A hallmark of Freud's (1900) approach to the dream was his derogation of its manifest content as a beguiling, obfuscating façade which functioned to conceal, rather than to disclose, the inner psychological life of the dreamer. Hence, the aim of dream analysis was to undo the disguising, distorting effects of the dream-work, first by breaking up the dream narrative into its discrete elements, and then by using these isolated fragments as starting points for free-associative chains which lead the way back to the dream's latent content or unconscious meaning.

In contrast to this classical technique, in which the dream story is devalued and largely ignored, are certain other approaches in which it is claimed that psychologically meaningful information can be gleaned directly from the manifest content, even in the absence of associations to elements. For example, a number of authors (Ferenczi, 1913); (Kanzer, 1955); (Bergmann, 1966) have proposed that the dream as reported may be viewed, in part, as an important form of communication to the therapist. Others (Arlow & Brenner, 1964); (Spanjaard, 1969) have suggested that the interplay of forces and counterforces determining a patient's current conflicts may be more or less directly discernible in the manifest dream. Kohut (1977) has demonstrated that, in narcissistically disturbed patients, the precarious condition of an enfeebled or fragmented self may be concretely depicted in the manifest dream imagery. And Erikson (1954) has shown that systematic attention to the dream's manifest surface, especially its 'style of representation', can reveal the dreamer's individualized modes of experiencing and relating to himself and his world.

Many analysts have found it useful in practice to approach the dream in a manner which makes use of both free associations and its manifest content. The specific technical modification that I am recommending here is that, in addition to discrete (molecular) elements, the distinctive (molar) themes which structure the dream narrative may also be employed as starting points for associative elaboration. Some theoretical background will clarify what I have in mind when I use the term 'theme'.

In some earlier contributions (Stolorow & Atwood, 1978); (Stolorow et al., 1978) it was proposed that the clinical (as opposed to the metapsychological) theory of psychoanalysis—i.e. the theory that derives from the psychoanalytic situation and guides psychoanalytic practice—is principally concerned with the subjective representational
world (Sandler & Rosenblatt, 1962) of the individual person. What distinguishes psychoanalytic therapy from other forms of treatment is its central preoccupation with the nature, developmental vicissitudes, functional significance, and therapeutic transformations of those recurrent, archaically determined, affectively coloured configurations of self and object representations which unconsciously organize a patient's subjective experiences in general and structure the analytic relationship in particular. The psychoanalytic situation and the technical precepts which govern it (e.g. free association, the principles of abstinence and neutrality, the rules of interpretation) may be viewed as a set of facilitating conditions which permit the structure of a patient's representational world to unfold maximally and find illumination in relatively pure culture in the analytic transference.

From this point of view, the particular psychoanalytic utility of dreams derives from the circumstance that the structure of a person's representational world is most readily discernible in his relatively unfettered, spontaneous productions (Stolorow et al., 1978). Hence, dreams constitute one 'royal road' to the invariant

organizing principles and dominant leitmotivs which unconsciously 'thematize' (Mucchielli, 1970) a patient's subjective experiences.

Theoretical considerations such as these have led me to the technical modification which I am proposing in this paper. If psychoanalytic interpretation is principally concerned with unveiling the thematic structure of a patient's representational world, and if this structure is especially accessible to scrutiny in dreams, then shall we not make direct use of these insights in our approach to dream analysis? I am suggesting that the traditional practice of having the patient associate to discrete dream elements may be supplemented in the following manner. The therapist, ideally with the patient's help, abstracts from the manifest dream story (or a segment of it) the distinctive theme—i.e. the imagistic configuration of self, object(s) and associated affect(s)—which is therein represented. This thematic structure is conveyed to the patient, who is then invited to associate to it. I have found that such associative elaborations of dream themes can provide rich material for elucidating the nature, origins and functions of the representational configurations which pervade a patient's subjective world and which unconsciously shape his experiences in the transference.

CLINICAL ILLUSTRATION

As one of many possible illustrations of this approach, I have selected a vignette from the treatment of Mary, a woman who had sought therapeutic help at age 30 for multiple,
severe agoraphobic symptoms. In the fifth year of her analysis she was experiencing wrenching conflicts in the context of a fully blossoming oedipal transference. During the last session before she was to leave for an extended vacation, she reported the following dream from the previous night:

'I dropped something in the toilet bowl—a tooth with a cavity in it. I didn't want to put my hand in to get it. I said to myself, "The water is clean," and I closed my eyes and I put my hand in and took it.'

Mary was able to produce associations to only two of the discrete elements in the dream. First, the toilet reminded her that the toilet in her home had recently become clogged and had 'backed up', and that the faecal material that remained in the bowl had been extremely disgusting to her. Second, the tooth reminded her that her father had recently had some dental work performed. The analysis of the dream remained at an impasse until I was able to abstract for the patient the thematic configuration that I believed was represented therein. I said that the dream theme seemed to involve something being lost or separated from her, along with an acute conflict about reaching out to grasp or hold on to what was becoming lost. In the course of her associations to this theme, she remembered a romantically and sexually tinged fantasy involving how she wished to say good-bye to me on this, our last, session before the vacation separation. She further confessed that she had resolved to keep the fantasy secret, because it was so shameful and embarrassing to her, and indicated that some of its details were represented in the dream. Respecting her 'secret', I was now able to show her, with the aid of her association to the toilet, that she was (regressively and defensively) treating her romantic and sexual thoughts and feelings about me as if they were disgusting faecal substances which should be flushed away and kept hidden from view. Her association to the tooth provided the link to her father, who (in her memories at this time) had indeed reacted to her romantic emotionality and oedipal sexuality as if they were utterly repulsive to him—an attitude which she had expected me to replicate. The fact that the tooth had been separated not only from herself but also from her father alluded to her need to share in and thus possess the therapist-father's idealized (phallic) qualities in order to repair a subjective sense of defectiveness (the cavity), to her experience of the loss of these needed qualities as a result of the impending vacation separation, and to her angry, castrative wishes in reaction to expectations that her needs and feelings would once again be rejected.

The analysis of this dream, while neither complete nor remarkable, seemed to demonstrate the fruitfulness of the mutually enhancing interplay between associations to discrete elements and associations to a manifest dream theme in facilitating an elucidation of the nature, origins and functions of the representational configuration which was dominating the transference at the time. The genetic and current dynamic determinants of the dream were shown to be united by their embeddedness in a common thematic structure which was becoming revealed to the patient as a red thread running through her subjective life history. I suspect that most analysts could find many such
examples in their own work with patients' dreams, despite the absence in classical theory of an explicit rationale for the systematic use of themes in dreams. As I have attempted to demonstrate here, such a rationale may be found in a clinical psychoanalytic framework which takes the representational world as its central focus.

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