Dreamtelling as a request for containment - Three Uses of Dreams in Group Therapy

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Abstract
Dreams told in a therapeutic setting are challenging events from an experiential and technical perspective. Their contents seem fantastically rich for the one side, but often overwhelmingly chaotic in their implications for relations. Many clinicians lack know-how about how to use the informational and relational possibilities inherent in the complicated act of telling the dream's report. Dreams told in groups provide additional challenges for all participants. This article is an effort to conceptualize a coherent, unified and consistent dream theory since learning to work with dreams not only enhances understanding of personal and group unconscious processes but may also have a strong impact on the therapeutic culture and working relationship. After differentiating dreaming and dreamtelling I will briefly describe the three uses of dreams – the classical “informative” and more familiar “formative” uses, and a new perspective that focuses on the interpersonal, intersubjective aspects of a dream told, which I call “transformative” of relations. According to this perspective, a dream told has an interesting past, an important present and a worthwhile future to attend to in terms of the dreamer-audience relationship.

Key-words: Dreams, Dreamtelling, Group Therapy: intersubjective, informational, formational and transformational functions.

Differentiating between dreaming and dreamtelling
Freud was the first to conceptualize dreams as “a way of thinking” (processing), and many, such as Jung, Bion, Meltzer, Kohut and Ogden followed in his footsteps. There seems to be an agreement that a dream is dreamt in order to work through emotional difficulties in the dreamer's mind. Dreaming is generally considered an intra-psychic mechanism that copes with the excessive “Threatening and Exciting”. Thus a dream may also be regarded as an important reflection of its creator's structure - that of the ego or Self - or as Freud thought, the royal road to knowledge about the unconscious (Freud, 1900). Since Freud, generations of therapists have been investing in deciphering the dream's hieroglyphs and the latent secrets hidden beneath its manifest contents, and consider their findings the optimal close-to-the-personal-truth. It is also considered the royal way of understanding the most authentic desires and difficulties of the group and its participant. Therapists believe dreams told are the source for discovering unique information that is not otherwise available. The applicability of
alternative diagnostic measures cannot be compared to the ease potentially offered by dreams.

In contrast to Dreaming, a seemingly individual and autonomous function, Dreamtelling is always an interpersonal event, especially interesting in groups and most often resulting from an unconscious choice to share disguised or vague information. It raises questions as to whom we tell a dream to and why, what is consciously and unconsciously expected from telling a dream and when. One of the most important differences between dreaming and dreamtelling is that the same dream is contained by the Self during dreaming and contained by the Other following dreamtelling. It may use the audience's elaboration abilities to work through undigested emotions. The issue of remembering dreams, which is a phenomenon occurring between dreaming and dreamtelling cannot be delved into here. I believe that from the psychic perspective, there is no dream without containment – internal as well as intersubjective, external containment. And I also agree with Bion (1992) that no containment, no registration and certainly no publication can be done if there is no primary elaboration of the beta material (see also Grotstein, 2002).

A young participant of a twice-a-week group had the following dream:

The whole (therapy) group is mountain biking on the (Mount) Carmel. I ride first, near the group conductor. Then I start to ride faster than everyone, scouting the way and returning many times to the group in order to make sure that everything is OK.

The patient’s Dreaming may be considered a first step in containment (Bion, 1962) of the excessive Threats and Excitements. It is the individual step, an intra-psychical effort to bear, organize his personal and relational difficulties and better cope with taking his place in the group. His dream enables us to follow how he copes with his ambitions and his ability to be first, his difficulty in relying on someone, especially the leader, and his separation anxieties.

Complementarily, Dreamtelling may be understood as an interpersonal event in which a second elaboration step is attempted,. Its first function may be to further digest the unaccomplished elaboration of emotional difficulties first tackled while Dreaming. I call this function Dreamtelling as a Request for Containment (Friedman, 2000), in this case meaning external, interpersonal containment. The unsatisfactory dreaming phase may be followed by another – now interpersonal - chance to elaborate something left uncontained in the dream. One condition is that the dreamer has an “elaborating” partner, which is not always easy to find. I define the second intersubjective function of dreamtelling as a significant (usually unconscious)
influence dreams told have on the interpersonal processes (Friedman 2004). Therapists should try to understand the deep process by which Dreamtelling accomplishes better emotional elaboration. Telling a dream certainly is a social event through its creation, its contents and its interpersonal process. Once we introduce the awareness of interpersonal aspects of telling dreams, it becomes clear that limiting the therapist's interest in the dream's contents and the dreamer's personal ability to contain them may be reductive and an oversimplification of the complex interpersonal process.

I have described elsewhere how dreamtelling may also have an impact on the future relationship of the dreamer with the dream-audience (Friedman, 2004). In our example, the feeling that is communicated through the dreamer's movement is that there is tension inside the dreamer about his place in the group, his relationship with me and my leadership, which may have had an excessive Threatening character. The dreamer tried to work it through while dreaming but to no avail. Having been unsuccessful, he brings the dream to the group as a request for containment of his ambitions and a desire to keep in close contact with me while at the same time not being able to trust me. By telling the dream, he also creates a special relationship with the group, which feels to him marginal to his perceived or wished intimacy with me. While he communicates his complex competition and separation problem through his bike riding back and forth, he seems to enter into a special relationship with the group and me.

**On psychic permeability, dreaming others and “being together” in a group**

Starting from Freud, the common belief has been that dreaming is an exclusively personal process taking place “inside” the dreamer's psyche. But Dreaming as a mechanism that elaborates difficulties may not be such an independent, individual activity. In my opinion, the environment uses psychic permeability and identification tendencies in close Others to influence directly the nocturnal working-through process. Dreamers will (unconsciously) tend to elaborate not only their exclusively own “personal” hardships but also their family's and friends' difficulties. A mother may try to tackle her child's problem both consciously and often unconsciously during her dreaming process. The same may be said for the therapeutic relationship – the therapist may dream something for his patient and vice versa. A difficulty may be dreamt by another because this certain dreamer (in the group therapy or family) has a greater ability to work through it than his troubled partner(s). The dreamer himself identifies with the material, and his capability to dream a difficulty for the other presupposes closeness, psychic permeability and intersubjective communication and elaboration processes. Thus “being together” in the group encompasses a whole range of interpersonal, intersubjective connections and events from presenting to
elaborating to influencing each other in more ways than consciousness permits us to know. This is the presupposed "<<container-contained>>" (Bion, 1962) mechanism that is connected to the ability to communicate and connect through projective identification (Ogden, 1979; Raphaelsen, 1996).

In our example, it could be said that this patient's dreaming is used by some subgroups, or even the whole group, in order to work through a certain interpersonal dynamic, e.g. some insecurity about my leadership or desires or fears about my preferences of someone in the group. The dream told may be voicing and elaborating an issue affecting both the dreamer and his environment, offering the chance for a deeper dialogue in the group.

The patient, in my opinion, had dreamt the question “Who is close to the group analyst?” but had no way to resolve it. The disguises of the manifest dream and the latent significance of symbols like riding a bicycle, scouting and displacements pictured in the dream's content may shed more light on the dreamer and the group's moods and motivations. This dreamer, because of his unique personality and relationship patterns, had the ability to identify with these problems and had become a (partial) container of these emotional difficulties, “dreaming” them both for himself and for other participants in the group.

Where there is a container, there are dreams. If there is a developmental hope inside a constructive relationship, a dream may be told in an effort to complete an unsuccessful elaboration. Nobody tells a dream if he is rejected or mocked. On the contrary, dreams will be remembered and told more easily if they are taken seriously and if the interaction around dreamtelling contributes to insight and growth.

**Dreamtelling**

**a. The classic approach: the Informative use of dreams.**

Dreams serve therapists, friends and family members as a reservoir of information, understanding and deep knowledge about the dreamer and his relationship with them. These elements are usually retrieved from the dream's contents but we can additionally use the dream's structure as well as the way the dream is told. Freud, who concentrated mainly on the informational aspects of dreams, considered the manifest part “only” an untrustworthy cover to a much larger, hidden and unconscious body of information that he called “latent” (1). The best known approach tries to understand defense mechanisms like symbolization, displacement, reaction formation and condensation in the dream's content. Therapists try to circumvent censorship and other hiding devices in order to get closer to the dreamer's

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**Funzione Gamma**, scientific online magazine University "Sapienza" of Rome, registered with the Court Rome Civil (n. 426 of 28/10/2004) - [www.funzionegamma.it](http://www.funzionegamma.it)
inner truth. The hidden situation of transference was also an issue to discover. But since Freud other “informational” aspects have been developed. A very significant contribution was the object relations view that split off unaccepted feelings would be represented in the “not-me” dream contents. This view sees the dream as essentially an effort to ease the grip of unbearable feelings on the dream, mainly through the projection of these threatening parts of the Self (“me”) into external objects (“not me”). Dreamers may be haunted by aggressors, threatened by someone's envy and persecuted by sexual invitations. Discovers hidden meanings from our nightly pictures and texts in order to “reown” them seems to have remained the prevailing psychoanalytical approach. Remarkably, the group therapeutic approach to dreams is generally very individual with some contributions to approach some of the dreams told as “group dreams”, usually using them in a fairly classic informational style. For me, the content cannot define any “group-dream” – it seems more important to help a dream become a dream of the group. A unique advantage of the group is to “dream the dream” together, and it is this aim that the therapist has to achieve.

Additional parameters to the usual informative aspects can be found in the dream's structure itself, which represents the abilities and structure of the dreamer's ego (Friedman, 2002). The organization of the dream's narrative, its script and story, as well as its ingredients, such as characters and movement in the dream (representing its energy), may give us clues about the dreamer's personality and interpersonal patterns which may be enacted in the group. A more complementary understanding results from investigating the roles of the dream's protagonists. They may both contribute to a deeper knowledge of the dreamer's inner dynamic and be part of an effort to elaborate difficulties. The dream’s protagonists are remembered and “recruited” because of their ability to cope with an emotional difficulty and contain it. Thus functioning as “containing roles” (Agazarian, 1994, 2002), they achieve their elaboration function mainly through the mechanism of Projective Identification (Ogden, 1979; Raphaelsen, 1996). They are objects “used” by the dreamer (2) for optimal coping purposes that I call Projective-Identification-in-the-Dream (Friedman, 2002). Self-Psychology has a similar “diagnostic” approach to dreams (Stone and Karterud, 2006). While it looks at the dreamer's Ego ability to cohere his Self-State dreams, it looks into dream contents for relationships that have Self-Object functions. I formerly called all these approaches “diagnostic” (Friedman 2002) in order to stress that the main aim of the information retrieved from a dream is the dreamer's diagnosis.

In our dream example, the dreamer seems to have a very permissive representation of my abilities of separation and competition. These qualities are needed by our dreamer who did not experience them in his early environment. It is also important to evaluate the dream's quality: a good narrative that includes organized movement (energy) and
unambiguous characters that seem sufficiently close to him may be signs of a strong-enough ego, which makes disclosing and depth work possible. It seems safe to let him and the group engage in a free dialogue on the dream's personal and interpersonal significance.

The manner and context of dream telling also provide information about the dreamer and his relations. The group session in which this dream was told enabled responses that promoted understanding of important relationship patterns and transference phenomena within the group. There is a lot to learn from the context in which a dream is told. Take the difference between a written dream told by a patient at the beginning of a session and another dream “told away” in the group's last 2 minutes, which does not leave room for a response. A dream told is a communication in the interpersonal setting of the group: carrying meaning for the individual, subgroup and group. Schlappobersky (1993), describes working on a dream on similar lines:

<<[...] the dream is first a soliloquy, a way of thinking aloud about the viability of the partnership and the fear of separation. Then it becomes the subject of a dialogue, initially between this man and his partner and then between the men and women in the group as they are all drawn into a review of their relationships. Throughout the session it is the subject of discourse, yielding moments of profundity in which the group works like a chorus in an ancient drama, challenging private deceipts with public recognition and confirming private recognitions with public affirmation>> (p. 231). I encourage the group members to resonate the dream “as if it were your own”. Group members learn to react to dreams with their personal echo and in time they are able to associate freely with the dream's narrative, which often may also represent their own emotional movements as individuals and in the group.

In my opinion, the first and most important “informative” use of the dream and its structure is the evaluation of the dreamer's capability to enter disclosing psychotherapy. The therapist should keep in mind that many dreamtellers should not work (at least at the beginning) with threatening, disclosing interpretations or even address hidden and frightening dream aspects told in the here-and-now of the interaction following dreamtelling. This kind of assessment is also valid regarding the group: in no way is every group therapy member ready to contain frightening material coming up in a dream. Sometimes it is important to first go through a process of maturation and preparation for containment, in which not only does the dreamteller need protection, but the other group members do as well (Friedman, 2002, Ullman, 1996).

b. Formative use of dreams.
If the evaluation of the dream shows a lack of a mature structure, a formative approach may be needed in order to promote organization in the dreamer's and the group's minds. Rather than trying deep interpretation that might threaten the patient and the group, the therapist and the members may help to mould, shape and build the shaken Self that dreamt the dream. Therapists often seem indiscriminately prone to prematurely unveiling very threatening and too exciting sides of the dream. The reasons for this course of action are multifold: besides ignorance about the harm resulting from a premature <<plunging>> (Foulkes, 1962) interpretation, sometimes an interpretation seems a countertransferential response to a challenge subliminally conveyed by the dream's contents or structure. A therapist should try to stay in the position of choosing between disclosure and support. Some therapeutic approaches believe a dream not only represents a state of mind but may also be used as a contribution to the building of the mind or Self. If the <<dream skin>> (Anzieu 1989) is deficient, it is best developed by a non-interpretative, reinforcing dialogue that is conducive to the building of the Self, as represented in the dream's structure. Usually, a secure interpersonal encounter is needed in which the dream's audience accompanies the dreamer and promotes the containment for the dream's excessively anxious or exciting contents. The containment of structures “in need of mending” may be done in many ways. Having been told “in the presence” of the group without been rejected is already a contribution towards the formation of a secure space.

Bion (1993) describes a patient so disturbed that he could only <<dream with precautions>> (p. 40) in the presence of his psychoanalyst. Dialoguing through a dream may be auxiliary in receiving external containment of unbearable and dreadful emotions, a process achieved by just describing the dream's narrative and details along with its accompanying feelings. Loden (2003) describes a classical psychoanalytical approach to a step-by-step formation of a very disturbed Patient's mind through the elaboration of her dreams. The Self-Psychological model also seems a very adequate model for the Formative use of dreams. It suggests approaching dream images as expressions of affective reactions or thematic experiences (Stolorow 1978) rather than as the product of disguise. The non-interpretative approach may often uniquely sustain a position of empathic immersion in the patient's experience of the dream, genuinely meeting the dreamer's sense of self. Keeping in touch with threatened Self-States by sticking as closely as possible to the (manifest) phenomenology of the dream without devaluation or falsification develops <<mentalization>> (Fonagy et al. 2000, 2002). It uses the dream's manifest narrative in order to strengthen the Self through the promotion of its coherence without causing excessive mental pain or fears of disintegration.

Dreams told in a group, which bear a fragmented character, are thought to include a warning about the dreamer’s state of mind or the group's current difficulties of
containment. It may be advisable to just acknowledge the dream's difficult content, reinforce the group's ability to tolerate difficulties, and praise the courage of the group and the dreamer in order to build an elaborating partnership around the dream. <<A self psychological approach to dreams stresses empathic attunement in an attempt to remain close to the patient's subjective experience>> (that is, to remain experience near) (Livingston, 2002, p.178). As many Group therapists feel (Stone and Karterud, 2006; Puget, 2002), the dream itself may be a builder of the group's mentality. Group analysts usually feel that a group's texture and depth change if dreams are told, contributing to the unique way in which a group is built. Building a working culture is a very important chapter in the group's growth and the participants' healing and development. In group therapy, although the <<same group and the same leader must create their own style anew with each dream presented>> (ibid. p. 183), it becomes clear that this approach to dreams is particularly sensitive to affecting shifts and vulnerability and looks for the group's emotional responses and reactions rather than looking for interpretations (Stone and Karterood, 2006). In the same line, it seems that Jungian therapists often approach the dream as a way of building <<individuation>>, which is a term this approach uses for the building of a Self (Adams, 2000).

In our dream example, it seems clear that this well-functioning young man, in therapy as part of a very well structured twice-a-week-group, did not have to do formative work. His dream is the opposite of a fragmented dream: the dream told has a good and interesting narrative, showing energy and a certain relationship to other human beings. The script does not picture catastrophic or dreadful events. But certainly the dream told should be dealt with first in an empathic and accepting way, rather than entering into a potentially accusing or defensive stance.

c. The transformative potential of relations through dream telling.

Telling dreams in a relationship may have unconscious purposes. I have described at least two interpersonal aims: telling a dream as a request for containment and telling a dream as an effort to emotionally influence the audience (Friedman 2002, 2004). A dream told requesting containment may be considered the continuation of a partially unsuccessful <<mental digestion>> (Bion, 1993, p.50) started during dreaming. Dreamtelling can actually be regarded as a second containing effort after first having failed to "dream" (process) the difficulties while sleeping. For example, the mountain biking group member may have tried to dream a transformation from being the group's outsider and having a marginal role to acquiring a central, heroic and leading place. But his dreaming abilities satisfactorily processed his anxieties and ambitions. The conflict between leading while staying connected has generated waking anxieties and pushed the dreamer to sharing and continuing to "work through the others" by
dreamtelling. There is hope that the group will tolerate and further process the conflict with more efficiency.

The second interpersonal, intersubjective function can be characterized by the exertion of the dreamteller's influence on the audience, thus changing their relationship. Telling dreams may be more than just "publishing" because the cathected contents push through hidden projective and identificatory communication to containment and a unique change in relationships. This second interpersonal function is exemplified by the telling of a dream by a very shy patient who fell in love with a woman at a party but could not find the courage to approach her. That same night, he had a dream in which they kissed passionately. Luckily, he took advantage of the next opportunity when they met to tell her the dream. Through this event, the dreamer started two interpersonal processes: it both requested her help for further containment of his great anxieties of her as an attractive woman and worked in the service of his desire for her to fall in love with him. He achieved both his purposes (Friedman, 2004). Here the two-step developmental process can be demonstrated: In the autonomic step, he made an independent effort to work through his very shy and anxious reaction to the too exciting and too threatening emotions. In the second step, there was an interpersonal effort in which he used the woman as audience (Winnicott, 1962) in order to further digest these emotional difficulties.

Technically every dream opens additional questions to the classic approach ?, which usually refers to its semantic or transferential diagnostic aspects. Therapists may ask themselves: What is it the dreamer or the group cannot process by themselves? What is the request for containment? And also: Where is the dreamer pushing the relationship? What will be the future influence of this dream? Where will the emotional movement started by the event of dreamtelling lead us?

In our first example, the dreamer seems to ask for some legitimization for his childish and ambivalent place in the group. He tells the group that he is unable to elaborate his relationship with authority, and with me in particular, alone. I feel warned about his “goodness” on the one hand (scouting for us), but also about his “badness” in taking a close place to me, and not being “tuned in” enough to the other members’ similar wish for equal proximity to me. This participant wants help from the group but, on the other hand, asks for it in such a childish way that the group actually leaves him to struggle alone with his behavior and its results. Echoes, thoughts and other responses, including interpretations, are the basis for the discourse in the group. This is the essence of “dreaming the dream” in which feelings, relation patterns and fantasies are discussed and further elaborated.
Telling the group the biking dream evoked in participants a series of responses to the dreamer – from anger and envy to compassion. At the beginning, the group attacked the dreamer for his “arrogance” and what they felt to be his detached and pushy behavior. After reciprocal resonance, he started to understand different aspects of his “being together” with others, which promoted more insights and communication about patterns for different members in the group. I thought that the group profited from this dream because they could let themselves be influenced by it, transitionally accepting it as if "it were their own dream". It was a significant step to building a relationship in which the group and the dreamer could reciprocally trust each other’s authentic emotional movement. The participant's motivations about his placement and inclusion problems were gradually contained and the relationship changed into a competing, albeit non-destructive, linking pattern.

My attitude to dreams is to use them as an intersubjective space in the group (Ogden, 1996), to which both the dreamer and the whole group (including the conductor) help to work through emotions relevant to all. Dreamtelling introduces a unique potential fertilizing the associative matrix of the group, bridging between the individual and group relations.

**Summary**

A dream is told in a group with various concurring, unconscious motivations. The group should “dream the dream” through its collective echoes and use the new space created by the dream told to elaborate its contents. The “informative” work is usually relevant to the individual as well as to many participants in the group, who grow through the assimilation of unique information retrieved from dreams. Dreamtelling may be also used to “form” the individual's mental space and to build the group's structure. Finally, a dream not only pictures the status of the elaboration process of threatening or exciting feelings but is also told for its “use” of relations. Dreamtelling fulfills both the need and request for further containment from the audience as well as the desire to promote a change in the relationship between the dreamteller and his audience. Group therapy members, including the conductor, should be open to the dream’s elaborative aspects as well as to complementary influences on future relationships.

**References**

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**Notes**

1) For an early critic of Freud's approach see Erickson (1958)

2) This understanding makes a further differentiation between Winnicott's two terms, *object relating* and *object use* (1969). For him, dreaming about someone would be *object relating* because it is not the relation with the *thing itself* (p 711). But in the dream's elaboration process, I find that retrieving a person from oblivion, like someone who went to school with us, is actually “using” him/her for his abilities to contain an emotional difficulty during dreaming.


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