence of analytic hours and sleep laboratory reports presented below, we will see how the associative material that emerges during the analytic hour is worked through in the dreams of the following night and matched with related memories of past events already located in permanent storage. During the matching process the representations of important events of the day are superimposed on the representations of similar events in the past. When the composite image formed by the

superimposition has a relatively coherent structure in which common elements of the two experiences are reinforced, an associative link is established between the past and present experiences in the permanent memory. A dream is a series of superimposed images in which such a matching occurs.

A normal dream, in which a successful matching has taken place, does not awaken the dreamer and is therefore unlikely to be remembered. A dream in which the matching is unsuccessful, on the other hand, tends to generate a state of anxiety which awakens the dreamer and thereby introduces the dream into waking consciousness. The typical cause of a mismatched dream, as far as I have been able to observe it, is the interference of the censorship mechanisms in the selection of appropriate items to be matched.

When the dreamer is awakened by an anxiety dream, the contents of the dream are generally remembered on the following day, subject of course to further interference by the mechanisms of defense. The remembered anxiety dream becomes a part of the daytime experience of the dreamer and may be introduced into a new dream as a day residue on the following night. In other words, the original, or index dream, is associated with other experiences from the following day, which usually have the effect of revising or correcting the mismatch between the past and present components of the *index dream*. This

is especially likely when the dreamer is undergoing psychotherapy and reporting remembered dreams to the therapist.

The dream of the following night, in which the revised and expanded representation of the index dream is rematched with the contents of the permanent memory, is called a *correction dream*. Because the index dream already contains material from the permanent memory of the dreamer, the day residue of which it forms a part is especially likely to be matched successfully in the correction dream. For this reason the correction dream is not an awakening dream, and ordinarily it is not remembered by the dreamer. In order to study the correction dream directly, therefore, it is necessary to awaken the dreamer in the sleep laboratory after each period of dreaming sleep.

The correction dream is one of the principal agents of therapeutic change. It creates a link in the associative memory structure of the patient between the problem area identified by the mismatch in the anxiety dream and the reconstructive work of the therapeutic hour. This link is essential to the process of incorporating understanding gained in the therapeutic experience into the psychic apparatus of the patient. It is not enough that this experience be taken in. It must be connected with the distorted representations of the self and the object world acquired in the past. We are familiar enough with situations in clinical practice in which patients appear to



understand today but are unable to remember or apply what they have learned tomorrow. Without the active assimilation that takes place in dreaming, today's understanding will remain isolated in short-term memory until it is superseded by new accretions of daily experience.

The clinical case material presented in *Dreaming and Memory* was drawn from a single sequence of two consecutive analytic hours with an intervening night in the sleep laboratory. This sequence was sufficiently detailed to permit a demonstration of the full complexity of the process of dream construction and its relation to the cognitive activity of waking life.

The dreams and associative material reported here come from a similar but less complete sequence recorded two months earlier in the patient's analysis. My purpose in presenting this sequence is threefold:

- (1) To show that the distinctive pattern of the correction dream is not unique to the example originally described
- (2) To give a further illustration of the kinds of defensive interference in the process of free association (or self-examination more generally) that can actually be corrected by the correction dream
- (3) To make a beginning assessment of the magnitude of the correction possible during the formation of a single correction dream

The last of these goals is surely the most interesting. We wish to know how far it is possible to distinguish the cumulative effects of psychoanalytic therapy from those that are merely repetitive. If the correction dream represents a cumulative element in the therapeutic process, as I believe it must, then every successful correction dream constitutes an increment of some degree over the accumulated effects of all previous correction dreams during the course of treatment.

Without a program of systematic observation, nothing even resembling a precise answer can be given to the question of magnitude. But by comparing two instances of correction-dream formation which are neither too close together in the course of an analysis nor too far apart, we may be able to form a general idea of the range of possibilities that need to be investigated.

In the sequence reported in *Dreaming and Memory*, we observed what appeared to be a dramatic leap in the patient's self-knowledge. What we are asking now, in effect, is how much of that apparent leap was original to the particular sequence under study and how much of it was a repetition of earlier leaps which may have covered substantially the same ground. Clinical experience indicates that every advance in the patient's self-understanding must be relived in a variety of intrapsychic and interpersonal contexts. We would expect this to be the case in any component system that participates in the therapeutic process.

It is commonplace for a turning point in analytic therapy to be marked by a particular dream that vividly illustrates a new emotional configuration. The traditional psychoanalytic theory of dreams does not help very much in explaining why dreams are such useful indicators of therapeutic progress. If dreams are random expressions of unconscious instinctual impulses, it is difficult to see how they could emerge in an order that reflects the chronological structure of the treatment process. If dreams are created by an essential component of the therapeutic process, however, there can be no mystery about their effectiveness in measuring the changes that take place as that process unfolds.

The "turning point" dream would be one of many therapeutically active dreams, only a small number of which ever reach the patient's waking consciousness. This small number would most likely include those in which the solution of one problem exposes a new problem whose anxiety potential is sufficiently intense to awaken the dreamer.

I have no independent evidence that the previously reported sequence marked a turning point in the analysis of the patient, M. A., a bachelor in his mid-thirties. But the internal configuration of associations and interpretations indicates at least a partial resolution of an important transference theme through the recovery of a series of formative childhood memories. What we would expect to find in our new material is an overlap

with the issues dealt with later on, but presumably with less apparent success at this earlier stage of working through. We would not expect to be able to predict the actual content of M. A.'s dreams and analytic hours on the basis of our prior knowledge.

The sequence in question took place on a Monday and Tuesday in January. After describing an unsuccessful date with a woman who was feeling quite depressed, M. A. reported three dreams. The first and most elaborate of them formed the basis for two new dreams on Monday night in the sleep laboratory. One of these new dreams was clearly a correction dream, supplying two important figures who had been replaced by the dream censor in the original, or index, dream. The second Monday night dream, although not a reworking of the imagery of the index dream, appears to supply new historical material directly related to a theme uncovered by the unambiguous correction dream.

The index dream<sup>2</sup> follows:

I am in an old hotel on the fourth floor, I am trying to picture it as I say it now—with Phyllis Anderson. And what does Phyllis Anderson mean to have gone through that ... moderately unattractive, kind of dull, who I wanted to marry me—she married someone else—no loss there. Made lots of flowers, I don't know what that means—but I seem to be on a trip—and other unknowns on the floor, and to think there is only one bedroom and a couple of bedrooms across the way—people I know. There is a john to the right. I was supposed to meet, I think, Dennis Bigelow, but then I don't know. Why I put down Dennis Bigelow because I remember the guy was

actually supposed to be Arthur Reinhardt—no question about that—so I crossed out Dennis and put down Arthur Reinhardt. Had a date downstairs at a certain time. And Arthur promises great sexual times if I show at a certain time—I am reading now. Phyllis and I leave. I guess we pass through other rooms on the floor. She opens a door and gets out—there is an asparaguslike plant—I call it a bunch of asparagus the size of flowers. Then I catch them on the run. Funny thing, now I remember in the dream—I could not write this out in detail—and she called me silly and immature. What happens—I was waiting in the hall and she was at the other end and I ran full speed down the hall. I think as I was going by I grabbed the plants and I stopped—or else I ran by the plants and suddenly doubled back and grabbed them, you know, like a child would do playing around. I must have run back and suddenly stopped myself in reverse field and came back and grabbed the plants. I remember that she sort of berated me as immature. Well, I am unhappy with being called immature. Then I go down the stairs and I meet Arthur in a weird, all-black costume. I remember he was wearing some kind of a headdress, and the girl was wearing some kind of a loose dress, and she was rather good looking. Another situation of me being with a nothing and a nobody in my eyes, and somebody else with a sex-pot. So that is the dream. I don't know what it means right now. Then upstairs there are other ... combs,... something, I don't know. I go to the bathroom—I can't read it—couples, right. I go to the bathroom and return to a room and return, but I go to the wrong room for some reason. There is a guy sleeping. And other girls are pretty—that is what I wrote down—I haven't looked at this since this morning—other girls are pretty. Here it is again, I got this pig and—she is not a pig really—but an unattractive girl to me—not a pretty girl, all right.

What is striking about this dream is its similarity to the index dreams reported two months later, in March, and described in *Dreaming and Memory*. In fact, several of the associative links that appeared to be uncovered in the working through of the later sequence are already present in the manifest content of the Asparagus Dream just quoted. We have, among many common

elements, a setting in "an old hotel" on an upper floor. There are sleeping couples, a bathroom, a man who promises sexual adventures, a woman who ridicules the phallic narcissism of the dreamer. M. A. is in his customary posture as the innocent but very frustrated onlooker. In a second dream reported in the Monday hour, M. A. is building shower stalls in "an old dirt cellar."

Very little imagination is required to reconstruct a primal-scene experience of childhood in the crowded quarters of a resort hotel. What his parents are doing in the bedroom is perceived by the dreamer as something very similar to what he does in the bathroom. In the later March sequence, M. A. was drawn into this theme with intensely conflicting affects and, ultimately, with an excited curiosity. Here, in January, neither the affect nor the curiosity is present. M. A.'s associations drift off in a disorganized tangle.

The analyst asks about M. A.'s considerable efforts to write down his dreams, which is in contrast to his lack of interest in their content. M. A. responds by trying to get the analyst to tell him directly whether or not to continue writing out his dreams. The analyst declines to do so. There is more drifting and complaining about the demandingness of the women in his life. Rather abruptly the analyst asks, "Is that *Playboy* you have there?"

For the first time in this hour M. A. is engaged. He offers a long and

elaborate defense against what he takes to be the analyst's accusation that he is a dirty and impotent old man who has to look at pictures because he is incapable of finding a woman of his own. Eventually he becomes aware that this is all his own invention and that he is expressing his own intense doubts about his masculinity. He is afraid of being "a queer" or "a freak." He recalls that his young nephew has no inhibitions about enjoying the pictures in *Playboy*. "He just looked at it and thought it was funny. 'It got big teats,' he said."

There follow two memories, one from adolescence and one from early childhood:

Of course it reminds me of looking at the legs of my mother's friend—a great set of legs—and my mother asking me that question as we were driving up there—Father jumped in—boy, I was caught in the act. Man, did I feel guilty. And I don't mind telling you too that as I was looking at her I had real sexual thoughts that I would like to have some experience with her—she was an older woman and I was hoping she would attack me, or something like that. I didn't know what the hell to do, I was maybe sixteen or fifteen. I was hoping she would make some advances to me, I would not have the guts to do it—and my mother too damn sharp. Boy, you can't scratch your nose without her knowing what you were doing. Come to think of it, that was probably a very traumatic experience in my life. Furtively looking at a woman's figure and then being insulted by your mother—embarrassed to death—almost as if it was public.... That probably did something to me. I will bet your bottom dollar it never happened again—or I never got caught again. My mother is the one that comes and tells me that good looks don't mean anything, and you can ... and that sort of thing. I wonder what sex means—what passion means to her—or meant to her. I suppose I will be in a better state of mental health when somebody says, "Hey, you buy *Playboy* to look at girls," and I say,

"Yes, what the hell else do you think I buy it for?" That is when I start building defenses. [*Silence.*] I am getting the same thing about ... the glass case with coffee beans in it. Now what does that remind me of? The last time I had coffee beans was at my grandmother's house in Baltimore. She used a coffee grinder—you put coffee beans into it and ground it—made your own coffee. I think of myself in my grandmother's house. I remember my father carried me to bed one night, I was half asleep—very vivid. [Dr.: Yes?] I just remembered. I fell asleep in a chair or on a couch. It was one of these things used—I think it was at Easter. Oh, boy, I fell asleep. They carried me into the maid's room. She had a big spring bed and off I went to sleep. It was a pleasant experience. I still feel bad and guilty about Father dying—I really do. I don't want to break into tears again but I suppose I could if I dwelt on it too long and hit a sore point. I can just see him, you know, withering away and that sort of thing, and I feel guilty.

The hour ends soon after. The analyst has been identified with the pre-Oedipal mother, who was able to read the patient's dirty mind and "embarrassed him to death." This negative maternal transference has defeated the patient's efforts to turn the analyst into an idealized father who both comforts him and provides him with a perfect sexual partner—the good mother who exists only in the dark and in other men's beds. Just so, in the Asparagus Dream, the unattractive ex-girlfriend who ridiculed his masculinity triumphed over his helpful male friend. The dream has been reenacted in the analytic hour in a way that makes its meaning at least partially accessible to the resistant dreamer.

The patient has affectively reexperienced an important childhood event that was represented with little apparent feeling in the Asparagus Dream reported at the beginning of the hour. He does not seem to know as the hour



ends that the childhood event (or, more likely, series of events), the dream, and the transference reenactment are all of a piece. The reenactment did not arise from an interpretation of the dream content, but rather, from the analyst's confrontation of the patient with his secretiveness and the fact that he hides his secrets in such a way that they are visible to everyone but himself.

From the analyst's point of view, the important ideas that the patient is keeping from himself are not in the content he is trying to suppress, but in the connections that link his childhood experiences, his dreams, his fantasies, and his transference reenactments. The work of the analytic hour has succeeded in bringing these various elements into the open, but it has not made explicit the fact that they are variations on a common theme. It may be thought that the analyst has missed an opportunity to put everything together for the patient. But we know that the analyst's integrating efforts cannot be effective unless the patient also performs his own act of integration and does so in his own recognizable way.

Let me pose some questions about this typical clinical situation. How much of the analyst's reconstruction is the patient able to assimilate at any given moment in treatment? When and where does this process of assimilation take place: in the analyst's office or outside it, in the patient's conscious thoughts or elsewhere in his information-processing activities?

How much is the patient capable of doing on his own, without the direct stimulus of an interpretation? What does he do and how does he do it?

The phenomenon of the correction dream sheds a good deal of light on these questions. It shows how the patient's process of integration results from an enhancement of the normal adaptive mechanisms for evaluating and sorting new experience. The integration takes place not on the level of verbal insight as offered by the analyst, but rather, in the structure of the patient's permanent memory, which is extended through the addition of new connections between the elements of experience brought into juxtaposition by the analytic process. The nature of these new connections is determined not so much by the logical structure of the interpretation as by the *convergence of associative pathways* already present in the patient's memory.

Thus the integrative work of the correction dream may be thought of as acting in parallel with the interpretive activity of the therapist. There is one respect in which the correction dream goes beyond the capabilities of the analyst, however. The successful matching of the correction dream revives a series of related early memories associated in the permanent memory structure with the past component of the index dream. Perhaps one might express this most clearly by saying that the correction dreams results in the transfer of associated early memory representations from the passive structure of the permanent memory to a more directly accessible *working*

memory. In any case, these newly revived early memories open up the new associative pathways that establish the direction of further movement in the treatment process.

What, then, can we predict about the correction dreams that will follow the analytic hour in which the Asparagus Dream was reported? First of all, the correction dream should be a composite of the index dream imagery and the new elements of experience uncovered during the hour in which the index dream was reported. In the case of the Asparagus Dream, we might expect to see a repetition of the primal scene translated into an adult party atmosphere. The central characters of the index dream, Phyllis and Arthur, should become more vivid and more directly identifiable with the patient's parents and/or with present-day parent surrogates (especially the analyst).

Second, we should expect to find variations on the primal-scene imagery from other episodes in the patient's early life in which the same emotional configuration was present. We would expect this new imagery to reveal details of the patient's identifications which have not appeared either in the index dream or in the associations of the Monday analytic hour, but which can be seen in retrospect to have influenced the patient's interaction with the analyst. We cannot, of course, predict what the content of these new details will be, only that they will be present.

The following dream was recorded when the patient was awakened after his third REM period in the sleep laboratory on Monday night:

I remember being up in the Marlboro Club. Let's see now—there were groups of people around—a party being thrown somewhere. I guess the people are sort of making out and having a good time, and I am wandering around from place to place, talking to people, really not doing much, and watching and observing, and wishing I was more a participant. There is some kind of a foreign language that has to be spoken. I am not sure what else. Let's see, the dream takes place both in the Marlboro Club and an old home—the party is being thrown in both places. This is a hard one to remember. Actually, the people are making out—the people I know who wanted to make out—and were not able to. There were two guys, and one girl I wanted to be with, and she was more interested in them. There was a party—my mother was at the party, and these girls were much more friendly with her and physically attached too—I looked up and saw my mother [and] said oh, isn't she attractive, and my mother got up and I made a mistake—she looked fairly young, I thought she was wearing a fall, and I went up to her to congratulate her on how well she looked and as I got closer I realized she was not my mother. My mother was over at the other end of the room—she was talking to these girls. That was very strange. The dream ended on the porch of Lake Tahoe.... Oh, yes, very strange, in this dream these lovely people suddenly got together and formed some sort of a circle, and there was a very private group that was dressed in sort of dungarees and led by one guy. And it happened that he was showing everybody how they were going to dance and—he was quite professional, and he was dancing to beat the band, and he kept showing them over and over again how they do it. It was almost like group dancing and he was leading. I kept on marveling at him, that he was a professional dancer—unbelievable—he was wearing some kind of high heels. Anyway, at the end of the dream, as I was coming up the steps of the Marlboro Club, a couple was coming out—the girl came out first and the guy was coming out after her and imploring her to wait. They had some kind of words and I watched the thing—I guess they were about to patch up. The dream ended there.

The same dream was reported to the analyst at the beginning of the Tuesday morning analytic hour. The second version contains some additional details that lead to important associations to the major figures in the dream:

I was wandering—in part of a dream where I was at a party—my mother was at this party. A party, a lot of pretty girls there, and guys. I was there all by myself, as usual I should say, at this party I never turn to anybody, and my mother was sitting on a couch and she was looking fairly young, and these girls—a couple of pretty girls that I knew who were friends of mine, said, oh, there is your mother, isn't she good looking, isn't she young looking—something like that—I don't know. She got up and funny thing, I went over there and all of a sudden Mother appeared in a long fall—a phony hairdo. I was going over to congratulate her on how well she looked, I was wondering what she was wearing it for, and as I got closer I realized it was not her, it was a girl that has got a kind of a bad skin complexion. Now here is the side shocker—we used to play this game once, my sister and myself—if I bothered her, one side of her face would break out, and if Alice bothered her, the other side would break out. Maybe that is why I saw the girl with the bad skin complexion. When I got closer I saw it was not her, I don't know who she is. And then she was over in the other part of the room, talking to these girls, and it faded out. I remember one guy, I swear in this group, was in dungarees but he had some kind of cowboy boots with funny little heels on them, almost like little lady's high heels strapped on to the bottom of his boots, and he was showing everybody how it should be done. Now if you ever watch TV and see Dickie DeLillo on—the type of dancing he does, it is very precise, fast, and that tat-a-tat-tat—and he was doing, going through these things. And I looked at this guy and said holy smokes, as an amateur this guy is unbeatable—for supposedly a guy dressed in dungarees going tat-tat-tat, and taking twenty steps, and he is all done. A very pleasant sight to watch.

I think it should be clear by inspection that the Marlboro Club Dream is a reworking of the Asparagus Dream. The physical setting is similar and once

again presents a scene in which the dreamer is an unwelcome guest where other men and women are successfully seeking each other out. The unattractive exgirlfriend who ridiculed M. A.'s masculine pretensions in the Asparagus Dream is revealed as a disguised version of the patient's mother. Interestingly enough, the identifiable mother in the correction dream is also disguised, but the disguise is incomplete and in the end ineffective. Here it is part of a complex of images which represent the mother as deceitful and inconstant, literally two-faced. Her preference for girls corresponds to the mocking of M.A.'s masculine strivings in the index dream, but in the correction dream the emphasis is more on her teasing entrapment of her son.

The fall in the correction dream is particularly interesting. It is a phallic object, like the asparagus, but it is attached to the woman who mocks M. A., unlike the asparagus in the index dream. It is at the moment that M. A. discovers the fall is false that he realizes the woman is not his mother. But the mother immediately reappears elsewhere in the room. This scene strongly suggests that M. A.'s attribution of phallic qualities to his mother has served as a defense against Oedipal guilt, i.e., as a denial that he is attracted to her specifically feminine characteristics. He appears to believe that she has colluded with him in this fantasy, only to drop him abruptly when he asks for more than she is willing to give, shifting her preference and attention to his castrated sister.

We do not know how much of this reconstruction represents the mother's actual behavior and how much is M. A.'s defensive distortion of it. Nevertheless, it reveals a complexity in M. A.'s motives missing from the earlier dream. There he was simply the victim of a castrating woman who disabled him for satisfying relationships with all other women through her disdain. Here we find the mother both tempting and denying, and M. A. willing to be deceived in order to maintain an infantile attachment to her which is relatively free of Oedipal anxiety. His complicity in being rejected by women is confirmed later in the Tuesday hour when he remembers another dream fragment:

There was one girl at one of these parties, I don't know which dream it was at this point, was really attractive, and she was necking with some guy—I think some guy that I had met at Lake ... with George, a nice fellow, and I was saying, well, he got there first—and that is first come first served. I don't know what it reminds me of right now—back to that in a second—and later on in the evening I came back and there she is on the rug—one guy on the right, one guy on the left—and the guy on the left is just lying with her and holding her, and she is necking with the guy on the right—a new guy, a real good looking guy, and I say to myself, oh shit, jackass again, it could have been you—why, why don't you move—what are you afraid of?

A little later in his associations, he makes this explicit reference to the index dream and to other earlier dreams which must have treated the same theme:

I have got so many dreams running around in my head—the night before I went upstairs to the fourth floor, going from room to room with Phyllis

Anderson. Funny thing, thinking back on different dreams that I have had, the one of backing into that parking lot when the caretaker came out—that one still pops into my mind, too. That was three or four months ago. Funny thing, right now most of my old dreams are spilling out, just looking over details, I can recall about four or five of them right now.

Although this passage is not sufficient in itself to establish that the Marlboro Club Dream is a correction dream for the Asparagus Dream (and perhaps other, earlier dreams as well), it clearly indicates that the relationship between the dreams is in some way known to the dreamer. (See *Dreaming and Memory*, p. 121, for a similar recollection during the March sequence.)

Shortly after the reference to his earlier dreams, M. A. has the following association, which appears without apparent connection to the material that immediately precedes it:

I think I am a little guilty about something—going away to Kansas City tonight, not tonight, tomorrow morning, and looking forward to it—a friend of mine, Jim Anderson's mother, is in an oxygen tent, she had a heart attack, she is on the critical list, and Jim is very worried about it and I swear—I am very close to Jim—I am very fond of him—and I like his mother. I am saying to myself, I really hate myself for saying this, that Jesus I hope the old lady doesn't die until I eat already, get back, or she doesn't interfere with my plans, you know. When I catch myself saying that, I feel like a rat, and then quickly it reminds me of my father and I was hoping that he would not pass away this week because something was coming up that week—don't inconvenience me—let him pass away in a convenient week when my private plans are not interfered with—is the least you can do—that sort of thing. And of course catching myself doing this, you do not particularly like yourself, but you seem to be doing it. Which now leads me



to the next step—that my mother said I was selfish, and maybe she was right—that I just care about my own selfish interests—so I am a selfish bastard—she didn’t use that word bastard—I am throwing it in there. I don’t know how to resolve that at all, but that is what happened.

Here we have intimations of a destructive wish toward an idealized father which has been displaced onto the mother, who provides a much safer target. In another of the Monday night dreams in the sleep laboratory, a male friend is killed in a slow-motion racing-car accident. The attack on the mother continues in an association to still another of the Monday night dreams:

That was a popular song—what it was, I don’t know—but it was an argument for the most insignificant reason. When I say that I quickly think of my bringing up—about the time my mother used to jump down my throat for the most insignificant reasons, I thought. Boy, what a reason to fight. I don’t know what incident I am thinking of but that is what came to mind—or am I just saying that to transfer something or other? I don’t know, but it just popped in. I have a feeling—funny thing—right now that there is some big episode in my childhood life with my parents that I have not been able to withdraw—not withdraw, to draw out.

This blockage of memory leads to a halt in the associative flow. The analyst asks about Dickie DeLillo, who is a bisexual figure admired by the patient for his dancing skill and his ability to teach, to demonstrate, and to inspire his student audience. M. A.’s description of him is filled with a kind of manic awe—the parallel to the analyst’s role in his life is unmistakable. (The analyst’s first name is also Richard.) The references to the study of languages and to dancing in a circle recall a summer camp experience when he developed a crush on a girl but made no attempt to keep in touch with her.

This memory brings up a rather unexpected association, which leads, in turn, to another early memory:

I never heard from her or saw her again, or wrote to her, or anything, but [her image] plain stuck as just being a sensual female. And the next... of being a sensual female, and the next word came into my mind—I did not say it—was corrupting young boys. I did not say that but that is what came across in my mind—maybe she ... very well—what I mean, huh? And why I remembered her name—this was back fifteen years ago, and the thing lasted two days and I might have spoken three words to her. It brings another image to mind when I was even younger. I can't remember if it was the same year or a year earlier. I was just about sixteen or seventeen. I was coming down the stairs and a woman named Mrs. Kelley, a friend of my mother, had not seen me for about a year and she said, oh, so Marvin is growing up—look at his legs, they are so manly. I was thin and very muscular—who the hell notices my legs—I remember that—"they are so masculine." Listening to her, I did know what it meant, but again the image stuck. So I was supposed to have what? Feminine legs—maybe the hair was starting to grow, and muscles were growing—I don't know what it was. Females are funny.

This memory is a reversal of the one reported during the Monday hour in which M. A. was admiring the legs of his mother's woman friend. Here it is his own legs that are admired as being masculine, yet he responds to the praise by feeling emasculated. The friend is, of course, a surrogate for his mother, and her sexual "attack" must be seen as a phallic intrusion rather than the generous initiation M. A. had wished for in reporting the similar memory during the Monday hour.

When the analyst directs M. A.'s attention back to his mother, he

responds with an intellectualized discussion of the Oedipus complex, which effectively ends the associative work of the hour.

A good deal more could be said about the figure of Dickie Delillo and what it reveals through M. A.'s associations about his view of the analyst at the time this sequence was recorded, but we must adhere to our original purpose. I think we can say with some assurance what the January correction dream accomplished, and we can compare this result with the March sequence.

First of all, we notice that the primal-scene imagery of the index dream has not become more vivid in the correction dream. If anything, this theme is represented more diffusely in the Marlboro Club Dream than it was in the Asparagus Dream. This is in sharp contrast to the March sequence, in which the correction dreams focused directly on the anatomical and psychosocial details of the relationship between M. A.'s parents, details which had been censored from the index dreams. In the March sequence, the success of the correction dreams brought into the open M. A.'s devastating fantasy that marriage and sexual consummation lead directly to the castration and death of the male partner.

In the January sequence, this castration fantasy appears in the Racing-Car Dream in isolation from the primal-scene imagery. Despite the analyst's

attempt to recover the associative links between the Racing-Car Dream and another Monday night dream recalling a visit to the Mardi Gras (the two dreams contain some overlapping imagery), M. A. is unresponsive. I think we must conclude that the connection between primal-scene memories and castration fantasies remains under censorship throughout the January sequence. M. A.'s statement that "right now there is some big episode in my childhood life with my parents that I have not been able to ... draw out" may be literally true. In fact, we might speculate that this "big episode" is precisely the anal impregnation fantasy from very early childhood represented in the imagery of both the index dream and the correction dream of the March sequence; this fantasy was finally recovered in the associations to the correction dream during the second analytic hour of that sequence.

Speculation aside, the comparison of the January and March sequences does show that the primal-scene issue, while clearly represented in the index dreams of both sequences, is only worked through to a significant extent in the correction dreams of the March sequence. This observation tells us that we cannot expect a particular correction dream to resolve all of the significant issues—or even the one most significant issue—its index dream raises. The balance of adaptive and defensive motivations which determines how much leeway the censorship will allow the correction dream is not easily predictable from the content of the index dream alone.

Nevertheless, as we have seen, the Marlboro Club Dream meets the essential criteria for a correction dream. It reverses the defensive substitutions that minimize the relationship of the principal figures in the index dream to parents and contemporary parent surrogates. The static or monovalent attitudes of these figures toward the dreamer become dynamic and ambivalent. The affective tone is raised from dull to lively. New material from the permanent memory is activated and made accessible to waking consciousness, and this new material bears directly on the psychodynamic issues raised by the index dream. Further, the report of the correction dream leads more directly to the associative retrieval of early memories than did the report of the index dream in the previous hour.

The new material brought to light by the Marlboro Club Dream refers to a childhood pattern in which the mother is assigned masculine attributes and the father feminine ones. Although we can surmise with some confidence that this pattern has persisted because it minimizes primal-scene anxiety and Oedipal guilt, the motive for this reversal of parental roles is not represented in the dream. In the correction dreams of the March sequence, we find that when this protective role reversal is removed, the interaction of M. A.'s parents appears to him to be terrifyingly destructive.

In retrospect, we can see that the uncovering of the fantasies of a phallic mother and a nurturant father is a prerequisite for the uncovering of the

underlying destructive fantasy, since the former fantasies defend against the latter. The correction dream of the January sequence is therefore a step toward the resolution achieved in the March sequence, a necessary detour on the circuitous path created by the successive interpositions of defensive distortions.

From this comparison of the two sequences, I think we can see that our earlier question about the magnitude of the correction in a particular sequence is badly framed. We have no way of knowing how far the correction dream of the January sequence has carried the patient toward the resolution of the March sequence. We are dealing with shifts in direction which eventually lead to a desired goal. The pathway is crooked and the obstacles manifold. There is no way to discover how much further we have to go except by going.

Nevertheless, the comparison does suggest two important hypotheses. First, the similarities between the index dreams in the January and March sequences indicate that the goal of a reconstruction can be identified in the patient's dreams a considerable time before the patient is ready to reach that goal through his own associative efforts. I think it is useful for the therapist to recognize the goal even though it may be generally impossible and often undesirable to communicate this knowledge to the patient directly.

Second, when a dream meeting the criteria for a correction dream produces associative material that is not clearly relevant to a reconstructive goal visible in its index dream, I think we can assume that the new material presents an intermediary problem that must be worked through before the original goal can be reached. If this assumption is correct, the therapist should be alert for signs of an associative convergence between the material of the correction dream and the issues raised in the index dream.

But if the correction dream is not likely to be an awakening dream, as I have suggested, then what is the relevance of the data from the sleep laboratory to the usual clinical situation? In the material presented here, the contents of the correction dream enter the waking consciousness of the dreamer through the artificial awakening provided by the lab technician. In everyday life, however, the correction dream is not accessible in this way.<sup>3</sup> Yet we find that new associative pathways do open up in normal practice following a successful dream interpretation. (*Interpretation* may be too strong a term. What I refer to is actually the successful juxtaposition of fantasies, memories, or transference reenactments with the contents of the reported awakening dream.)

The fact that the correction dream has taken place—even if it is not actually recalled by the patient—seems enough to make the new associative material accessible in subsequent therapeutic hours. This observation calls

for an amendment to the description of dream construction proposed in *Dreaming and Memory*. In that work (p. 55), I suggest that dreams are not ordinarily remembered because dreaming is an intermediate stage in the computation of appropriate locations in the permanent memory for representations of new experience. The purpose of such computation is the efficient storage of information about the real world.

The composite imagery of the dream provides information about the *relationship* between current and past experiences. It does not add directly to the information about the *world* contained in the representations of experience it brings together for matching. Hence it is the new experience itself—rather than the dream that associates it with past experiences—that is stored in the permanent memory.

Although I think this view is accurate as far as it goes, it appears to me now that I incorrectly inferred from it that the *entire process of dream construction* is excluded even from short-term storage unless an anxiety signal awakens the dreamer and brings the dream directly into the realm of waking consciousness. If this inference were valid, it would be impossible for unremembered dreams to contribute in an immediate way to the therapeutic process. They would still provide the permanent memory of the dreamer with a more complete and accurate picture of the world to match with further new experiences in therapy and in life. In the long run, of course, this effect is the



most significant result of therapeutic work because it enables the patient to retain something of permanent value from the treatment.

If this were the only way the successful correction dream influenced the treatment process, however, such influence would be visible only in the patient's associations to later remembered dreams. Although it is conceivable that a train of associations extending over a period of weeks or even months might be attributable to the stimulus provided by a single dream, on reflection this seems highly unlikely. The patient's associative pathway could be explained much more simply if the past memories evoked in the matching process were stored in a short-term memory structure from which they could be recalled *without* the stimulus of a remembered dream.

This conception would be closer to Lowy's view (1942) that dreaming has the function of restoring important items in the permanent memory to a state of heightened accessibility to consciousness. The memory structure responsible for holding these reactivated memories might be included either in the short-term memory, which collects the significant day residues, or in the working memory, which maintains items needed for immediate recall for relatively long periods. But the memory structure might be quite distinct from these two, with a mode of access that follows its own separate and less direct pathways.

Such a short-term memory structure would be necessary to explain yet another clinical observation that is incompatible with the idea that the entire process of dream construction is excluded from access to consciousness. I have observed that the early memories which contribute their imagery to manifest dream content are often directly accessible to the dreamer if he or she is asked to supply them. Because these memories are only occasionally recovered in the spontaneous associations of patients in analytic therapy, I was rather surprised to discover that they could be elicited by a direct question after the patient's spontaneous associations appeared to be exhausted. Such a response is not simply a transference phenomenon, since I have found that it can be reproduced with nonpatients in nontherapeutic settings.

In the March sequence reported in *Dreaming and Memory*, it appeared to me that M. A.'s recall of the critical early childhood memory at the Burgundy Hotel had been brought about by the retrieval of the correction dreams during the sleep-laboratory awakenings. I may have been right in this particular instance, since the index dreams had been heavily censored. But with many dreams reported in therapy, the censorship is only partial. The early memories included in the uncensored portion of the dream appear to be deposited in a short-term memory structure where they can be retrieved with relatively little difficulty.

Why the directed interest of another person should be so much more effective than the dreamer's own curiosity in eliciting the early memories incorporated in a dream is not so easily explained. Resistance in the usual Freudian sense certainly plays a part. But something else seems to be involved. My guess is that we are seeing another indication of the mother's importance as the original interpreter of dreams. She is the one who assures the infant that the dream world is not "real," i.e., not a report about the state of the world. The awakening anxiety dream breaks through the psychophysiological mechanisms that normally preserve this distinction by keeping the dream out of conscious awareness. The child must be taught to restore the distinction to the anxiety dream through conscious effort.

It is necessary to make clear to young children that what they experience is "only a dream." But "only a dream" merely tells the child that the dream doesn't matter without shedding any light on what the dream *is*. Young children are not yet ready to learn that the dream is a report about their own internal state of mind. Despite the Freudian revolution, our culture remains rather ambivalent about preparing children to understand that dreams are meaningful in this way. Nevertheless, adult dreamers seem to have this information on the tip of their tongue, as it were; they could recall it if only someone would ask them for it—if only someone would take up where mother and culture have left off.

The psychotherapist's recognition that the dream is not merely a secret message but also a record of the patient's experience of self, which cuts across many developmental levels, is more important than any set of rules for interpretation. Secrets emerge during the reconstructive process, to be sure. The censorship mechanisms do, indeed, actively obscure the conflicted areas of life experience for which no stable resolution has been found. But the dream may be opaque for its own good reasons. It has its own job to do, a job which involves connecting rather than explaining, and methods of computation not easily transformed into linguistic or logical structures.

Therapists may be able to improve their performance by working with dream material more in its own terms, by emphasizing the relationships between past and present implied by the composite dream imagery. When we "interpret" we are often substituting an approximate universal developmental history for the actual facts about the patient's early life. This may be a very useful procedure, but it should be reserved until we are sure that the facts themselves are really inaccessible. M. A.'s analyst seems to get the best results by observing the differences between what the patient says and what he does, and by tying together the many loose ends of the associative work. There is very little of the explanatory effort that we ordinarily think of as "dream interpretation."

The phenomenon of the correction dream allow us to see how the

dreaming cycle provides its own linkage between the reported dream and the overall experience of the therapy hour. The success of the correction dream seems to me a more reliable measure for the effectiveness of the therapeutic work than any criteria based entirely on what happens in the hour during which the index dream is reported. In both the January and March sequences of M. A.'s analysis, it would have been difficult to determine how the reported dreams had been incorporated into the therapeutic process if we had had only the first hour of each sequence to examine.

Freud's oft quoted remark (1911) that the dream report should be treated like any other association and not singled out for special attention has often been interpreted as a downgrading of the role of dreams in the analyst's technical repertoire. I think we can see now that the issue is far more complex, and that analysts may "use" a patient's dreams to guide their interventions in a way that is both more subtle and more inclusive than an attempt to explain their "meanings." Dreaming is not only grist for the therapeutic mill. It is the mill itself.

Freud was most likely warning against the therapist's temptation to tell patients what a dream means before the patients could tell what it meant to them. I suggest that if we understand how the dream works on the patient's behalf during the therapeutic process, we may be able to ask him or her for more relevant information in a way that does not intrude on the autonomy of

the patient's self-examination.

## Summary

For the psychotherapist, dreams have been an invaluable source of information about the patient's unconscious. Experiences of early childhood, repressed because of their connection with forbidden wishes, often emerge in the extended working through of a reported dream. This information may then be fed back to the adult patient's waking consciousness for more effective reprocessing.

My concern here has been to show that the process of dreaming acts both to incorporate the new material of the dream interpretation into the patient's permanent memory structure and to retrieve otherwise inaccessible memories of early life. Dreaming is a segment of the larger process through which information about the events of the day, including the therapeutic interaction, is conveyed to and linked up with the dreamer's store of significant memories. As such, it functions to establish an enhanced continuity between the patient's infantile self- and object-representations and his or her current experiences as an adult.

This double movement of information into and out of the associative memory structure results from the necessity to match the current experience, or *day residue*, with a related memory representation from earlier in the

dreamer's life, by superimposing the day residue on the earlier memory. The coherence of the composite image formed by this superimposition is the criterion for establishing a permanent associative link between the experiences of present and past.

In the clinical example presented here, we have seen how a reported dream is typically reworked after a therapeutic hour into a new dream that incorporates the experience of the hour in its day residue. This new dream, which I have called the *correction dream*, will in turn evoke a new set of memories of related past events. These earlier memories, activated in the construction of the correction dream, become accessible to the process of free association in the subsequent course of therapy.

The dream sequence takes place without the therapist's making a special effort beyond pursuing the usual methods of clarification and interpretation. Nevertheless, I believe that the therapist's role as correction-dream facilitator may be improved in two ways. The first is shifting the emphasis from *explaining* the patient's reported dream to *assembling* the widest possible network of associative connections. The latter would include related configurations in the patient's early history, external life situation, and current transference reenactments.

A second technical modification would be to *ask* the patient what early

events are recalled by the specific imagery of the dream whenever spontaneous associations fail to provide this information. These early memories, whether of actual events or of fantasied elaborations of events, are the focal points in the patient's maladaptive mapping of experience. They mark those gaps in his world view that must be filled by the unfolding therapeutic process—during both the treatment hour *and* the nocturnal reorganization of the correction dream that follows.

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### Notes

- 1 Although psychoanalysis must be clearly distinguished from psychoanalytic psychotherapy in many contexts, I believe the phenomena discussed here to be common to both of these



treatment methods. The terms *therapy* and *analysis* will therefore be used interchangeably to refer to the broad area where the two methods overlap.

2 The transcripts have been edited to remove identifying information.

3 This statement must be qualified. The successful correction dream is not ordinarily remembered, but it may be remembered if it is interrupted by an external stimulus, as dreams during the final cycle of REM sleep often are. Patients thus may report only a small proportion of their correction dreams, but certainly *some* of the dreams brought to the therapy hour are correction dreams. In such cases we may or may not have heard the index dream that is being corrected. In addition, hybrid dreams, which contain successfully matched composite images as well as a mismatch leading to an anxiety signal that awakens the dreamer, are not uncommon. As I mentioned earlier, "turning-point" dreams often appear to be hybrid correction dreams.