Dreams, the Forward Edge, and the Intersubjective Context

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This paper points out the applicability of several concepts from intersubjective systems theory in working with forward edge material. It also stresses the invaluable use of dreams in this endeavor. A clinical vignette illustrates the paper’s position, that just as some patients need the analyst to be on the side of pointing out the forward edge in their daily life, so it is in work with dreams. In the intersubjective field, the patient’s dreams gave the patient and analyst access to her strivings. Eventually, tendrils of growth consolidated into new organizing principles. These permitted the patient to know and express more of her needs and wishes in the relationship with the analyst and others.

Keywords: dreams; self psychology; intersubjective systems theory; the forward edge; the leading edge; unconscious organizing principles; intersubjective field

The working-through process and analytic work with dreams originally concentrated almost exclusively on patients’ defenses and repetitive dynamics, culminating in what many analysts refer to as

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trailing edge interpretations. Kohut expanded the analytic arena with his formulations of selfobject developmental needs and transferences, including a stress on patients’ strivings. This laid the groundwork for further conceptualizations and writings on the leading or forward edge (Tolpin, 2002; Lachmann, 2003). A definition of the term follows.

This paper develops and demonstrates three tenets related to the forward edge of development. First, some patients are able to make use of only forward edge interventions and interpretations rather than more complete interpretations for a period of time. Next, intersubjective systems theory enriches the self psychological view of how forward edge interventions promote growth for patients. Last, the primary purpose of this paper is to show that dreams are an invaluable means for accessing strivings of which the patient is not quite aware; in this way, the forward edge becomes available to patient and therapist.

After briefly reviewing Kohut’s and Tolpin’s thoughts on forward movement in analysis, this paper addresses the issue of those patients who can utilize only forward edge responses rather than also making use of trailing edge responses for some period of time. Contributions of intersubjective systems theorists relevant to this paper make up the next section. Then an overview on dreams follows, including those self-psychological and intersubjective writings that incorporate both dreams and forward movement. A clinical vignette illustrates that dreams offer fertile ground for accessing and working with a patient’s forward edge. A discussion and conclusions section completes the paper.

Forward Movement and Forward Edge

For those readers unfamiliar with the term “leading” or “forward” edge, I briefly attempt to clarify the concept and suggest two definitions. The two terms are essentially identical. Tolpin (2002), who prefers the term “forward edge” because it is not used as often in advertising, emphasizes the patient’s experience and selfobject needs as much as she emphasizes interpretation. In contrast, Lachmann (2003), like Kohut (as cited in Miller, 1985), uses the term “leading edge” and emphasizes interpretation. By combining ideas from all three analysts, the following definition is proposed: The forward edge refers to those aspects of the self either awaiting or moving towards growth, such as the individual’s longings, hopes, healthy childhood motivations,
and present-day adult strivings. This paper adopts the term “forward” rather than “leading” edge.¹

Interpretations of the forward edge transference, then, address those aspects of the self-experience that gravitate toward growth such as hopes, hidden tendrils of forward movement (Tolpin, 2002), the sense of self the patient tries to maintain or attain (Lachmann, 2003), as well as the patient’s progress (Kohut, as cited in Miller, 1985). Such interpretations advance or solidify established selfobject transferences.² (In this paper, I use the terms interpretation and intervention interchangeably. So, too, analyst and therapist are used interchangeably.)

Forward movement is at the heart and soul of Kohut’s theorizing, evident in key constructs such as the narcissistic line of development, developmental needs, selfobject transference, and core self, all of which have to do with a forward motion. In addition, besides his underlying thinking on forward movement, he specifically used the phrase “forward move” when writing about a colleague’s interpretation of a patient’s self-state dream (Kohut, 1980, p. 512), as well as during lectures to candidates (Tolpin, 2002).

Although Kohut did not make use of the term “leading” edge in his writings, he used it in supervision. Miller (1985), an experienced clinician who had been accustomed to working more traditionally, consulted with Kohut. Kohut held that complete transference interpretations should include more than the trailing edge of the transference, such as genetic material and associated fears and fantasies. Complete interpretations should also incorporate what Kohut labeled the leading edge of the transference. This could contain material such as selfobject transferential yearnings, as well as progress, including, for example, how the patient coped with conflict (Miller, 1985, p. 19).

For more than three decades, Tolpin has written and lectured on healthy development and forward movement. She called attention to the forward edge. An important contribution is her focus on aspects of self-experience that are almost hidden, those strivings “in the form of fragile ‘ten-

¹Forward,” in my view, summons up a sense of going forward, as in waves rolling ashore, or following one’s core program, whereas “leading” connotes what one does as opposed to one’s being (i.e., as an adjective it denotes excellence, such as the leading lady; as a verb, it denotes organizing others, such as leading armies, orchestras, or therapy groups).

²An empathically attuned analyst can also choose to give interventions that focus on affect, motivation, or other material that conflict with the patient’s strivings. These will not likely be forward edge responses. Examples are the initial exploration of an empathic break, exploring fears when a patient is upset with a coworker, and analyzing defenses.
drils’ that are thwarted, stunted, or crushed” (Tolpin, 2002, p. 168). The patient’s strivings, developmental needs, and hoped-for responses from the analyst must be “disentangled from manifestly pathological mergers, idealizations, grandiosity, … rage, envy, depreciation, and … intermediate defenses and compromise formations” (p. 169).

### Forward Edge Interpretations Alone?

Kohut (as cited in Miller, 1985) and Lachmann (2003) declared that a complete interpretation encompasses both a leading and trailing edge. It has also been said that there is no forward edge without a trailing edge.3 Can an analyst legitimately then make primarily forward edge interpretations and interventions, without addressing the patient’s fears or defenses for some time? Yes. Let me explain.

Kohut (1984) distinguished between the understanding and explaining phases of analysis. He strove to understand the patient’s subjectivity, waiting until the patient was ready before giving an interpretation. He cautioned that an understanding phase, sometimes a lengthy one, must occur prior to the explanatory phase (Kohut, 1977). “Only when an analysand feels that the state of his self has been accurately understood … will he feel sufficiently secure to go further” (Kohut, 1980, p. 512). Not dissimilarly, if forward movement goes unrecognized too often, or is misconstrued as pathology, the self could be retraumatized (Tolpin, 1997).

Patients require responses specific to their need in order for the responses and interpretations to be useable, or patients might be retraumatized (Livingston, 2000; Bacal and Herzog, 2003). I am proposing that certain patients, either at the beginning of treatment or during a crisis, require a period of receiving forward edge interventions to the virtual exclusion of trailing edge ones rather than more complete interpretations. For these patients, if the trailing edge is interpreted too soon, they retreat, retraumatized. Trailing edge interpretations can evoke, for example, shame, guilt, anxiety, or withdrawal.4 This is not an argument against the use of trailing edge interpretations because they can potentiate important functions when patients are ready. It is a matter of timing.

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3Marion Tolpin, personal communication, October 22, 2005, Baltimore, MD.

4For an example of an unintended trailing edge intervention that was retraumatizing, see Livingston (2006).
At least three related concepts from intersubjective systems theory (Stolorow, Atwood, and Orange, 2002) provide more texture to our understanding of how forward edge interpretations further the patient's development. One concept is the intersubjective field wherein the subjectivity of each person mutually affects that of the other person. Applying this to psychoanalytic treatment, Orange, Atwood, and Stolorow (1997) wrote, “The interplay of transference and countertransference, the organizing activity of both patient and analyst within the analytic experience, makes up the intersubjective field of the analysis” (p. 8).

A second concept regards the unconscious conflict caused when significant caretakers either consistently neglect or actively reject infants' and young children's verbal and nonverbal behaviors. A youngster unconsciously learns what thoughts and feelings are permitted in order to keep the bond with primary caretakers. This creates unconscious conflict between awareness of affect states versus maintaining a selfobject tie. “The specific intersubjective contexts in which conflict takes form are those in which central affect states of the child cannot be integrated because they fail to evoke the requisite attuned responsiveness from the caregiving surround” (Atwood and Stolorow, 1984, pp. 91–92).

Unconscious organizing principles, the third concept, explicate how an individual not only experiences a selfobject bond but may also solidify a sense of self over time. When he or she digests a number of forward edge interventions and interpretations that affirm and nurture a tendril of growth in a particular sector of the sense of self, this can create a new unconscious organizing principle. The new organizing principle—that is, a new template for organizing one’s experience—competes with old prohibitive principles (Stolorow and Atwood, 1992, p. 25; Stolorow et al., 2002). Over time, new organizing principles expand the person’s capacity to organize information and his or her views of self and others. Using Kohut’s terminology, this creates self-structure.

Stolorow, Brandchaft, and Atwood (1987), theorize that “subjective reality becomes articulated through a process of empathic resonance” (p. 7). The patient’s invariant, unconscious organizing principles are “lifted into awareness through an intersubjective dialogue to which the analyst contributes his empathic understanding” (p. 7). (Notice that the three intersubjective concepts introduced are integral to this idea.)
Since biblical times, vivid dreams have prompted dreamers to view their dreams as messages. Freud altered Western man’s thinking when he proposed that dreams could reflect disguised messages from one’s unconscious rather than from the spiritual world. Later theorists, such as Erickson (1954), argued that the manifest content of dreams could be as meaningful as latent content.

Kohut worked with manifest, as well as latent, content. Shifting from a primacy of drives to a primacy of self as a unit, he emphasized both developmental needs and subjective experience. Kohut (1977) also introduced the self-state dream that reflects the state of the self rather than libidinal conflict and defense. Kohut (1980) observed that some self-state dreams were “harbinger dreams” (p. 508). These depict a different state of the self than the patient currently experienced, of which the patient had only unconscious awareness. Kohut’s (1980) harbinger dream foretells a self-state to come, be that a coming depression, for instance, or a clearing of an anxiety state.

Fosshage (1989) took a step beyond presaging self-states in dreams. He proposed that dreams can glimpse the coming of new development: “[D]reaming mentation may function to envision and therefore develop and consolidate emergent psychological configurations, such as changes in self and object images” (p. 4). These dreams glimpse the patient’s forward edge, although Fosshage did not use that term.

Fosshage (1989) presented the dream of a young woman who was much more aware of other peoples’ needs and desires than her own. In the dream, she was uncharacteristically confident about her own direction. She realized that “some sense of responsibility undoes my going forward; and, if I can trust that everything will be all right, then I can keep going forward” (p. 7). The patient’s “rediscovery of her internal direction, and the consolidation of her confidence are the developmental movements furthered through the dreaming mentational process” (p. 10). The developmental movements imagined in the dream, not yet evident in the patient’s life, are what I would call the forward edge.

Stolorow and Atwood (1989) declare that affects, thoughts, memories, and symbols can be brought into consciousness by fantasies or daydreams. Their argument rests on several related principles discussed in the Intersubjective Systems Theory section presented earlier. First, if the child
perceives the tie with the other as threatened, he or she might not encode or symbolize the experience. Second, “the child’s conscious experience becomes progressively articulated through the validating responsiveness of the early surround” (p. 368). Third, they argue convincingly that a child or patient’s degree of consciousness changes, depending on how attuned he or she perceives him- or herself to be.

I suggest that this reasoning is applicable to night dreams as well. In other words, what a patient remembers and the meaning he or she derives from a dream will vary, depending on how well-received the patient feels by the analyst when telling the dream. Their argument uses the ideas developed by Stolorow et al. (1987) mentioned in an earlier section. The following clinical material illustrates that dreams offer opportunities to support and amplify budding tendrils of development. Dreams, thus, also present the possibility of creating new organizing principles.

**Clinical Vignette**

Illuminating the forward edge in my work with a patient I call Jackie, both in her dreams and the accompanying sessions, was a significant part of the working-through process. During the first three years of weekly treatment, what was optimal for this patient was that my focus be on the positive aspects of her feelings, thoughts, and behaviors, validating her selfobject needs and yearnings. This strengthened her self-experience enough that she became more aware of her subjectivity and was able to explore fears.

**History**

Jackie’s attitudes toward relationships and sexuality were shaped, in part, by family dynamics. She felt loved by both parents, although closer to her calm, accepting father than her tense, critical mother. In a family of three children, Jackie’s sister, 10 years her senior, acted out with drugs and sexuality in adolescence and beyond.

While Jackie admired her sister, a sexy, stunning beauty, she was intrigued with and afraid of her sister’s dark side. She was ambivalent when her sister, ousted from the family, eventually disappeared. It is likely that an unspoken, unconscious fear nipping outside her awareness was that if she were not good (or too sexy) then I, like her parents, might view her as bad and cast her out.
INTERSUBJECTIVE CONTEXT

As long as she could remember, Jackie assumed the role of the good child. Some of her organizing principles embodied in this identity—that she could take care of herself, had no needs, and was the special one—were reinforced during the years her siblings caused tension for her parents. Simultaneously, she yearned to be just one of the children.

Throughout adolescence, Jackie felt cruelly teased and sometimes ostracized by her friends about her decision to abstain from intercourse. Based on what she gleaned from television, magazines, and her sister, 16-year-old Jackie expected to be romanced and treated like a queen, yet she feared rape. Her hopes for the relationship with her high school boyfriend were betrayed when he became a menacing figure for her.

The endings of her romantic relationships in college and shortly thereafter left her feeling unwanted. Subsequently, she was rarely asked out, nor did she feel drawn to anyone. This lean period gradually lengthened into eight years. Jackie deliberately labeled this a time of celibacy in an attempt to shore up her sense of self. She was relieved just prior to entering treatment when she became seriously involved with a man whom she respected and found good-looking. However, within the year, his interest waned. He confessed a drinking problem and decided to end the relationship.

Treatment

An articulate writer and competent professional in her late 30s, although personable and attractive, Jackie began therapy susceptible to experiencing much doubt about her capabilities as a sexual woman. Similarly, she felt as if she did not quite fit in among other women.

From the beginning of our work, Jackie became hesitant, skittish, and more “chatty” if I attempted to explore unpleasant experiences or fears, as if she were experiencing disintegration anxiety or fragmentation. Implicitly, I sensed the importance of working with the forward edge transference. I resonated with her yearning to belong and her ambivalence about being more open to herself and others. Based on my experience as an analysand and an analyst, I knew how crucial forward edge work could be.

Throughout the first three years of treatment, both her unconscious fear that I would reject her and her shame about her desirability necessitated my emphasizing the forward edge. She responded as if thirsting for it. When she mentioned a thought, behavior, or fantasy that unnerved her, and either could not speak more about it or drew pessimistic conclusions, I
consistently searched with her for different meanings to unearth buried positive motivations. Her passionate response was something like, “Whew! You mean I’m not crazy!” For instance, in our first year, after a major disappointment with her boyfriend, she had a strong urge to spend a mini-vacation by herself. She feared this meant she was a hermit, destined to be without relationships. Upon my saying she might need some time alone to regain her sense of self, she gratefully exclaimed, “Thank you! I was afraid I was abnormal!”

By the end of our first year, with my focus consistently on the forward edge of development, Jackie viewed me as a guide for her “real self” and announced our first anniversary. She then confided that, although she continued to function well at work, bouts of depression overtook her on some weekends as it had in years past. She often spent weekends in bed without bathing or brushing her teeth. My taking in that she did not feel up to taking care of herself away from work allowed her to request antidepressants from a psychiatrist.

Two years into treatment, Jackie felt as if she were falling apart when her extended family had two major crises. Her family and her world were coming undone. Jackie repeated her childhood refrain: “Everything must be OK; I must make it OK.”

With renewed vigor, in session she enjoyed kicking off her shoes, semi-reclining on the couch, and being listened to by me. Although she continued to describe rather than display painful or other vulnerable affect, she became more introspective. She brought in dreams peopled with old friends. I was pleased to be her witness. My admiration of Jackie’s agility with words and her rich fantasy life met her need for the gleam in my eye and helped me listen with interest. Sometimes I stifled a yawn, reminding me of Kohut’s (1971) description of the analyst’s reaction to the mirror transference during the analysis of the “remobilized grandiose self” (p. 294). On the whole, however, Jackie’s appreciation of my pleasure in seeing her evolve met my selfobject needs as a therapist (Bacal and Thompson, 1998).

Jackie, trapped by the “good child” role, began one session dismayed by the continued impact of her mother’s casting out her sister years ago. The loss of her sister left her with no one to guide her or to share in keeping her parents happy. Immediately upon my mentioning that we were building new experiences that could give her “unconscious” new ways of organizing how she saw things, Jackie remembered two dreams she had after our previous session.
I dreamed someone was under my bed—under the lining of the box spring. A woman. She stuck her hand out. Like in a movie. Really, scary. I thought: “Oh my God, there’s someone under my bed! She’s in the lining and she stuck her hand out!” It was really scary and creepy. When I talk about it (her voice now pensive), it sounds—like new life coming out of a shell, but it was really scary. Perhaps it’s a metaphor. That person’s been under there the whole time. I’ve been going about my business and this person’s been there the whole time. [Me: “How do you mean?”] That person could be me, waiting. And a new part of me could come out—a new possibility. Almost like an envelope with a white lining, with a person reaching a hand out (gesturing). [Jackie rushed on.]

The same night I had a dream about my high school boyfriend who’s been scary for me. He rang the doorbell. He said in an angry voice, “I’m here to fuck you.” What I’ve always been afraid of. I told him to go away and I hit him over the head, I knocked him down. I called the police. Two of my friends were there. That felt good. He was such a scary presence. [Me: “You were scared and angry, but you didn’t let that stop you. You used your power.”] Yeah, that’s what happened the last time I was with him, but I forgot that.

The session ended with Jackie proclaiming, “I feel great joy in telling you these dreams!”

That Jackie remembered these dreams upon my holding out the possibility of our building new experiences underscores the importance of the intersubjective field. She no longer felt alone with her experience. Her self-state in telling “The Hand From Under the Bed” dream shifted dramatically from fright to wonder. Simultaneously with this shift in self-state, her interpretation of the dream image shifted to a “new self.” Just as patients can develop a confident expectation of a selfobject relationship with the analyst (Bacal, 1994), Jackie expected that my focus would be on her forward movement because of our history of my consistent attention to the forward edge and my calm presence. This dream foreshadows an emerging sense of her self, similar to the forward movement envisioned by Fosshage (1989).

The second dream captures her old fear of, and disavowed rage at, her first boyfriend. When I focused on the forward edge of empowerment
rather than the trailing edge of aggression or rage, she spontaneously remembered forgotten moments of feeling powerful with him (Stolorow and Atwood, 1989).

Four months later, Jackie and I spoke more directly about her attitudes toward some of her needs. She fantasized about an ideal romantic relationship in which the boyfriend would live 2,000 miles away. I wondered out loud whether she kept part of herself separate in relationships. Nodding, she explained that since childhood she held the attitude, “I’m OK; don’t worry about me, I don’t need anything.” In what for her was an unusually tender tone, she spoke of her “soft, squishy center” that existed in the room with the two of us in contrast to the “hard outside self” created for the outside world. Transitioning to a more neutral tone, she revealed, “I’m glad I can do things on my own, but it’s hard to let someone know if I need help. That’s why I get worried sometimes that I’m not feminine, it’s hard to let someone in.” I felt honored and touched that she let me in as much as she did.

A subtle yet pronounced shift occurred in our relationship after this. She let herself need me more. For example, when she missed a session, she asked for another one. As she became more aware of her needs and wants, she began expressing them with others as well. She disclosed to her parents that she was in therapy and on medication, and that she was not always capable of taking care of herself. She formed more intimate female friendships and, for the first time, felt accepted among a group of women.

Dreams and nightmares continued to offer opportunities to communicate a medley of feelings. Two years after “The Hand From Under the Bed” and the “Scary Boyfriend” dreams, Jackie was discovering, to her delight, that she enjoyed sexual relationships. She enthusiastically brought in another dream:

I was away somewhere that felt kind of foreign. I was mournful to be leaving. It was sexual, titillating. I loved the place very much. I was picking up broken glass with my bare hands and trying to hide it in my long trench coat. It’s dangerous.

Then I’m in a room with a group of men and women. I pull up the sleeve of my left arm and glass has cut me hugely from shoulder to elbow, so deeply it’s open. I’m shocked. I feel shame that I’m so exposed. The scene jumps. My arm has been sewn up. A man did this for me. He has a reputation and there’s something sinister about him. I roll up my sleeve to see it, half expecting to see something gruesome.
He did such a beautiful job. It's red, with a smooth seam. I'm grateful
and I want to show others so they'll see that he's not as bad as they
thought. The seam and cut are longer than I thought, from the top of
my inner arm almost to my wrist.

I'm back around people I know, like home where I grew up, and
I'm showing them this scar. It's womanly, sexual, a bath, large, with
lots of people in it—very sensual. I still have the wound and I feel like
I want to be touched and be with other people. That's it.

What stayed with me is how big the wound was, how shocked I
was, and how exposed I felt. In high school a woman fell thru glass,
her arm badly cut and she needed 200 stitches. In the dream I was also
cut. I felt so vulnerable and scared that everyone would get too pan-
icked. [Me: “Like a symbol, or symptom, of feeling very exposed.”]
One of my associations was it looked like a vagina. It looked like when
a fish is split open—white on the outside and red on the inside. My
mother was very squeamish—she didn’t handle injuries at all. We kids
went to a neighbor for help. [pause] I was so surprised when the glass
cut me. [Me: “You were feeling so confident and powerful, yet you got
cut.”] I was picking up the glass, knowing it was dangerous, illicit.

Surprised she could receive such pleasure, Jackie said she was afraid
the dream meant she feared that this new, very sexual relationship, and
perhaps any sexual relationship, would end badly.

[Me, first addressing the forward edge, then incorporating the trailing
edge; I was mindful that this was her process and did not want to rush
her. I was pleased that she was brimming with excitement and gaining
the ability to hold differing wishes and fears: “I view your dream differ-
ently. In the dream you are enjoying your sexuality and sensuousness.
You know there’s some danger in this adventure, but you’re confident.
Although you feel exposed and vulnerable, which feels shameful, you
end up feeling not simply safe but sensual and wanting to be with oth-
ers.”] Maybe my fear is about this second guy on the internet who is
pursuing me, that he might see me as bad for being so sexual. I feel like
a cat flicking my tail, being somewhat elusive and somewhat
naughty—delightfully naughty. Yet when the glass cut me and I real-
ized it, I was so ashamed. I keep pushing the envelope and feel so solid.
[Me: “The dream ended optimistically—with your wanting to be
touched by all the people in the sensual bath.”] Yes, but my shame of
being exposed for my need—I just thought of that!—my sexual need. Yet, I have the feeling I’ll be knocked down. [Me: “Is that the stronger feeling?”] No, an echo. I feel drunk on being sexual, flirtatious, desired. Like buying at a supermarket sale. I want all of it, all I can get away with. [Me: “Get away with it, it’s illicit.”] Glass, broken, can be deadly. Not like scissors. You don’t know when you’ll be hurt. [Me: “There’s danger in the foreign territory.”; I link the dream parts from beginning to end, including the fear, that she is now exploring.] I’m afraid of him and others thinking badly of me.

We spoke about her expectations, fears, and hopes for the relationships. I corroborated her attempting to meet her sexual and emotional needs, and she left relaxed, with a mixture of seriousness and buoyancy.

In this dream, Jackie not only tolerated but also explored her fears and vulnerabilities, including those pertaining to sexuality and femininity. This capacity and ability had slowly evolved in the treatment. Jackie’s apt simile of a cat flicking her tail reveals her burgeoning sexual self, perceived by her as both dangerous and exhilarating. Her yearnings to be fully seen and cared for went unmet too often by her mother who was not only squeamish but also struggling with an older daughter who was acting out sexually. Because Jackie found a receiver for this felt sense of self with me, she discovered that her dream embodied her sexual need.

Jackie continued to be available to a wider range of affect, tolerated more anxiety, was less prey to shame, and gained more interest in examining her fears. She was elated when her internist declared her symptoms “classic” on examining her severe sore throat. The physician’s unexpected label validated her physical sense of the pain. When I remarked that this underlined how much she doubted her sense of self, she cried for the first time in front of me, explaining, “People don’t usually see that I’m someone who needs to be taken care of.” Similarly, in a later session, surprised and relieved when he prescribed sleeping medication she requested, she again became tearful. Gently, I said, “I suspect it’s because when you were a little girl you had to be careful not to make any waves. In some way, your needs and experiences were subtly invalidated. You couldn’t ask for your needs to be met, you had to fade into the background.” Feeling understood by the interpretation complete with forward and trailing edges, she nodded. She had come a long way from the insular, self-protective young woman unaware of some needs and desires and unable to explore her fears to a woman excitedly, spontaneously seeking to explore more of her internal world that included needs and fears.
This paper stresses the invaluable use of dreams as a creative vehicle in making the forward edge accessible to both patient and therapist. Concepts from intersubjective systems theory are applied in working with forward edge material, in general, and more specifically with dreams. For instance, the vignette illustrated that within the intersubjective field, influenced by the attunement of the therapist, the patient became more aware of her subjective reality. We saw evidence of the patient's unconscious conflict after her awareness increased regarding her needs and affect states. Unconscious organizing principles influence analyst and patient; some of the patient's newly formed organizing principles are specified shortly.

The clinical vignette described that for the first three years of weekly analytic therapy, when I departed from my focus on forward development, intermittent experiences of fragmentation occurred with this patient. She needed me to be on the side of the fragile tendrils in her daily life and in our work with her dreams. Over time, these tendrils developed into new organizing principles that clustered around emotional needs and relating to others. Some examples are as follows: She has emotional, sensual, and sexual longings; if she asks for something she needs, she might now be believed; and she has the right and the ability to have and enjoy fuller, more intimate relationships.

Telling one's dreams to the analyst is different from writing it in a dream journal because of the intersubjective field and all that it entails. For instance, when relating the "The Hand From Under the Bed" dream, the patient's self-state changed dramatically, from terror to awe as she suddenly reinterpreted the image as a new self that she looked forward to. This change resulted from our forward edge work within the intersubjective field where she consistently expected to be received by the analyst. This expanded awareness illustrates Stolorow and Atwood's (1989) intersubjective thesis that symbols and memory can become conscious from fantasy. In the second dream, "Scary Boyfriend," after hearing a forward edge interpretation, the patient remembered a forgotten scene and sense of agency, despite the other’s forcefulness. Both dreams exemplify the process of expanding consciousness as a result of feeling understood by the therapist (Kohut, 1984; Stolorow et al., 1987).

The final dream, "A Semi-Foreign Land," integrated several themes having to do with Jackie's developing sensual, sexual self: Sexuality can be
dangerous and shameful, yet exhilarating; a yearning for contact with women but doubts about being welcomed; and she had sexual needs but feared rejection. Her association to a squeamish mother suggested a poignant, vivid portrait of not perceiving enough attunement from her mother. Early on, it was as if Jackie unconsciously learned to keep from exposing her inner, private self. Consequently, many emotional, sensual, and sexual needs went unmet. In contrast, exploring this dream with me continued our process of becoming more aware of her sensual–sexual needs and my welcoming and validating them.

During these first three years of weekly treatment, Jackie’s growing sense of her wishes and needs, including sensual and sexual needs, which she had perceived to be threatening to her parents, came into consciousness within our intersubjective field. This was a result of our work with the forward edge, much of which was made possible because of the patient’s dreams. She developed new organizing principles that permitted her to experience and verbalize more of her needs. The patient’s desiring more for herself was awakened in her relationship to me and with others.

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**Translations of Abstract**

Este artículo se refiere a la aplicabilidad de ciertos conceptos que provienen de la teoría de los sistemas intersubjetivos al trabajar con material de “los movimientos hacia delante”. También se enfatiza el valioso uso de los sueños en esta labor. Una viñeta clínica ilustra el enfoque de este artículo, es decir que así como algunos pacientes necesitan que el analista señale “los movimientos de avance” en la vida diaria, lo mismo sucede con el trabajo con sueños. En el campo intersubjetivo, los sueños del paciente ayudan al paciente y al analista a tener acceso a sus esfuerzos. Finalmente, pequeños brotes de crecimiento se consolidan en la creación de nuevos principios organizadores. Estos permiten que el paciente pueda conocer y expresar mejor sus necesidades y deseos en la relación con el analista y los demás.

Cet article montre la validité d’application de quelques concepts de la théorie des systèmes intersubjectifs dans le travail avec des éléments d’angle d’avancée (forward edge). Il souligne aussi l’utilité inestimable des rêves dans cet effort. Une vignette clinique sert à illustrer la position de l’auteur, à savoir que, autant certains patients ont besoin que l’analyste attire leur
attention surtout sur l’angle d’avancée dans leur vie quotidienne, de même c’est le cas dans le travail avec les rêves. Dans le champ intersubjectif, les rêves de la patiente ont donné à la patiente et à son analyste accès à ses poussées de développement. Éventuellement, de jeunes pousses de croissance se sont consolidées en de nouveaux principes d’organisation. Ceux-ci ont permis à la patiente de connaître et d’exprimer davantage ses besoins et désirs en relation avec l’analyste et avec les autres.

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