

THE HANDLING OF DREAM-INTERPRETATION IN PSYCHO-ANALYSIS - (1911)

The Zentralblatt für Psychoanalyse was not designed solely to keep its readers informed of the advances made in psycho-analytic knowledge, and itself to publish comparatively short contributions to the subject; it aims also at accomplishing the further tasks of presenting to the student a clear outline of what is already known, and of economizing the time and effort of beginners in analytic practice by offering them suitable instructions. Henceforward, therefore, articles of a didactic nature and on technical subjects, not necessarily containing new matter, will appear as well in this journal.

The question with which I now intend to deal is not that of the technique of dream-interpretation: neither the methods by which dreams should be interpreted nor the use of such interpretations when made will be considered, but only the way in which the analyst should employ the art of interpretation in the psycho-analytic treatment of patients. There are undoubtedly different ways of going to work in the matter, but then the answer to questions of technique in analysis is never a matter of course. Although there may perhaps be more than one good road to follow, still there are very many bad ones, and a comparison of the various methods cannot fail to be illuminating, even if it should not lead to a decision in favour of any particular one.

Anyone coming from dream-interpretation to analytic practice will retain his interest in the content of dreams, and his inclination will be to interpret as fully as possible every dream related by the patient. But he will soon remark that he is now working under quite different conditions, and that if he attempts to carry out his intention he will come into collision with the most immediate tasks of the treatment. Even if a patient's first dream proves to be admirably suited for the introduction of the first explanations to be given, other dreams will promptly appear, so long and so obscure that the full meaning cannot be extracted from them in the limited session of one day's work. If the doctor continues the work of interpretation during the following days, fresh dreams will be produced in the meantime and these will have to be put aside until he can regard the first dream as finally resolved. The production of dreams is at times so copious, and the patient's progress towards comprehension of them so hesitant, that a suspicion will force itself on the analyst that the appearance of the material in this manner may be simply a manifestation of the patient's resistance taking advantage of the discovery that the method is unable to master what is so presented. Moreover, the treatment will meanwhile have fallen quite a distance behind the present and have lost touch with actuality. In opposition to such a technique stands the rule that it is of the greatest importance for the treatment that the analyst should always be aware of the surface of the patient's mind at any given moment, that he should know what complexes and resistances are active in him at the time and what conscious reaction to them will govern his behaviour. It is scarcely ever right to sacrifice this therapeutic aim to an interest in dream-interpretation.

What then, if we bear this rule in mind, is to be our attitude to interpreting dreams in analysis? More or less as follows: The amount of interpretation which can be achieved in one session should be taken as sufficient and it is not to be regarded as a loss if the content of the dream is not fully discovered. On the following day, the interpretation of the dream is not to be taken up again as a matter of course, until it has become evident that nothing else has meanwhile forced its way into the foreground of the patient's thoughts. Thus no exception in favour of an interrupted dream-interpretation is to be made to the rule that the first thing that comes into the patient's head is the first thing to be dealt with. If fresh dreams occur before the earlier ones have been disposed of, the more recent productions are to be attended to, and no uneasiness need be felt about neglecting the older ones. If the dreams become altogether too diffuse and voluminous, all hope of completely unravelling them should tacitly be given up from the start. One must in general guard against displaying very special interest in the interpretation of dreams, or arousing an idea in the patient that the work would come to a standstill if he were to bring up no dreams; otherwise there is a danger of the resistance being directed to the production of dreams, with a consequent cessation of them. The patient must be brought to believe, on the contrary, that the analysis invariably finds material for its continuation, regardless of whether or no he brings up dreams or what amount of attention is devoted to them.

It will now be asked whether we shall not be giving up too much valuable material which might throw light on the unconscious if dream-interpretation is only to be carried out subject to such restrictions of method. The answer to this is that the loss is by no means so great as might appear from a superficial view of the matter. To begin with, it must be recognized that in cases of severe neurosis any elaborate dream-productions must from the nature of things be regarded as incapable of complete solution. A dream of this kind is often based on the entire pathogenic material of the case, as yet unknown to both doctor and patient (so called 'programme-dreams' and biographical dreams), and is sometimes equivalent to a translation into dream-language of the whole content of the neurosis. In the attempt to interpret such a dream all the latent, as yet untouched, resistances will be roused to activity and soon set a limit to its understanding. The full interpretation of such a dream will coincide with the completion of the whole analysis; if a note is made of it at the beginning, it may be possible to understand it at the end, many months later. It is the same as with the elucidation of a single symptom (the main symptom, perhaps). The whole analysis is needed to explain it; in the course of the treatment one must endeavour to lay hold first of this, then of that, fragment of the symptom's meaning, one after another, until they can all be pieced together. Similarly, no more can be expected of a dream occurring in the early stages of the analysis; one must be content if the attempt at interpretation brings a single pathogenic wishful impulse to light.

Thus nothing attainable is renounced if one gives up the idea of a complete dream-interpretation; nor is anything lost as a rule if one breaks off the interpretation of a comparatively old dream and turns to a more recent one. We have found from fine examples of fully analysed dreams that several successive

scenes of one dream may have the same content, which may find expression in them with increasing clarity; and we have learnt, too, that several dreams occurring in the same night need be nothing more than attempts, expressed in various forms, to represent one meaning. In general, we may rest assured that every wishful impulse which creates a dream to-day will re-appear in other dreams as long as it has not been understood and withdrawn from the domination of the unconscious. It often happens, therefore, that the best way to complete the interpretation of a dream is to leave it and to devote one's attention to a new dream, which may contain the same material in a possibly more accessible form. I know that it is asking a great deal, not only of the patient but also of the doctor, to expect them to give up their conscious purposive aims during the treatment, and to abandon themselves to a guidance which, in spite of everything, still seems to us 'accidental'. But I can answer for it that one is rewarded every time one resolves to have faith in one's own theoretical principles, and prevails upon oneself not to dispute the guidance of the unconscious in establishing connecting links.

I submit, therefore, that dream-interpretation should not be pursued in analytic treatment as an art for its own sake, but that its handling should be subject to those technical rules that govern the conduct of the treatment as a whole. Occasionally, of course, one can act otherwise and allow a little free play to one's theoretical interest; but one should always be aware of what one is doing. Another situation to be considered is one which has arisen since we have acquired more confidence in our understanding of dream-symbolism, and know ourselves to be more independent of the patient's associations. An unusually skilful dream-interpreter will sometimes find himself in the position of being able to see through every one of a patient's dreams without requiring him to go through the tedious and time-absorbing process of working over them. Such an analyst is thus exempt from any conflict between the demands of dream-interpretation and those of the treatment. Moreover he will (be tempted to make full use of dream-interpretation on every occasion, by telling the patient everything he has detected in his dreams. In doing so, however, he will have adopted a method of treatment which departs considerably from the established one, as I shall point out in another connection. Beginners in psycho-analytic practice, at any rate, are advised not to take this exceptional case as a model.

Every analyst is in the position of the superior dream-interpreter, whom we have been imagining, in regard to the very first dreams that his patients bring, before they have learnt anything of the technique of translating dreams. These initial dreams may be described as unsophisticated: they betray a great deal to the listener, like the dreams of so-called healthy people. The question then arises whether the analyst is at once to translate to the patient all that he himself reads from them. This, however, is not the place for answering this question, for it evidently forms part of a wider one: at what stage in the treatment and how rapidly should the analyst introduce the patient to the knowledge of what lies veiled in his mind? The more the patient has learnt of the practice of dream-interpretation, the more obscure do his later dreams as a rule become. All the knowledge acquired about dreams serves also to put the dream-constructing process on its guard.

In the 'scientific' works about dreams, which in spite of their repudiation of dream-interpretation have received a new stimulus from psycho-analysis, one constantly finds that scrupulous care is most unnecessarily attached to the accurate preservation of the text of the dream. This is supposed to need protection from distortions and attritions in the hours immediately after waking. Some psychoanalysts, even, in giving the patient instructions to write down every dream immediately upon waking, seem not to rely consistently enough upon their knowledge of the conditions of dream-formation. In therapeutic work this rule is superfluous; and patients are glad to make use of it to disturb their sleep and to display great zeal where it can serve no useful purpose. For even if the text of a dream is in this way laboriously rescued from oblivion, it is easy enough to convince oneself that nothing has been achieved for the patient. Associations will not come to the text, and the result is the same as if the dream had not been preserved. No doubt the doctor has acquired some knowledge which he would not have done otherwise. But it is not the same thing whether the analyst knows something or the patient knows it; the importance of this distinction for the technique of psycho-analysis will be more fully considered elsewhere.

In conclusion, I will mention a particular type of dream which, in the nature of the case, occurs only in the course of psycho-analytic treatment, and may bewilder or mislead beginners. These are the corroborative dreams which, as it were 'tag along behind'; they are easily accessible to analysis, and their translation merely presents what the treatment has inferred during the last new days from the material of the daily associations. When this happens, it looks as though the patient has been amiable enough to bring us in dream-form exactly what we had been 'suggesting' to him immediately before. The more experienced analyst will no doubt have some difficulty in attributing any such amiability to the patient; he accepts such dreams as hoped-for confirmations, and recognizes that they are only observed under certain conditions brought about by the influence of the treatment. The great majority of dreams forge ahead of the analysis; so that, after subtraction of everything in them which is already known and understood, there still remains a more or less clear hint at something which has hitherto been hidden.