

## Dream as Transaction: An Exercise in Interpersonal Theory

*John L. Schimel, M.D.* 

THE FATE OF MANY a truth is to be recognized finally as an error. This progression has occurred repeatedly in the history of science. It also attends the day-by-day experiences of the psychoanalyst. If what is thought to be truth is later proven to be error it is essential to ask whether there is any kind of knowledge which is certainly valid and, if so, what are the tests of validity. Such concerns apply with particular relevance to the interpretation and use of dreams in psychoanalysis.

The problem being raised is an epistemological one. How does one formulate psychodynamic truth; by what means is it acquired; by what norms can valid information be distinguished from falsity? It is suggested that one approach analytic materials from a transactional (Sullivanian) point of view in which a major focus is the making of correlations between and among data of all levels and epochs. The validating procedure is one of identifying the congruities among the data rather than in discerning their approximation to an overriding theory.

The process is one of cross-validation of various aspects of the patient's characteristic or repetitive modes of integrating situations with others. The materials examined include both manifest and latent content in waking as well as in dream activities from any period of the patient's life. The interactions of patient, materials, and analyst result in the accentuating of properties common to all. The effect is a spiral, not a linear progression, with a regular return to earlier results. Psychoanalysis is like Penelope's task: each step forward offers a new hope which hangs on the solution of a new task. Any stage of an analysis, be it of dream or waking life, is a transitory phenomenon which is reflected in the effort of interpretation.

Psychoanalytic insights provide analogies which permit a structural analysis relating impulse, thought, feeling, fantasy, myth, dream, and overt behavior. One builds schemata with intersecting axes. The dreamer dreams an erupting volcano. The analogic method substitutes for the spewing lava—semen, vituperation, vomitus, excreta. For the heat of the volcano it provides sexual passion, anger, rage in the patient. The volcano, viewed as the other, becomes mother, father, wife, lover, psychoanalyst. The epoch becomes past, present, or future.

The modest psychoanalytic goal, in a transactional framework, is to establish some central certainty, a crystallized cross-validated core with uncertainty and confusion on the periphery. I believe that this is the human condition in psychoanalysis and elsewhere, and that there is no point in further ambition at any particular moment. The notion of the "final solution" is death-oriented whether in the mind of a Hitler or in simplistic psychoanalytic theory. If the notion of reality has any validity, the psychoanalyst is a student of reality in process.

The organizing principles inherent in the individual are revealed progressively. Each stage expresses a level of organization the truth of which is relative to other stages and levels. Ideally one does not arrive at ultimate truth or structure. The choice in analysis is among the levels of refinement of the data possessed. In effect, there is no subject and no end. The unity achieved is ultimately in the mind of the patient and not in a theory. All-or-nothing explanations are an expression of impatience, nothing more. From a transactional posture, the leading hazards to correct procedure are understanding, closure, and solutions to problems. The transactional approach cannot surely encompass even simple truths. It cannot, for example, "know" that a cigar is a penis symbol. A particular cigar may turn out to be something else again. Freud himself took a middling position on the matter when he stated on lighting a cigar: "Gentlemen, this may be the symbol of penis, but let us remember that it is also a cigar." Erich Fromm, approaching this problem from a different vantage point, suggested that it may be true that many men could agree that the sun symbolized mother, even life itself. However, to the dweller in the Sahara, it might well symbolize thirst, evil, even death.

Such an approach need not deny the utility of more traditional approaches but should incorporate and supplement them. An operational or transactional approach tends to minimize error and militate against theory-based

bias. The primary questions raised concern the function within the dyad of patient and analyst: of the telling of the dream, of the patient's associations to it, the emotional concomitants to the telling, the introductory and side remarks, and so forth, *in addition* to the manifest and latent content.

The clinical vignette to be presented is from a sample hour with an obsessional patient. The choice of patient, hour, and material is fortuitous and the exercise can be replicated with patients of varying diagnoses and situations. The temptation to use the material to explicate the psychodynamics of the obsessional states will be resisted.

As you will see, a repetitive focus of the hour was on the patient's introductory statement. Brief as this statement was, it will be seen to encompass, in waking life, and in marvelously condensed form, transactions expressed not only in the patient's dreams but also in his past and ongoing life as well as in his hopes for the future.

The patient had been in psychoanalysis for about one year at the time of the materials reported. The attention paid to the patient's introductory remark may help illustrate the richness potentially available in the mundane and easily overlooked material available to the psychoanalyst.

The hour began in this way:

*Patient:*

*I neglected to tell you a dream yesterday.*

*Doctor [interrupting]:*

*What does that mean, neglected, that you forgot, or that you postponed telling me, or what?*

*Patient:*

*I don't know. I don't think I thought of it yesterday. I did have the thought that the dream was perfectly clear to me. Quite concrete, as a matter of fact. Like it is in real life. [Pause] Let me tell it. I am in a hotel room with Jane [mistress] and I slip out. Frances [wife] is in another room in the hotel. My idea is to have intercourse with her. I go to her room. She is packing something and says that we can't have intercourse in that room. She wants to go to the other room. I can't take her there because of Jane. I suggest that we do some shopping. I realize that I won't be able to have intercourse with either girl now.*

*That's how it is in real life. With my busy schedule I am always losing out on something I want to do. I had another brief dream: Jane is on a train. She is leaving permanently.*

*That can't be right because I know I can keep Jane if I want to. We have a wonderful time together. By every standard she is superior to Frances and yet I am fearful of letting Frances go.*

*I had a terrible fight with Frances the other day. She told me she had made a list of the things that made her unhappy in our marriage. I guess I got angry. I know I did because I realize that I told her I had been thinking along the same lines and felt that a lot of our trouble was due to her being dull and her always being tired. I told her that if I wanted sex I had to watch the time carefully. After 10 o'clock she was always too tired. Well, from there on it got worse and I was shaken and frightened at the end. Afraid that she'd leave me.*

The fight with his wife occurred on the evening of the dream, which can now be viewed in part as day residue, distorted, condensed, with reversal of roles of wife and mistress amounting to a dedifferentiation of persons and situations.

Starting at the most general level, as Erich Fromm has suggested for the initial stages of interpretation, the patient was informed of the centrality of the issue of control in the dream, in the quarrel with his wife, and in his assurance that it was inconceivable that his mistress could leave him even though the second dream suggested it. He repeated his incredulity that the dream of his mistress leaving on a train "permanently" could have any validity. He did produce, however, statements on her part that indicated that she had some doubts about the permanence of their relationship, the patient protesting all the while the great enjoyment that each found in the company of the other.

The analyst, at this point, expressed his admiration for the patient's feeling of assurance about Jane. The patient was reminded that this assurance paralleled the assurance he had felt during the first five years of his marriage, an assurance that was only partially shaken when his wife asked for a divorce complaining she could no longer tolerate the marriage.

The analyst also expressed his admiration (sincerely) for the smoothness with which the patient had introduced the dream as something he had "neglected" to tell in the previous hour. The patient laughed and responded, "You know that I've read a lot about psychoanalysis. I know I'm supposed to report dreams when they happen. I feel apologetic now. I guess I felt apologetic when I told you I "neglected" to tell you about the dream. Now that you mention it, there was something defensive about saying that I "neglected" to tell you about it. I can feel it now. I think there was something offensive about it, too. I can't quite put my finger on it."

A general statement was again offered, one in accordance with the transactional principle which seeks (and finds) cross-validation: "In all these situations, the dream, the quarrel with your wife, your statement to me, the impact on the other person is overlooked."

*Patient:*

*Do you mean that was a cruel way to treat a psychoanalyst?*

*Doctor [laughing]:*

*Well, you said it yourself. You talk about your deprivation. But in the argument your wife gets it in the neck. In the dream both girls are deprived. And I am deprived of the dream. There is something pretty arrogant about you.*

*Patient [thoughtfully]:*

*Alright. People have been telling me that all my life. Even when we were children, my sister used to tell me I had to run everything my own way. I think of myself as easygoing. Maybe I am when everything is going the way I want it to.*

*Doctor:*

*You can be a pretty rough boy. The other day you were telling me about the good time you were having with Frances. You joked with her about stuffing her vagina with chopped herring and then eating it. It sounded a bit on the sadistic side to me.*

*Patient:*

*Oh, no. That was just good fun, We both enjoyed talking about it. She even said she'd smear jam on my penis. We laughed a lot. It was just a fantasy.*

*Doctor:*

*Just a fantasy!*

*Patient:*

*I see what you're driving at. Control again.*

*Doctor:*

*And rape?*

*Patient:*

*Oh, no. ... I'm afraid that it fits. I frequently have fantasies of rape during intercourse. You know that. The chopped herring business. Sometimes I'm raping the girl. Sometimes girls are raping me. Sometimes it's a group of men. I guess I raped you too. That "neglected to tell you a dream" bit. The fact is that I just didn't notice it. I've been doing it all my life. The fact is that I get away with it.*

The fact of the patient's life is that he did indeed get away with it. He was a very successful professional. It was also true that he did *not* get away with it. In close relationships and in his profession, he had suffered a series of reverses that were both extremely painful and quickly forgotten. As with his "neglecting" to tell the dream, he "gets away with it." He also loses the opportunity for something more.

In his various dealings, including those with his analyst, this patient consistently achieves a sense of control and the assurance of the validity of his views and behavior that reminds one of analytic case presentations. At a deeper level, he is also convinced of the illicit, infantile, or autistic quality of his relationships, as manifested in his dreams and fantasies. This aspect of his life is realized, sometimes clearly and sometimes only vaguely, in his real encounters, as with his "neglecting" to tell his analyst a dream. He had, at first, considered the dream to be sufficiently apparent to him that there was no point, for him, in telling the dream promptly.

In an epistemological frame of reference, it is suggested that the material illustrates, albeit in an abbreviated fashion, the cross-validation of phenomena, if not their final truth, drawn from the interactions of patient and analyst, the dream, the associations to the dream, the patient's fantasies, his past life, and his current life.

In regard to his future, he stated, in this same hour, "You know that my fantasy is to have everything I want when I want it. I get a glimmering that it's not possible. It's only a glimmering. But I still believe in it."

I believe that sufficient material has been presented to use as a springboard to support and illustrate any and all psychoanalytic theories. The patient's oral fixation is clear enough. His aggressive and sadistic modes of integrating situations are apparent. His obsessional concern with getting, holding, and hoarding are self-revealing, as are his autistic and solipsistic views of the world and the events in which he takes part. Let us, however, turn to other matters.

I am interested in pursuing my epistemological concerns. What can we surely know? Can we apply the Principle of Parsimony to such complex data?

Did the patient forget to tell the analyst his dream? Is it sufficient to attribute it to resistance? In the hour in which the dream would ordinarily have been told, the patient utilized the time to review his relationship to his children during a recent and painful crisis. It is hard to substantiate either the notion of resistance or of forgetting due to the resistance. He did not think of the dream during the hour. He indicated that he had concluded that the dream was clear to him and could not add to his understanding of the problem which vexed him during the hour preceding the telling of the dream. Clearly he had established a priority of tasks within the analysis. We can question the patient's judgment. We can suggest that a dream concerning his relation to two women, both precious to him, one of them the mother of his children, is very telling in the context of his relation to his children.

If we consider his not telling the dream under the more general rubric of a disorder of recall (Sullivan), it may be more rewarding. We may add to the relevant data his failure to recall, except under pressure, statements by his mistress that she had misgivings about their relationship. He only recalled, under pressure, his feelings, defensive and offensive, when he announced that he had "neglected" to report the dream. If we accept Sullivan's notion of security operations (call them devices to preserve the patient's sense of self-esteem vis-à-vis a significant other), we can see that distortions of recall unconsciously serve the individual's sense of self. Recall would constitute a threat. This patient often recalled unreported parts of dreams under stimulation or provocation by the analyst. He often responded to the analyst's suggestion that something was being omitted. While in a state of positive transference, his usual state, he would recall statements of incidents that contradicted his view of the matter at hand, often with a show of humor and/or chagrin. He frequently struck his brow with his hand, stating ruefully, "Oh, no, not again."

The epistemological question cuts two ways. How can the patient surely know? And how can the analyst surely identify the relevant data? It is probably a more or less even battle: The analyst is armed with his theories and the patient with his neurotic defenses. The transactional approach is effectuated when the analyst is able to correlate, to cross-validate the operation of disordered recall, in relation to dream, feelings accompanying the introduction to the dream, and incidents in past and ongoing life which demonstrate disorders of recall-serving security operations, or, more latterly, serving ego functions.

A related concept, also Sullivanian, applies to the same phenomena, that is, the concept of selective inattention. The patient did not notice his defensive and offensive attitudes toward the analyst until he was under pressure to recall them. In a state of positive transference, he could recall what he had not noticed at the time. The patient also did not attend to data, say from his mistress or wife, which threatened his sense of security. It is when data such as these, from dream and non-dream alike, begin to be accumulated that we can feel we approach a state of certitude regarding the functioning of our patient, whether or not it fits this or that psychoanalytic viewpoint. We are documenting his level and mode of structuring the materials of his life.

The structuring notions which we commonly apply to the dream work may be seen to apply to the non-dream. The confusion between dream and non-dream has been noted for millenia, probably because here, too, men have created a false dichotomy through their failure to recognize the isomorphic organizing tendencies underlying both.

The patient's statement that he had "neglected" to tell the dream in a previous hour can be seen to demonstrate many of the qualities of the dream demarcated by Freud. The statement is a marvel of condensation. It expresses the patient's controlling, defensive, and offensive or sadistic organizing tendencies when interpreted. This description seems to be valid when correlated with other aspects of his living even though, on the surface, the declaration seems to be a merely conventional or banal remark which would ordinarily be considered to be a socially acceptable introductory comment. One can convincingly entertain the notion that there may be a manifest as well as a latent content to the most ordinary of statements and other behaviors.

The ordinary or banal may also "cunningly" (Freud) contain elements of displacement and symbolization as well as be genetically determined in this aspect or that. The patient associated to the "neglected to tell the dream" statement as well as to the dream itself. He brought to it memories of his relations with his sibling and with his mother and father.

In sum, the analytic method (whether self consciously transactional or unselfconsciously and traditional [any tradition]) reflects a simultaneity in attending to its data. It does away with time, content, and so-called reality. To function it must achieve a kind of immortality of organizational modes and levels. It must transcend articulated language. The analytic mind must sweep back and forth across the field as the data spread out before it.

As Levi-Strauss has pointed out, "Music and mythology [and psychology<sup>1</sup>] confront man with virtual objects whose shadows alone are real; they offer conscious approximations—a musical score and a myth can be nothing else—of ineluctably unconscious truths which are consecutive to them."<sup>2</sup> To this field the psychoanalyst can bring analogies, logical thought, and esthetic appreciation.

---

<sup>1</sup>Author's addition.

<sup>2</sup>Translation in *Yale French Studies*, Vol. 36–37, (October, 1966) pp. 63–64. Levi-Strauss, C., *Le Cru et le cuit, Mythologiques* (Paris: Librairie Plon, 1964) Chapter I.

## Article Citation:

Schimel, J. (1969) Dream as Transaction: An Exercise in Interpersonal Theory. *Contemp. Psychoanal.*, 6:31-38