

**The Seattle Psychoanalytic Society and Institute**  
**The Psychoanalytic Study of Dreams**

**Summary of Dream Concepts**

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Introduction: This is a brief summary of the concepts we will explore in our dream class. Please study these concepts and bring examples of dreams from your clinical work. One CA, in alphabetic order, will present a dream in each class. Very, very, briefly describe pertinent childhood history, recent themes in treatment, the dream, and the patient's associations to the dream, or the material that follows the dream (unconscious associations).

1. Dreams are visual/affective experiences that facilitate our exploring the unconscious (working of the brain).
2. Dreams can become, during analysis and psychoanalytic psychotherapy, a very effective tool that individuals can use to understand themselves, and to have some awareness that they are more than a conscious, rationale beings.
3. The me/not me quality of a dream allows the patient to experience the dream at a distance and this distance creates the possibility of a new perspective. It can become an analytic space (for the analyst and analysand) that facilitates humor, creativity, and working through.
4. One of Freud's main ideas is that the latent dream (childhood wishes and childhood traumas), which emerge from the unconscious (Brain), is modified through dream work: condensation, displacement, reversal, and symbolic transformation. This reduces the affective disturbance, and protects sleep.
5. An adequately described dream is something both the analyst and analysand can see and feel. It's a window into the preconscious workings of the mind.
6. Trauma, adult and child, are worked and reworked in our dreams as an attempt towards mastery. Past traumas may be used as a defensive screen—as in a dream—to obscure present day conflicts.
7. Defenses used to attenuate painful affect are frequently represented in dreams as: running away, looking away, taking action, or action involving changing structures (i.e. walls, moats, scenes).
8. The immediate visual/affective experience of the dream allows the patient to see his preconscious, including seeing evidence of the disguised affects, wishes, prohibition, and disavowed aspects of the self, which are frequently presented as an object/*not me*.

9. Dreams can represent an unconscious memory of an early sensorial experienced—a preverbal or proto-affect, relational experience that may be felt in the transference and counter-transference.
10. Dreams can represent fear of regression, fear of self-fragmentation.
11. Dreams can reveal the patient's capacity for self-analysis, or changes from part object to whole object representation, or readiness for termination. Modified self and object representations, and modified relational scenarios may also be revealed.
12. Dreams can be a pictorial statement of the interpersonal aspect of the relationship with the analyst.
13. Dreaming, instead of action, can represent the internalizing of the containing function of the analyst and, therefore, progress.
14. Concrete perceptual images in the dream can lead to a feeling of conviction about childhood-repressed traumas, and central organizing conflicts—seeing is believing.