

Dream Work: A Psychoanalytic Perspective

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Faculty

Suzanne Saldarini, MA, LPC, NCPsyA, is a certified psychoanalyst and licensed professional counselor in private practice in Ramsey, New Jersey. She sees individuals, couples, children, and adolescents in both long and short-term psychotherapy. She earned psychoanalytic certification at the New Jersey Institute for Training in Psychoanalysis, where she has taught *The Interpretation of Dreams* and served as Curriculum and Membership chairs; she continues at NJIT as a faculty member and control analyst. Ms. Saldarini began formal study of dreams as an analytic candidate but first read Freud as a psychology undergraduate at Drew University. Her graduate career in psychology began with basic research in observation of child behavior in natural settings at the University of Kansas. A certified School Psychologist, she completed many years of practice in schools and agencies both public and private before her return to Freudian study and finally psychoanalytic training and practice. She has made continuing education presentations on Freud's approach to dreams at annual conferences for both the New Jersey Counseling Association and the International Association for the Study of Dreams. Ms. Saldarini has also authored two children's books on dreaming, *About Dreams* and *Harry's Dream*.

Faculty Disclosure

Contributing faculty, Suzanne Saldarini, MA, LPC, NCPsyA, has disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

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Audience

This course is designed for mental health clinicians across disciplines, including counselors, social workers, and other professionals who provide psychotherapy. It is written for clinicians without formal training in dream interpretation as well as for those seeking review of the material.

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Course Objective

The purpose of this course is to provide a basic understanding of Freud's theory of dream interpretation, to explain practical techniques for use with clients, and to describe therapeutic gains obtainable with dream work.

Learning Objectives

Upon completion of this course, you should be able to:

1. Outline Freud's contributions to the psychoanalytic tradition.
2. Describe Freud's approach to dreams.
3. Identify psychologic mechanisms involved in building a dream.
4. Identify shared concepts within psychoanalysis.
5. Describe an example of modern dream research.
6. Explain the key differences between psychoanalysts and other mental health clinicians.
7. Discuss the influence of culture, ethnicity, and technology on dreaming.
8. Describe the dreamer's role in interpreting symbols in dreams.

INTRODUCTION

The nature and meaning of dreams has been an area of interest throughout history. However, Sigmund Freud elevated the study of dreams to a type of science. His contributions, including the concept of the unconscious, remain relevant to researchers and mental health professionals today. With the publication of Freud's *The Interpretation of Dreams*, the field of psychoanalysis was born, and serious clinical inquiry into the basis and creation of the mind (i.e., Freud's "theory of the mind") began. Freud labeled the ethereal parts of the mind (i.e., the conscious, subconscious, and unconscious) that make us human, and he established the foundation for how we think about the brain. His theory of the mind led to the understanding that our dreams are both purposeful and meaningful [1].

THE MEANING AND ORIGIN OF DREAMS

While sleeping, dreams seem real. On waking, however, the memory of the dream, especially in comparison with waking thoughts and feelings, may seem alien or other-worldly [2]. Freud connected these impressions to the explanation that dreams are messages that begin outside ourselves. Literature is filled with examples of dreams explained as communications from supernatural or divine sources, understood as warnings or predictions [3; 4; 5; 6; 7]. Cryptic dreams have been explained as needing only the wisdom of a gifted interpreter to decode the message [6; 7; 8]. Conceptualizing dreams as supernatural messages means that questions of the dream's origin, content, meaning, and function are quickly answered. However, this discourages the pursuit of scientific study and dismisses dreaming as unimportant meandering of the mind [9]. Freud asserted that dreams are meaningful, and that, although their meanings are hidden, a replicable method for uncovering their

meanings is possible. His confidence in the value of dreams echoes the attitude expressed throughout history: rather than simply being contrasts to waking life, dreams have value, command attention, and deserve efforts to find their meanings.

Many contemporary experts support Freud's assertions about the meaning of dreams, detailing neuroscientific findings consistent with basic psychoanalytic concepts, including the hypothesis that dream content is disguised by censoring operations in the mind. As Solms states, "We are beginning to understand something about the neurological correlates of the censoring function, and we know at least that the structures which are most likely to be implicated are indeed highly active during dreaming sleep" [9]. Others, while acknowledging that dreams have purpose, argue against interpreting dreams. They have abandoned the concept of hidden meaning, attending only to a dream's literal narrative and the feelings it induces [10]. Regardless of one's position on the meaning of dreams, critics and supporters alike have evolved from Freud's scientific approach to the study of dreams, an approach that was influenced by Charles Darwin, Ernst von Brücke, and other great scientific minds.

A HISTORY OF FREUD AND THE PSYCHOANALYTIC TRADITION

Freud was an accomplished neurologist with 28 publications to his credit before he began psychoanalytic work, but in spite of his achievements, he was frustrated in his efforts to gain an appointment as full professor at the University of Vienna. He was Jewish, and anti-Semitism stifled academic and professional advancement in 19th century Vienna. Eager to marry, and pressed by financial responsibilities, Freud needed a reliable income. His colleagues advised private practice. Unprepared for clinical work, however, he returned to study, traveling to Paris to work under renowned neurologist and psychiatrist Jean Martin Charcot.

Charcot was a commanding and masterful teacher, challenging prevailing theories of the day. In an era when hysterical symptoms were dismissed as a form of malingering, Charcot experimented, and obtained remarkable results, with hypnosis. He recognized hysteria as a real ailment afflicting both men and women. His methods also demonstrated that hypnotic states were genuine phenomena that could be used to heal otherwise intractable complaints. Charcot insisted that everything about his clients' hypnotic reactions was significant, including a peculiar "magnetic passion" developed for the hypnotist. (Freud eventually understood and named this behavior, transference, one of the most powerful of psychoanalytic phenomena.) What interested Freud most about Charcot, however, was his confidence in plain, observable facts as opposed to dogma. Charcot taught Freud that the "scientist's submissive obedience to facts is not the adversary, but the source and servant of theory" [11]. Returning from Charcot's clinic in 1886, Freud began a practice in neuropathology. With it began discoveries that would change the scientific understanding of human behavior.

Like any young physician, Freud looked to established colleagues, such as Josef Breuer, for referrals. Breuer was a reputable neurologist (credited with discovering the role of the vagus nerve in controlling respiration) who, like Freud, had abandoned the laboratory for private practice. Breuer and Freud also shared interests in psychopathology. Their 1895 publication *Studies On Hysteria* introduced the cathartic "talking cure," which gradually evolved into psychoanalysis. Another physician friend, Wilhelm Fliess, became increasingly important to Freud. Fliess (an ear, nose, and throat specialist) was indispensable to Freud, especially as Freud was writing *The Interpretation of Dreams*. Fliess had a sound understanding of Freud's theories as well as an appreciation for psychological themes common across cultures. Freud prized Fliess' ability to accept as scientific evidence all types of human behavior, including folklore, legends, and dreams [11].

With experience in private practice in hand, Freud began lecturing and writing on the origin and treatment of psychoneuroses and hysteria. In an 1896 presentation for Vienna's Society of Psychiatry and Neurology, he confidently announced that all hysterias are founded in repression, always with a sexual content. Expanding this argument, Freud declared that hysterical illnesses originate with a passive sexual experience (i.e., a seduction) that occurs before puberty, usually at 3 or 4 years of age. He based his conclusion on 13 successful cases, all carefully documented. He stated that students of hysteria are like explorers discovering the remains of an abandoned city, and when obscured inscriptions (i.e., clients' repressed memories and feelings) can be uncovered and read, then the truth and symptom relief will follow. Freud found much criticism and little support for this assertion, however. Dismayed, angered, and discouraged, Freud experienced a period of pessimism. He continued treating neurotic clients successfully and maintained his belief in the sexual origin of their illnesses. Bolstered by Fliess and spurred by his own practice of observation and common sense, Freud eventually re-examined his initial conclusions and found a deeper truth. He recognized that his clients' reports were serious but not literal communications, and he began to listen more intently. He came to read these reports as messages that were coded: distorted, censored, and meaningfully disguised [11]. Helping his clients to discover and meaningfully illuminate these unconscious activities formed the basis for Freud's theory of the mind.

Spurred by the death of his father in 1896, Freud began an intense self-analysis. He knew that what he was learning from his work with clients revealed information basic to all human psychological development, and he realized that his own development could be no exception. Armed with the same objectivity that he brought to dissections in von Brücke's laboratory, Freud analyzed his dreams, his physical symptoms, his inhibitions, and his wishes. In this way, he became a model for future psychoanalysts and set the standard for competency: to analyze, one must first submit to analysis.

FREUD'S APPROACH TO DREAMS

Freud's approach to dreams includes the assertion that their meanings are hidden; they are disguised expressions of suppressed wishes [1; 2]. Exploring unconscious mental activity was at the heart of Freud's approach. In his view, dreams are the direct result of unconscious activity that helps determine a dream's production and its final form. It is by uncovering these unconscious thoughts that a dream's meaning can be revealed, a process that requires the dreamer to willingly suspend self-criticism and censorship.

Censorship is the agency that watches critically during sleep, rejecting many thoughts and forbidding expression. It regulates which thoughts and wishes are permitted to reach consciousness. Wishfulness is the psychologic agency that presses for expression against censorship. A third psychologic agency, the ego, evolves. Sleep dulls the censor, allowing ideas that have been rejected in waking hours to slip through, finding disguised expression in dreams. Dreams answer the ego's wish to sleep; dreams sometimes fail, however, and the dreamer awakens. Physical stimuli that occur in sleep must be interpreted by the brain in a way that will not wake the sleeper. Occasionally, the sensations are too intense or the disturbing ideas are too poorly disguised to permit sleep to continue. Anxiety dreams—those frightening visitations that jolt dreamers awake—are partly explained in this way.

Freud considered dreams to be “the royal road to the unconscious” [2]. One of the first dreams that Freud understood to be meaningful was his own “Dream of Irma's Injection.” Freud described his dream in this way [2]:

A great hall—a number of guests, whom we were receiving—among them Irma whom I immediately take aside, as though to answer her letter and to reproach her for not accepting my “solution.” I say to her: “If you still have pains, it is really only your fault.” She answers: “If you only knew what pains I have now in the throat, stomach, and abdomen – I am choked by them.” I am startled and look at her. She looks pale and puffy. I think to myself that after all I must be overlooking some organic affection. I take her to the window and look into her throat. She offers some resistance to this, like a woman who has a set of false teeth. I think, surely she doesn't need them. The mouth then opens wide and I find a large white spot on the right, and elsewhere I see extensive grayish-white scabs adhering to curiously curled formations, which are evidently shaped like the turbinal bones of the nose. I quickly call Dr. M, who repeats the examination and confirms it...Dr. M looks quite unlike his usual self; he is very pale, he limps, and his chin is clean-shaven... Now my friend, Otto, too, is standing beside her, and my friend, Leopold, percusses her covered chest and says: “She has a dullness below, on the left,” and also calls attention to an infiltrated portion of skin on the left shoulder (which I can feel in spite of the dress)... M says: “There's no doubt it's an infection, but it doesn't matter; dysentery will follow and the poison will be eliminated.” We know, too, precisely how the infection originated. My friend, Otto, not long ago, gave her when she was feeling unwell, an injection of a preparation of propyl, propyls...propionic acid... trimethylamin (the formula of which I saw before me, printed in heavy type)... One doesn't give injections of that sort ought so rashly... Probably, too, the syringe was not clean.

THE ROUTE FROM WISH TO DREAM

Freud discussed his associations to the Irma dream in *The Interpretation of Dreams*, in which he examines the dream image by image, ponders the meaning of the various thoughts that come to his mind in connection with each image, and begins to notice a recurrent theme. Although the dream presents a number of different explanations for Irma's pains, it portrays Freud as utterly blameless. Freud concludes that the dream shows how he wishes things were (i.e., blameless for Irma's pains). Thus, the wish was the dream's motive, and the dream represents the wish fulfilled. The "secret" revealed to Freud through the Irma dream is that dreams are the fulfillment of wishes. In response to opponents who questioned how a terrifying nightmare could possibly be the fulfillment of a wish, Freud responded that it was important to distinguish between the dream's manifest content and its latent content [1; 12; 13].

MANIFEST AND LATENT DREAM CONTENT

Freud asserted that dreams embody two levels of meaning or content: manifest and latent. He defined manifest content as that which the dream relates; it is the dream as dreamt and consciously remembered by the dreamer. Manifest content more often consists of visual images than thoughts and words. It is the surface meaning of the dream that is reported on waking (e.g., you dream you are running, but when you look behind you, no one is there); it is a disguised representation of the true thoughts underlying the dream. These underlying thoughts are what Freud called latent content, consisting of unconscious wishes and fantasies that have been denied gratification. Latent content is the deeper, hidden, symbolic meaning of the dream. It is the disguised, repressed part that translates threatening, underlying impulses (e.g., unconscious sexual, aggressive impulses) into the more acceptable manifest content. Latent content

is disguised by a censorship process into manifest content. Because latent content is repressed, and therefore unobtainable by the dreamer's consciousness, it is accessible only by the analysis of ideas. The process of transforming unconscious latent content into acceptable manifest content is called dream work [14; 15; 16; 17; 18].

THE MECHANISMS OF DREAM WORK

Dream work takes the raw material of dreams (e.g., memories, feelings, wishes, events of the day) and combines it to analyze a dream [1; 13; 18]. This is carried out through three primary types of transformation: condensation, displacement, and secondary revision. Condensation refers to dreams' compression of many associated thoughts, memories, fantasies, and images into a single figure. There are different types of condensation, each with an everyday application. Videos that combine two images into a new composite image, disparate individuals that form groups based on a commonality, slips of the tongue, and double entendre jokes are examples of condensation at work in everyday life.

Displacement occurs when an emotion associated with one idea or experience is detached from it and attached to another idea. It describes the dreaming tendency to hide an important idea or feeling in something trivial, allowing objectionable ideas to pass censorship. A type of displacement that is of particular importance to the formation of dreams is what Freud termed "considerations of representability." This involves turning underlying abstract dream thoughts into pictorial, concrete language before the abstract thoughts can be used in the dream. Freud likened the process to writing poetry; in order to combine thoughts as succinctly as possible, they are translated into concrete, imagistic language. Freud asserted that displacement and condensation were the "two governing factors to whose activity we may in essence ascribe the form assumed by dreams" [13].

Secondary revision occurs as a result of the natural tendency to organize disconnected elements into a coherent whole. It is the application of conscious thought processes to the dream material. It polishes the disparate, poorly organized contents of a dream so that it approximates conscious thought (e.g., a coherent daydream). Secondary revision attempts to produce sense and order—a comprehensible narrative [1; 13; 18].

Freud demonstrated that psychological understanding can make a substantial difference in the lives of troubled individuals and an important contribution to the whole of civilization. His pioneering work established the foundation of contemporary dream research [1; 2; 19].

SHARED CONCEPTS WITHIN PSYCHOANALYSIS

Freud's study of dreams founded over a century of psychoanalytic research and practice. It marked the beginning of his drive theory, which began with the premise that human behavior is determined by biologic drives that operate outside consciousness. Freud concluded that the greater part of psychological life is unconscious. Sexual and aggressive strivings, he found, are central motives throughout life; illnesses can begin with their repression. He described the sexual life of children, including the Oedipus complex, and noted that childhood sexual fantasies and experiences have a determining effect on adult character and personality. Each of these tenets is rooted in clinical observation and in the analysis of dreams.

In addition to Freud's formulations, at least four additional, distinctive psychologies exist within psychoanalysis, each emphasizing specific aspects of human development and function. Ego psychology, closest to Freud's drive theory, describes adaptations developed in response to conflicts between internal drives and external realities. Freud's daughter, Anna, a gifted analyst in her own right, named these adaptations "defense mechanisms" and created the terminology so familiar today (e.g.,

denial, repression, projection, identification). Ego psychologists emphasize the importance of studying normal ego functioning, defined as efforts "to achieve the maximum degree of drive satisfaction consistent with the limitations imposed by the environment" [20]. These theorists point to the ego's functions in the outside world (e.g., thinking, learning, impulse control) and note that sexual and aggressive drives can be redirected. Like Freud, ego psychologists value dreams for their revelations of thoughts hidden in waking life.

Object relations theorists believe that individuals develop prototypes of interpersonal relationships that are repeated throughout life. Objects achieve internal psychic representation as well as external influence. The theorist might argue, "There is no such thing as a baby... There is only a baby with a mother" [21]. Total dependency characterizes the early years of human development, and the resulting attachments have an enduring influence. Object relations theorists describe deficits that can develop if early objects are inadequate; they also describe corrective (e.g., therapeutic) experiences that create change. An object relations approach gives special attention to dream references that describe clients' reactions to their analyst.

Eminent psychoanalyst Heinz Kohut identified the self as the all-important structure of personality. Self develops from one's experiences both in subjective and interrelated situations. It is a concept more directly related to individual experience than are the concepts of drive, ego, or object. Self psychologists emphasize the importance of achieving a cohesive sense of identity and autonomy; threats to this secure sense of self bring fear of personal disintegration. The experience of empathy, both in the course of early development and later in therapeutic relationships, is central to healthy self-development. Like Freud, Kohut felt that most dreams hold wishes, but he added the concept of self-state dreams. Self-state dreams are generally believed to be an effort to master or integrate threatening psychological material, much in the way that traumatic dreams are processed.

Dream work is a departure from classical dream interpretation, which explores the images and emotions evoked without focusing on a single meaning of the dream. Through dream work, one learns about oneself, often with the help of others. Sharing dreams in small, empathic groups has been shown to increase dreamers' associations and insights and promote healing [22; 23]. Dreamers and listeners are equally capable of accurate understanding. Dream workers use ideas from many sources, including Freud and Jung; they do not necessarily feel that therapists are required. Dream workers' contributions include group techniques, methods for recalling and recording dreams, and validation of dreamers' interpretive expertise. Many also include spiritual discussion in their approach [24].

Differences within psychoanalysis need not challenge its validity. Rather, bringing diverse approaches to dream analysis supports the validity of psychoanalysis while adding value to the practice of dream analysis. In one study, analysts with four different orientations each interpreted a patient's dream. Although their interpretations differed, all were found to be correct and all indicated the existence of a major psychodynamic issue that emerged over the course of the patient's seven-year analysis [25].

MODERN DREAM RESEARCH

Researchers remain challenged by the psychological issues identified in Freud's time and before. Determining the meaning and origin of dreams, addressing the problem of recall, unraveling the mystery of content, and accounting for dream function are all issues that continue to be researched and discussed. Research examples come from psychology, neuropsychology, psychoanalysis, and neuroscience.

PSYCHOLOGY

In a 2010 study examining the meaning and content of dreams, researchers used sophisticated quantitative methods to organize dream data [26]. They hypothesized that dream content could be read in a way that would accurately reveal the dreamer's daytime interests, personality traits, aspects of relationships, and overall emotional well-being. They predicted that dreams would echo waking life and that their meaning could be found by examining manifest content (i.e., the dream as recalled by the dreamer) without additional interpretation. The investigators examined dreams using a combination of the Hall/Van de Castle (HVdC) system, a content coding system that provides normative data for the content of adult dreams, and a related but newer, computerized word-search method. The data were drawn from 192 reports collected in a journal over a two-year period, contributed by one dreamer, a male volunteer 23 years of age. The young man, a journalist, contacted one of the researchers and requested help interpreting his dreams. Dream reports, recorded in a Word document, were loaded into a computer dream bank and analyzed for content using HVdC categories and the researchers' previously published word strings (40 categories of words and phrases known to capture dream content). One of the researchers was designated to make blind inferences from the data; he did not read the dreams nor was he privy to any biographical information about the dreamer, beyond age and sex. He produced 14 inferences about the dreamer based entirely on frequencies derived from the computer's sorting. Each of these inferences was expressed in descriptive sentences and given to the dreamer for comment. For example, "He is socially active and competent, not reclusive or shy;" "He is an even-tempered person, not prone to emotional outbursts;" and "He is closer to his brothers G and J than brother C or sister A" [26]. The dreamer confirmed 12 of the 14 inferences. The researchers concluded that a blind analysis of dreams based only on the

results of word searches could accurately predict many aspects of an individual's waking life (e.g., personality attributes, relationships, activities, cultural preferences) [26].

The researchers also included discussion of the erroneous inferences. One, a conclusion that the subject "has many nightmares," based on a high frequency of words relating to fear, physical aggression, falling, animals, and death, was corrected by the dreamer this way: "One man's nightmare is another's fantasy...Where I'm stranded and fighting for my life on an island, I consider that a pleasant adventure dream and wake up stimulated" [51]. A second inference that the subject is equally close to his mother and father, based on equal frequencies of these two words was also disputed by the dreamer, who stated, "I'm much closer to my mother than my father. The dreams may be skewed because during the middle of the time frame that I was recording them I was spending much more time with my father than was normal" [26]. Finally, in a series of follow-up questions about whether anything obvious about his life or personality was absent from the inferences, the young man responded: "I'm a pretty adventurous guy, with a higher attraction to danger than a lot of people... Most people who know me would use those facts as descriptors." He also said, "If I were reading my dreams, I might be curious about why a variety of women come and go, without a mainstay. You might have been able to infer, 'He doesn't have a steady girlfriend.'" [26].

Certain findings from this study are of psychoanalytic interest. First, the recovery and quantification of manifest dream content appears to be achievable, and blind analysis of the data can lead to accurate inferences about the dreamer. Second, dream content, even with sophisticated methodology, does not yield to analysis easily. Third, analysis of manifest content alone in this case missed and misinterpreted significant material (i.e., the young man's fondness for danger), led away

from an important truth (i.e., his closeness to his mother), and left other matters in obscurity (i.e., his lack of a steady girlfriend). Each of these was an area important to the dreamer. The limitations of manifest content analysis are consistent with Freud's emphasis on hidden, latent material.

A second study published in 2012 reported similar findings [27]. By applying the blind analysis and word-search method to 223 dreams from the diaries of a single volunteer subject, the researcher was able to produce 15 inferences about her waking life, 11 of which were confirmed by the subject. This study again lends support to claims that dream content reflects waking interests and emotional concerns (i.e., the continuity hypothesis). A psychoanalytic viewpoint argues that manifest content reflects residue of the day as well as enduring emotional themes and conflicts [27].

NEUROPSYCHOLOGY

Memory, an issue central to dream study, has been scrutinized by neuropsychologists who have explored the acceptability of data from dreamers' reports, the best setting for collecting dream specimens, and the role of rapid eye movement (REM) sleep in dreaming [28]. The goal of one meta-analysis was to determine whether the methods researchers use to study dream recall affect the outcome or whether recall is innately difficult [28]. Dream recall measured with self-rating scales found average frequencies of two to three dreams per week; however, the results were not consistent. (This is partly because the term "recall" can be interpreted differently.) Indeed, when taking into account so-called "white dreams" (i.e., the certainty of having dreamed but not being able to recall the dream content), the rate of dream recall was an average of 5.1 dreams per week (up to 72.9% of spontaneous awakenings) [28]. This indicates that people are regularly aware of their dream experiences, irrespective of their ability to recall dream content.

Dreaming during non-REM sleep has been confirmed in the presence of separate physiologic correlates. Consequently, dream researchers have been encouraged to turn away from sleep laboratories in favor of natural settings because intrusive elements (e.g., noise, electrodes, unfamiliar beds) can affect dreaming. Dream journals or simple instructions about how to recall dreams on waking have been shown to help a majority (90%) of sleep study participants increase dream recall within as little as three nights [28]. This seems to indicate retrieval of dream content is not as difficult as predicted, especially when appropriate guidelines for facilitating dream recall are provided. Even in the presence of neurologic injury, dreams persist due to the brain's ability to retrieve forgotten information through a variety of cues.

PSYCHOANALYSIS

As described previously, Freud's discoveries about dreams began as he treated clients. Psychoanalytic theory and practice continue to evolve from clinical work, such as work done with clients who have had post-traumatic nightmares [29]. Freud, and many theorists since, excluded these nightmares from the analytic attention given to other dreams. The nightmares were understood as instigated by trauma, as representations of the essence of that experience, and as free of hidden meaning. Freud suggested that their repetition might represent either an attempt at mastery or at restoration of psychologic balance. Treated more like emotionally charged memories than "real" dreams, post-traumatic nightmares were excluded from any wish-fulfilling function.

Lansky challenged these assumptions and argued that post-traumatic nightmares belong in treatment as do other dreams [29]. He asserted that they can be analyzed for hidden content, they are related to conflicts and previous trauma in the dreamer's life, they recur in response to events in the dream day, and they fulfill wishes [29]. Noting trauma victims' increased vulnerability and need for environmental support, he emphasized their fractured sense of self (i.e., feeling disassociated, disorganized) and included shame as a promi-

nent, painful, and often underemphasized result of trauma [29]. He argued that post-traumatic nightmares are not simply a replay of the traumatic event. Typically, significant discrepancies appear between the patient's report of the trauma and the dream scenario. For example, a veteran dreamed of being captured and beaten in a prisoner-of-war camp. Analysis revealed that although the veteran had witnessed horrifying atrocities, he was never taken prisoner. In childhood, however, he was a victim of brutal beatings from his father. "Replaying" the horrors of war protected him from the more threatening helplessness, rage, and shame he felt at the hands of his father. Lansky also found that post-traumatic nightmares often cast the dreamer as an intact, competent person who, although in danger, is neither disintegrated nor shamefully out of control; the nightmare fulfills the dreamer's wish for psychologic survival and sanity in the face of adversity [29]. This illustrates that careful, clinical observation can lead to important changes in treatment. It also supports the extension of Freud's wish-fulfilling function to dreams such as these.

NEUROSCIENCE

Investigators find that aspects of Freud's account of the dreaming mind remain consistent with the available neuroscientific data [29]. Contemporary laboratory methods demonstrate that dreams occur with the activation of brain pathways that govern goal-seeking and appetitive behaviors. (REM sleep often triggers this pathway, but dreaming can occur during other sleep periods as well.) Dreaming occurs only with activation of the motivational pathway, characterized by Freud as "wishes" (i.e., activation of goal-seeking impulses). Activation of brain mechanisms capable of creating a dream can cause arousal during sleep. Freud posed the argument that dreams are a response to something that disturbs sleep. Dreaming requires both a trigger and an activated motivational pathway. Freud metaphorically described dreams as similar to a new business: both entrepreneur (i.e., a stimulus or a trigger) and capital (i.e., wishful impulses or goal-seeking activity) are required.

Neuroscientists describe dreaming as a regressive process. That is, dream images result from information or stimuli traveling backward in the perceptual system. (Sleep blocks passage forward and prevents motor activity.) These images are fed into the cortex as if they were coming from the outside. The brain system that processes incoming stimuli responds to this reversal by converting the information into visual images instead of waking thoughts. Because critical or reflective functions are inactive in sleep, the images are mistaken for real perceptions. Freud wrote extensively about the regressive nature of dreams. He acknowledged that science in his time could not trace precise pathways for dream activity but stated confidently that “deeper research will one day trace the path further and discover an organic basis for the mental event” [2].

PSYCHOANALYSTS: AN OVERVIEW

Psychoanalysts generally share an approach that includes free association (i.e., the patient’s unrestrained report of ideas, memories, feelings), dream interpretation, interpretation of resistance, and interpretation of transference. Resistance refers to both the conscious and unconscious efforts that clients make to counter therapeutic progress. Transference recognizes the patient’s tendency to perceive the analyst as an important figure from the patient’s past. Analysts also consider countertransference (i.e., both conscious and unconscious feelings stirred in the analyst by the patient). Creating a therapeutic alliance, respecting and understanding the ego’s defense mechanisms (characteristic and/or transient means of adjustment), and strengthening ego functions are additional common aims. Many psychotherapists recognize these processes and use this language.

TRAINING

As with many mental health disciplines, psychotherapists’ preparation includes years of postgraduate study and hours of supervised practice. Course content and supervisory requirements vary by university, by discipline, and by professional license. Psychoanalytic candidates, regardless of professional license or previous study, have an additional requirement to complete a personal analysis before earning the title of psychoanalyst. Psychoanalytic training institutes define their own curricular and supervisory standards, but all demand a personal analysis, which is unique to this profession. The National Association for the Advancement of Psychoanalysis (NAAP) requires its members to have a minimum of 450 hours of course work, 1,500 hours of supervised clinical experience that includes 200 hours of psychoanalytic case supervision and 300 hours of individual analysis. The requirements of individual institutions often exceed NAAP requirements [30].

Dream Work

The International Association for the Study of Dreams (IASD) is a nonprofit, multidisciplinary organization established in 1984 to encourage research and dream study. The IASD has adopted recommendations for the training of dream study practitioners, including those whose practice is mainly or exclusively focused on dream work as well as those who include dream work as part of their overall practice. According to the IASD, training programs for dream study practitioners should [31]:

- Have a clear ethics statement, including a disclaimer that while dream work can be therapeutic, it is not a replacement for psychotherapy
- Clearly assign the authority of dream work to the dreamer and not to an outside person, including a therapist. The dreamer is ultimately in charge of interpreting thoughts, feelings, and associations about their dreams.

- Include both supervised one-on-one and group practice
- Include written goals and learning objectives
- Include protocol to avoid projection
- Require students to do their own dream work
- Require faculty to be sufficiently trained in the ethics of dream work
- Be aware of cultural differences between teachers and students
- Contain recommendations for continued study
- Contain the hours necessary to be sufficiently trained
- Record the training levels of all graduates

In addition to the ethical guidelines of each clinician's discipline, the IASD requires that dream work practitioners recognize the dignity and integrity of the dreamer. The dreamer is the decision-maker regarding the significance of the dream and may or may not share any part of the dream he or she chooses. The hour belongs to the patient; therefore, the patient's lead supersedes the clinician's interest. Ethical dream work guides the dreamer to more fully experience, appreciate, and understand the dream. It also recognizes the validity of approaches from many traditions and cultures [31].

ESSENTIAL TECHNIQUE

The patient-therapist relationship is the essential treatment tool in psychoanalysis. The analyst listens with an uncommon empathy, a situation in which the analyst's own unconscious engages as a "third ear." Personal analysis prepares the analyst for this work in three ways. First, the analyst learns analytic technique by experiencing the methods as a patient. Second, knowledge of personal idiosyncrasies and blind spots arms the analyst against overlooking or exaggerating those of his or her clients. Finally, and most importantly, even when bombarded by the strong feelings expressed by clients, the analyst avoids reacting with personal

feelings (whether conscious or unconscious) and abstains from meeting personal emotional needs, which the patient's behavior may stimulate. The analyst's focus at all times is to help the patient observe self-behavior.

THE INFLUENCE OF CULTURE/ ETHNICITY ON DREAMING

Dreams are an integral part of daily life across cultures. Although the biologic and physiologic framework of dreams is consistent throughout the world, the importance, validity, and value placed on dreams differs [32; 33; 34; 35]. Research indicates that although both Eastern and Western cultures place certain validity on dreams, Western cultures more readily determine dreams to be a product of the brain without having greater meaning [35; 36]. Western cultures often view dreams, and the act of dreaming, as unreal and unimportant, viewing waking life as the only true "reality" [37]. Many contemporary psychologists hold this to be true, asserting that dreams merely sort memories. They believe that dreams are a reflection of the organization of an individual's thoughts and daily experiences and how these thoughts and experiences relate to the individual's physical, emotional, and social life [38].

In contrast, many Eastern cultures view dreaming either as an opportunity to connect with another realm of "reality" or as a tool to spiritually progress [37]. Tibetan Buddhists practice a meditative dream state called dream yoga, whereby they use their dreams to assess inner sources of suffering [39]. Dream yoga is a meditative practice in which the dreamer maintains a dream state while being lucid. Both dreaming and waking states are considered equally real or unreal; thus, dream yoga practitioners are able to use these dreams to assess individual sources of unhappiness. By determining the source, they are able to address their own discontent and ultimately live a happier life with a greater sense of peace [39].

Other cultures view dreams as spiritual phenomena connecting the dreamer to spirits, nature, and other dimensions outside their waking reality. In Native American cultures, dreaming connects the individual to spirits, providing a compassionate understanding of dimensions outside present reality [39]. In the Ese Eja community in the Peruvian Amazon, dreamers “see” the names of their unborn children in dreams, showing a direct indication of the importance placed on the dreams themselves. The Ese Eja perception is that reality and dreams are intertwined and overlapping in time and space [40]. In some instances, the lack of adequate dreaming is seen as a detriment to a community and its livelihood. In the Andamanese hunter-gatherer culture in India, dream sharing is practiced within the community in order to form a consensus on the meaning of an individual’s dreams. Once they have arrived at a consensus, these dreams determine actions taken by the community in waking life. Andamanese people believe that more modern sleeping arrangements, with less time devoted to the understanding and recollection of dreams, is the reason for their declining hunting success [41].

CULTURE IN THE PSYCHOANALYSIS OF DREAMS

Culture plays an integral part in how an individual interprets dreams and how much significance is placed on the dream [36]. When analyzing a patient’s dream, the psychoanalyst should understand that interpretation can be affected by the patient’s motivation to extend pre-existing beliefs or ideas or to enhance existing attitudes. Although dreaming occurs in all cultures, each individual will respond differently to the act of dreaming and the interpretation of dreams; cultural variations in the narrative content will exist. The psychoanalyst should be aware of the patient’s cultural assumptions and should set aside judgmental biases in order to obtain a nonbiased assessment [42]. Assessing and interpreting dreams should be an open, communicative process between the analyst and the dreamer [43].

Without diminishing the significance of culture, studies do show similarities in dream themes and manifest content across cultures. In 2013, a study of dreams in Iranian and American students showed marked similarities [44]. For example, the distribution of male and female characters in dreams was nearly equal, as was the incidence of aggressive social interactions in dreams. Differences that were noted (e.g., Iranian students increased likelihood to dream of family members) were primarily attributed to cultural factors (e.g., Iranian collectivist orientation) [44].

Similarity in the human experience of dreaming appears to outweigh any differences [45]. Any serious search for a dream’s meaning will consider the influence of culture, but only in connection with the interplay of individual experience and fundamental, shared human needs and reactions [45].

THE IMPACT OF TECHNOLOGY ON DREAMS AND DREAM ANALYSIS

Another component of dream analysis is the connection between how an individual interacts with virtual media (e.g., videos, MP3 players, video games) and how the images of these media can affect the individual’s dreams. Research indicates that the more an individual interacts with a specific type of virtual media, the more that media will affect and be present in the individual’s dreams. The most direct connections between virtual technology and dreams are seen in clients who regularly watch films and/or play video games. Body systems simulate movement and establish spatial orientation function during dreaming as they do when viewing a film or playing a video game [46]. The greater the degree of interactivity and clarity of the images in the media, the greater the likelihood that those images will appear in dreams [46; 47]. Also, the more regular the participation in virtual reality media, the stronger the connection between waking life and dream life emotions. Researchers have also documented specific connections

between media and manifest dream content. A survey of nearly 1,300 Turkish dreamers revealed that those who consumed violent or sexual media were more likely to produce dreams with violent or sexual content and experienced greater dream frequency [48]. A pilot study of persons experiencing nightmares found that treatment combining virtual reality technologies with imagery rehearsal and rescripting was effective in reducing anxiety, nightmare frequency, and post-traumatic stress symptoms [49]. Media is a ubiquitous element of both waking and dreaming life. As such, clinicians should be aware of patients' media activities and should acknowledge the potential role of technology as a therapeutic tool [46; 47].

THE DREAMER'S ROLE IN INTERPRETING SYMBOLS IN DREAMS

PERSONAL DREAM STUDY

Those who study their own dreams are in good company. Both Freud and Jung recorded and studied their dreams, a practice continued by contemporary experts. Dream study can be done alone, but therapists often see concerns or painful connections otherwise missed. Dream recall can usually be established and improved simply with conscious intent. Using a notebook or other record upon waking (even if only a few images are recalled at first) can help to recapture the dream.

Freud chose to demonstrate his methods with analysis of his own dreams. He set out to articulate psychologic processes that characterize normal development and functioning. He had analyzed thousands of clients' dreams at the time he wrote *The Interpretation of Dreams*, but they were all potentially attributed to clients' pathologies. Freud recorded many of his own dreams, so he had data from a healthy source. Freud's example of self-study is a model for clinicians. Anyone hoping to help others understand dreams should start with their own.

EDUCATING CLIENTS

Some clients spontaneously offer dreams; others do not, which may indicate that they devalue their internal lives, including dreams. Questions asked early in treatment, including inquiry about recurrent dreams, memorable childhood dreams, and recent dreams, can signal their importance [50]. Freud's instructions were simple and direct: consider the dream's circumstances, suspend self-criticism, and report all thoughts associated with dream elements. Dream work gains may include: the production of new material, including memories, associations, fears, and conflicts; opportunities for empathy, respect, and collaboration (i.e., advances in the therapeutic alliance); and opportunities to engage the patient's resources in problem solving, thereby increasing self-observation, insight, and ego strength. All of these are therapeutic goals shared by most forms of psychotherapy.

RECOMMENDATIONS FOR CLINICIANS

Freud's analysis of the Irma dream can be intimidating. However, his recommendations for clinicians just beginning dream interpretation can mitigate concern [31]:

- Do not expect dream interpretation to come easily.
- If blocked, stop and begin another day.
- It is not possible to interpret all dreams; however, it is always possible to make enough progress to know that a dream is a structure with a meaning.
- One satisfactory interpretation does not preclude a second; allegorical dreams require a second interpretation. Series and/or consecutive dreams have common ground and should be interpreted in connection with one another.
- Focus attention on a single dream element; abandon the purposive approach that usually characterizes thought.
- Perfection is not required; incomplete interpretation can be helpful.

DREAM SPECIMENS

Few clinicians will approach Freud's virtuosity, and this level is not required to achieve useful insights. The following are examples of ordinary dreams and ordinary, but important, applications. Dreams I and II are the author's; dreams III and IV belong to clients in the author's practice.

DREAM I

I am walking along a path in the snow. I can feel cool air on my face and see snowflakes falling. I meet D and exclaim several times, "I'm so happy to see you again!" We embrace; I feel happy and excited.

Precipitating Events

On the previous evening, old friends, E and F, arrived for a visit. I greeted them happily with the words repeated in the dream. During the work week, my thoughts had been unhappily occupied with criticisms leveled against a friend and colleague by others in our organization. I had also been targeted by these same faultfinders. Recently, one of the women in this group had been in the office as I passed through. I suppressed angry feelings, nodded in what I perceived to be a civil, but hypocritical fashion, and went my way.

Associations

- Snow and cool air: The evening of the dream was warm; I had turned on the air conditioner before going to sleep.
- D: A colleague from a previous workplace and a skillful politician who often advised me on internal political matters. D sided with me in disputes. We also often spoke about our teenaged sons, both of whom played high school soccer. Days before the dream, as my husband watched a televised soccer game, I had remarked, "Too bad you didn't get to know D; he loved soccer."
- "I'm so happy to see you again:" As noted, the dream took these words from the previous evening.

Analysis

At first, this dream seems simple and obvious. Associations emerged readily. Its thoughts and wishes appeared to be innocent and sentimental: during a time of collegial quarreling, I wished for the advice, wisdom, and support of my old friend. If only he could return as had E and F! Still, something incomplete nagged away. I was fond of D, but the dream's joyful reunion exaggerated my feelings. Something seemed phony. My thoughts returned to the criticism I had endured and to the critic, a person I was not "so happy to see again." Then, they again turned to D and that favorite topic of ours—soccer.

Soccer is a homophone of "sock her." A suppressed impulse to strike back angrily and aggressively was the dream's latent wish, disguised in affectionate, picture-pretty content. The dream's feelings, words, and images were hypocritical. The figure of an old trusted male colleague, recent words of a friendly greeting, and feelings of affection combined to conceal their opposites: a distrusted female, a curt nod, and angry aggression. Everything led away from my real sleeping thoughts. (Freud called dreams like this "red herrings.")

DREAM II

I am in a kitchen, somehow located upstairs and with many big windows. I am preparing a large meal. Other people (unknown to me) are around me. I look out a window and see L (and her sister?) approaching. L is smiling broadly. I greet her enthusiastically; she must walk upstairs to join me, which she does. I invite her to stay, hoping she will accept.

Precipitating Events

I dreamed this while napping after an early morning medical procedure, a colonoscopy. I had spent the previous afternoon and evening fasting and cleansing. The morning was routine except for a telephone call from my husband's wealthy cousin, A. At A's request, I had found a therapist for someone close to her. I had chosen carefully and recommended a colleague whom I admire. A was calling back to ask that I negotiate a low fee. I was

surprised, angry, and embarrassed at the idea. I also felt used. Did she want expertise or a discount? I stifled my irritation, however, and simply explained that payment is arranged between patient and therapist.

Associations

- Kitchen upstairs with big windows: The colleague to whom I had referred A has an upstairs office with big windows. Also, on the previous day, my building manager told me that an upstairs office I had inquired about was rented.
- Preparing a large meal: I had fallen asleep still hungry from my medical fast.
- People all around me: While waiting for the colonoscopy, I had felt anxious and wished for company, a feeling I quickly rejected as silly.
- L: Both the name and the image referenced a friend from high school days. She was a sweet, good-natured girl, first cousin to my high school boyfriend, B, who was competitive with C, L's boyfriend.

Both B and C were candidates for admission to military academies. C won an appointment, while B was only a first alternate. I remembered, too, that my father had once had a friend named L; both of my parents sometimes made playful teasing references to the "sweet L" of his youth (possibly my mother's rival).

- She must walk upstairs: I had no associations, but my analyst provided an interpretation (discussion to follow).

Analysis

A large meal is this dream's first promise; it allowed me to sleep on in spite of hunger pangs. "People all around me" fulfilled another lingering wish: to have company and not be alone. L's role is more disguised. What wishes prompted the appearance of my old friend? In our adolescent social circle, L gained boyfriend status over me through C's achievement. The dream reverses that nicely; she must climb stairs to join me. Furthermore, L's smiling, compliant presence is a comforting replacement for A, the cousin whose demanding ways and higher socioeconomic status had so irritated me. A mostly forgotten, decades-old affront to my pride links up with a fresh insult and suppressed wish (i.e., to have a richer husband than A) and appears in the teenage image of an old friend. Another wishful thought appears: if I am with L, I am young again, safely away from any need for colonoscopies. Finally, the upstairs kitchen with large windows grants another wish: to be like my admired colleague and have a better office.

More could be said. The dream's origin has been explained (i.e., preserving sleep in spite of hunger) and its raw material (i.e., suppressed feelings, memories, trivial events from the day), but questions remain. For example, why no associations to "she must walk upstairs?" Given the context of ambitious wishes and aggressive feelings (i.e., to have a better office, to eliminate rivalry with cousin A), is some conflict suggested? A look at history may be warranted. Is it important that memory shows my mother to be playful (not competitive or aggressive) in response to her rival? Dreams open the way to new material and also to a deeper understanding of familiar issues.

DREAM III

Client W is an anxious man 54 years of age. His dream occurred the night before his therapy session.

I'm in bed, and I know I'm trying to sleep. I feel something on my head tugging or touching or hitting. I can't see it, but I put my hand up and feel it to pull it down. I know it's a small demon. I can feel it, like its little arm or something. I want to grab it, pull it down, and look at it. I get hold of it, but when I look at it—it is the crazy part—it is one of those transparent plastic salad containers! It's empty—just a bit of residue of dressing on the bottom.

Associations

- Salad container: Eating salad is healthy, and an empty container indicates it has been eaten.
- Touch on the head: Client W's wife, A, touches his head when he snores to wake him up, but he was sleeping in the other room because she was sick. It is very important to Client W to stay healthy.
- Demon: Client W has often said he continues therapy to stay mentally healthy and to "get the demons out" of his head. He recalls that, in childhood and adolescence, his dreams were filled with frightening fiery demonic images associated with priests' warnings about the evils of masturbation. He dreaded sleep. He continues with current worries (e.g., conflicts he feels about the many demands made by his recently widowed mother).

Analysis

In this case, the wish filled was to exchange demons for good health. "Head" could be understood as "penis" and a wish to have it touched. (Client W often expresses unhappiness about A's disinterest in sex.) W's wish to pull the little demon seems linked to boyhood masturbatory wishes. Oedipal themes also remain to be explored.

DREAM IV

The client, S, is a woman 50 years of age who feared becoming "just like" her mother. Obese, controlling, and reclusive, her unhappy mother demanded constant attention and offered S little except rules and criticism. S's early and disastrous marriage brought four children and years of self-doubt about her own mothering. S opens the session remarking:

I had this amazing dream about my mother; I haven't dreamed about her in 40 years! I dreamt I saw her, and it was her, but she was so different! She was still heavy, kind of like me—well, heavier than I am but not obese. She looked good! Her hair was done and pretty, and she was wearing make-up. She smiled, and she saw me. She really looked at me!

Precipitating Events

The dream took place Sunday night after a difficult weekend. S described a problem her troubled adult son struggled with, her efforts to help, and her worries that the matter might ruin him.

Associations

- An improved mother: S's mother had always been a source of anxiety, but in the dream, she is healthy and pleasant.

Analysis

The wishes fulfilled in this dream were to have a healthy mother and to appreciate and see her own healthy self. For quite some time, S discusses the problems her son is having and his progress. She relates to her desire to be a good mother. After a few moments, she rather abruptly goes on to discuss a project of her own repairing a small garden statue for a neighbor. She describes the difficulty of "restructuring the Madonna" and the surprise discovery of a previously concealed serpent and apple at the statue's feet. When she pauses, the term "restructuring the Madonna" is pointed out and a link is made to the dream image of the improved mother. S recognizes that seeing her mother healthy and a positive figure in the dream means she can be those things as well.

CONCLUSION

Freud affirmed that dreams are meaningful and that they originate within the dreamer. He explained that a dream results from a struggle between an unconscious wish and forces opposing that wish. A dream occurs because its disguise—its manifest content—hides latent objectionable thoughts from the mind's censoring operations. Disguised, non-sensical content reduces disturbance and permits sleep to continue. Analysis uncovers the dream's latent meaning and reveals motives, thoughts, feelings, and memories otherwise unknown to the dreamer. With publication of *The Interpretation of Dreams*, Freud demonstrated his method, introduced psychoanalytic theory, and launched decades of research and clinical innovation.

Research supports the meaningful nature of dreams, finds neurologic evidence of wishful brain activity during dreaming, and suggests that even traumatic dreams have a wish-filling function. Divergent views within psychoanalysis enrich therapeutic work and stimulate thought. Freud's analysis of his own dreams set a standard still central to psychoanalytic training: to analyze, one must first undergo analysis.

When interpreting a client's dream, the clinician should consider the effects that culture, race, and technology have on the images present in dreams as well as on interpretation of the individual's dream. Assessing and interpreting dreams should always be an open, communicative process between the psy-

choanalyst and the dreamer. It is important to note that dream work is not limited to psychoanalysts or therapists; any dreamer can use Freud's method (i.e., suspend self-criticism, collect thoughts and associations clinging to dreams). Dream work can advance the therapeutic alliance, produce new insights, and build clients' ego strength. Analysis of one's own dreams sharpens clinical skill and promotes essential self-knowledge. Technique calls for candor from the dreamer, self-restraint from the clinician, and patience, curiosity, and hard work from both.

RESOURCES

National Association for the Advancement of Psychoanalysis

850 7th Avenue, Suite 800

New York, NY 10019

212-741-0515

<https://naap.org>

International Association for the Study of Dreams

PO Box 206

Novato, CA 94948

209-724-0889

<https://www.asdreams.org>

American Psychoanalytic Association

309 East 49th Street

New York, NY 10017

212-752-0450

<https://apsa.org>

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