Introduction

Dreams are dreamt in the process of digesting excessively stimulating emotions. Moving beyond the traditional consideration of dreams as a religious or prophetic experience, Freud conceptualized Dreaming as a mental processing mechanism (Freud, 1900). Since then, Dreaming has occupied a special place in psychoanalysis. It is considered an on-going autonomic digestion of stimuli, even though, ironically, the dreamer creates a dream without being in control of what he/she is doing. The dream is an outcome of the processing of excessively threatening and exciting emotions and is considered to reflect the mind of the dreamer. Dreams were considered by Freud the “royal road to the unconscious.” There are many aspects of a dream that render it so: its authenticity, its depth and its ability to lead us to deeper understandings of latent and manifest emotional difficulties. The plethora of its symbolic meanings found in dreams is impressive, stimulating our curiosity and calling on our ability to decipher their secrets. Working with our dreams and those of others is a highly satisfying way of answering our hidden wishes to be a Sherlock Holmes or even a Freud.

It is astonishing that from the multitude of our dreams we usually remember only a few. And of these, we rarely tell other people.

Some have offered physiological explanations for this selectivity in remembering and telling dreams. Others have devalued the significance of dreaming altogether. Psychoanalysis, starting from Freud, attributes the ability to recollect dreams to the availability of the dream’s content to consciousness. I have extended this understanding by conceptualizing that this ability is also a function of the dreamer’s relationships with others. While dreaming is a common nocturnal phenomenon, remembering a dream and especially Dreamtelling needs a container, usually another person with whom the dreamer is in a relationship, who is able to “hold” the content of the
dreamer’s dream. Such a person meets the dreamer’s need for external containment of difficult feelings when his/her internal container is insufficient. Groups can be such a container, offering potential space to facilitate remembering dreams. Telling them in groups can promote a process of external, complementary elaboration.

**Differentiating between Dreaming and Dreamtelling**

In contrast to Dreaming, which is an autonomous, intrapersonal function – part of our “unconscious thinking” (Palombo, 1992) – Dreamtelling always involves an interpersonal exchange. Groups, being multi-personal situations, are a particularly interesting setting for the intersubjective interaction of Dreamtelling. The notion of inter-subjectivity assumes the existence of mutual mental and emotional influences in relationships. Emotional movements communicated through telling dreams cross psychological boundaries between people-in-connection. The individual is no longer considered a “closed entity” (Stolorow, Atwood and Orange, 2002). Rather, he/she is influenced in relationships and social activity by inter-subjective mechanisms. These mechanisms are conceptualized somewhat differently by respective psychological approaches. Here, I use the overall inter-subjective model to highlight the fact that affects embedded in the relationships between people, particularly in groups, will undergo reciprocal, though sometimes asymmetrical, influences. These influences will go beyond the group and affect participants’ entire relational world.

A two-day workshop at the start of a two semester university course began with participants expressing their feelings of being stuck. In the previous year many had felt abused by their charismatic teacher, a powerful personality known for his condescending attitude towards students. He was felt by many in this class to be cruelly critical. At the workshop’s outset, they seemed depleted of energy and without emotional movement. Nearly half the class were not able to participate. Others were bitterly passive/aggressive. In the first session some identified with a group member who described himself as “castrated.”

Following, is a brief account of the group’s significant communications concerning an outspoken and particularly injured member:

In the middle of the second session a member told me she thought I was too protective. I was allowing the group to avoid “the real issue,” which in her opinion was the phenomenon of aggressive sub-grouping’ (Agazarian, 1994). She said that the group seemed to be split into small entities that were not openly communicating with each other. Some hours later another member repeated a story similar to that of the first one, namely, that she had left the class under the prior leadership because she felt highly criticized and attacked by him. In the last session she shared with the group a dream she had had the night before: I will now use this dream and the reactions to it to demonstrate how I work with Dreamtelling.
I was extremely moved by the group’s and my own emotional response to the
dreamteller. Even though the dream’s content was not clearly understood, many
participants seemed to share the dreamteller’s sorrow. Why? Was there something
moving about the image of “finding a baby?” Was the fact that the baby appeared
tied up in his clothes so touching? Could it be that more than being moved by the
content of the dream, participants were touched by the courage and openness of
members sharing their personal experiences, some of which were as vague and uncon‑
scious as the dream? I found myself thinking that the possibility of creating, remem‑
bering and telling a dream in this group may mean that their “castration” by the
prior leader had been overcome: a new baby can be born… Yet, at the same time,
the crippled baby with its hands tied behind his back may have suggested that the
group still feels held back.

It was very interesting to note that despite the strong emotions provoked by the
dream, the group at first resisted “working” with it, that is; associating to it person‑
ally or trying to find a meaning to the dream. I thought of several possible explana‑
tions for this reluctance:

1. The immediate emotional reaction had been extremely strong. Perhaps people
simply needed time to mull over the dream.
2. Most participants may have preferred to stay in the experience rather than
beginning to think or associate.

As with many acute and overloaded emotional events, some people will often
prefer to silently contain an emotional influx rather than share their feelings about
it. Another possible explanation for the group’s silence was that members may have
been angry because of an earlier attempt by the dreamteller to establish a “pairing”
bond with me (Bion, 1962). In spite of her position of positive leadership, in which
she seemed to be carrying many of the group emotions, trying to get close to me
may have been perceived by members as crossing certain boundaries.

These kinds of relational considerations make it possible to connect the contents
of the dream with the group’s reactions to them. Seeing that someone had remem‑
bered her dream and was willing to relate to it was a welcomed surprise for her. What
did she consciously and unconsciously expect by telling her dream? Why was she
telling it at this point? These are the kinds of questions that help me differentiate
between Dreaming and Dreamtelling.

The concept of “containment” was first put forward by Bion (1962). By contain‑
ment he meant an activity that transforms someone’s unmanageable and excessive

feelings in such a way that they are easier to manage. This patient’s Dreaming seemed to be the first step in the containment of stimuli from her inner life. Her attempts to cope with issues of being-in-a-relationship with a man is reflected in her dream, together with the many implications of the appearance of a baby, such as; being like a baby, having a baby and taking care of a baby. In the next session she continued to talk of personal issues, more specifically, her struggle with dependency, inferiority and authority. We can see in this example how Dreaming, the more visible part of our mental digestive apparatus, which Meltzer (1983) called “dream life,” seems to process overwhelming emotions 24 hours a day.

Aside from reflecting the dreamer’s struggles in his/her personal life, telling the dream to participants may reflect the way he is tolerating, organizing and coping with difficulties in the group. Specifically, Dreamtelling serves two important intersubjective functions:

1. The request for containment and/or
2. The wish to influence.

These functions will be elaborated upon later in the chapter. However, at this point I want to suggest a main developmental paradigm in working with dreams, which may help further clarify the social aspects of Dreamtelling. In this schema, Dreaming can be seen as the first step in containing emotional difficulties. Dreamtelling is the next step, one that helps us further this process. In the example above, we can see that by telling her dream to the group, the dreamer is unconsciously sending an SOS: “I don’t know if the men and babies I’ll encounter here in the group are OK. Help me with the pairing efforts I wish to make.”

Telling a dream, and the processes connected with it, are significant social events. In my opinion it is incorrect to think that Dreaming is an exclusively individual activity. Dreaming may have strong interpersonal functions, a point that seems to have been quite neglected in Psychoanalytic literature.

I have already stated that a dream reflects the dreamer’s individual effort to cope with certain emotional difficulties. But, more specifically the dreamer may be making efforts to bear, organize and better cope with his difficulties in his group. Finally, he may be making these efforts for the whole group as well. Our minds are more permeable than we think, which renders Dreaming, in spite of the fact that it takes place “inside” the dreamer’s mind, not just an individual activity. Dreaming may function as a working-through process in the service of the dreamer’s relationships and the relationships of those connected to the dreamer. In families a mother may dream up her daughter’s problem; a mature sibling may have a dream in which he/she is anxious on behalf of a younger one. In groups and society it is possible that one person will be unconsciously “delegated” to dream a dream for another (or a sub-group or the group-as-a-whole), who may himself have difficulties in containment. “All for one and one for All” was never more true than in Dreaming, a shared, unconscious activity that is of primary significance for the group therapist. Listening to a dream while at the same time keeping an eye on group processes may reveal meanings beyond the individual significance reflected in the dream’s content.
It becomes obvious in our example that the group therapist had to consider the possibility that the participant’s dream may have been more than an effort to overcome her own personal difficulties. To not have done so would have been reductionist thinking that would have divorced the personal meaning from the interpersonal one. Instead, the therapist had to consider the possibility that the dreamer may have dreamt this dream to elaborate something for the group. In short, her Dreaming was an attempt to overcome not only her own “castration,” that is: restriction and limitation, but the group’s as well.

The phenomenon of Dreamtelling will be presented as an activity that complements the processes I have described above. Dreamtelling has an interpersonal function. It aims at transforming the dreamer’s relationship with the audience. In all the examples I bring in this chapter, the significant communicative functions of Dreaming and Dreamtelling are evident. Ironically, outsiders are often more aware of these powerful functions than dreamers themselves.

**Dreaming, Dreamtelling and Acting Out**

Clinicians often ask themselves, will the just-narrated dream be followed by an “acting out?” Does a just-told dream in some way foretell the future, or is it only the reflection of a concrete past? “Acting out” implies a failure to contain. It occurs when an emotion is so overwhelming that reflection and elaboration become impossible. The person is “pushed” from “inside” to engage in acting/doing. Dreams actually help avert acting out, as they may facilitate elaboration of difficult emotions. Dreamtelling invites further containment. This is why group therapists should try and make the group a place for further elaboration of dreams. It reduces the probability of “acting out.” The many examples of Dreamtelling in history and literature show that nothing remains the same once a dream is told. A dramatic example of this is the Biblical narrative of Joseph, in which we see the powerful effect on his brothers when he tells them his dreams. We also see later in the narrative how his work with dreams enhances his fame throughout Egypt.

Applying these thoughts to the above-mentioned example, we can ask: about which aspects of “acting out” in the group is the dream warning? Possibly the dream is referring (and advising me, the new group conductor) to the fact that the experience of “castration” was still being felt very strongly by the dreamer (and by the group). The dream may have been communicating how group members were feeling about authority in general, and my authority in particular. It may have been “predicting” that not just the dream teller but other members...
Dreams often carry great energy through projections, identifications, and other intersubjective mechanisms. Dreamtelling evokes strong feelings within listeners and can result in significant emotional movement. Dreams and Dreamtelling may create space for playful change and learning (Winnicott, 1969), which can be a preparation to action or an alternative to acting out. I think of the individual and the group experiment, and learn on three playgrounds: dreaming, dreamtelling, and sharing the dreams of others. Some patients fear the strong uncontained emotions in their dreams. It is important for the conductor to reassure them. In this way, they are helped to dream. By telling them in the group dialogue is enhanced, thereby reducing the probability of dangerous acting-out.

Judging from the group’s post-dreamtelling development, it appears that the dream’s successful containment of anxieties and aggressions enabled it to then be told as a “good-enough dream”.

At first glance it may seem a paradox that dreams can function as containers of excessive emotions and yet be acted upon in an interpersonal space (Steiner, 1995). The explanation for this is as complex as life itself. Dreaming as a mechanism of elaboration functions in a manner similar to that of the process of elaboration in therapy. Dreaming processes affects in emotionally saturated or overloaded relationships. Dreamtelling “pushes” the listener towards emotional reactions, either by “requesting containment” and/or by transforming relationships with the dreamer or both. Dreams, Dreaming and Dreamtelling are links in a chain of “metabolism” that is ignited both in the individual and the social minds and may lead mature responses that need not be viewed as “acting out.”

### Three Uses of Dreams

**An informative approach to dreamtelling**

The dream’s structure, which is a creation and reflection of the dreamer’s mind, contains information about the dreamer’s psyche (Friedman, 2002). Freud, who rediscovered the value of the dream as a diagnostic tool that can help reveal the dreamer’s inner truth, believed that dream censorship and many other devices for
hiding truths could be circumvented by searching for the dream’s *latent*, hidden meaning. This classic approach focuses on the inner world of the individual. I am suggesting here that when the *social context* in which a dream is told is taken into consideration, it is possible to see interpersonal meanings as well. In other words, dreams can be used to accumulate information, understanding and knowledge about the groups and society in which the dreamer is functioning.

It is impossible here to elaborate the whole psychoanalytic approach to dreams. I will restrict myself to the insights I have gained from my basic clinical toolbox, namely, Ego Psychology, Kleinian contributions and Projective Identification-in-the-Dream. I will also draw upon important Jungean and self-psychological contributions. All these approaches are basically part of the informative approach to Dreamtelling in group therapy.

The dreamer in the example above has told a dream that seems to reflect a wish to repair the disconnection between herself and the group. Something hidden in the content caused the listening group members to weep and perhaps identify with her. In the manifest aspect of the dream we can see significant symbolic situations, for example; being handcuffed, having an encounter with a man, having parental responsibilities and being like a baby. Perhaps all these were dreamt in an effort to cope with emotional issues touching the audience of participants. This is suggested by the fact that each of these symbolic situations was related to and discussed in depth by the group.

Freud mistrusted the dream’s manifest narrative. He believed that in order to understand a dream, its “latent” and unconscious elements had to be discovered. This was to be done by interpreting defense mechanisms, such as symbolization, displacement, reaction formation and condensation, which hide the dream’s unconscious content (Freud, 1900, 1933). In his view, dreams are created to circumvent censorship and camouflage. They must be overcome in order to get to know the dreamer’s inhibitions, motivations and “transference” reactions.

Adding to the contributions made by the various analytic schools, I espouse the view that dream structure reflects the dreamer’s ego and his typical psychic and behavioral patterns (Friedman 2002). The nature and movement of human figures may reflect aspects of the dreamer’s energy and/or relationships. The organization of its narrative and the quality of its script are also significant. All these can help us assess the dreamer’s personality and his/her interpersonal patterns (Friedman, 2002).

In our example it is possible to see a hidden, romantic significance to the image of the dreamer’s friend, to note anxiety evoked by the baby and the fact that it is tied up and to recognize the dreamer’s terror on realizing that the first attempt to free the baby was not enough. In the subsequent group dialogue, it became particularly apparent to relate to the fact that the baby, that is, the group, was not yet freed. The narrative is frightening but nonetheless...
well-organized, with a clear beginning, middle and end. The subsequent discussion revealed feelings of closeness and even dependency on one another amongst participants. The overwhelming feeling of weakness depicted in the dream may have been a reflection of the group’s feeling of recurring impotence a general lack of emotional motion among members.

Freud was particularly interested in how the Oedipal Complex manifested itself in dreams. For him, and subsequent psychoanalytic thinkers, health and pathology are intrinsically connected with the way in which this complex is “solved.” We can see references in dreams to the way in which the dreamer has found solutions. These references can be inferred from such things as the dreamer’s position in his family, the mental evolution of his/her feelings and his place in mother/father/child triangles and in subsequent similar triangles.

In the dream we are puzzled by the appearance of a man and a baby. In our initial discussions, members didn’t understand much beyond the obvious symbolic and manifest meanings of different parts of the dream. Perhaps, some suggested, the triangle made by the man, woman and baby might refer to an oedipal relationship, in the spirit of Freudian thinking. It took several more sessions for members to realize that the dream may also have been referring to the dreamer’s attempt to pair with the leader. The group had negative feelings about this, which may have been reflected in the dream and certainly was in the subsequent group process. In the dream, there had been an expressed wish for a loving relationship. One can wonder whether the abused baby was a punishment for the dreamer’s prohibited pairing. This line of reasoning is very characteristic of (early) psychoanalytical thinking.

Among the many significant post-Freudian developments, object-relations psychology has contributed important, complementary understandings of dreaming mechanisms. This psychoanalytic approach holds that our mind reacts to intense emotional situations – those characterized by anxiety and/or by aggression – by splitting perception of these situations into “good” and “bad.” In our dreams “good” is felt as “me” and is acceptable. Disowned feelings and/or relationships are unconsciously felt as “not-me.” Also in dreams there is an attempt to cope with difficult situations by splitting and “disowning” the unbearable feelings, such as fears, aggressions or impotence. Specifically, unwanted feelings are put into particular subjects or objects. These are perceived in the dream as being bad and “not me.” Projecting (externalizing difficult emotions) on to others may spare us painful recognition that these threatening emotions may actually be part of the “me.” Dreamers haunted in their dreams by aggressors, threatened by other people’s envy and persecuted by sexual invitations can only develop and grow when they “re-own” the split off parts of their Self.
The Informative approach to dream looks for connections between the personal and interpersonal aspects of dream contents, particularly in the context of relationships in the group. Dreamtelling is used to gather information about individuals and groups, their manifest and hidden patterns and, emotional movements. The roles of protagonists are examined.

In addition to representing the “not-me,” the protagonists may reflect the dreamer’s effort to develop particular emotional abilities. Figures are recalled and “recruited” from the dreamer’s past to help the dreamer deal with qualities he/she is struggling to deal with today. In Dreaming, the figures are manipulated so as to experience and “play” from a distance with overwhelming feelings. The integration of such figures into the dream-script – there “use” by the dreamer, – is the process I call Projective Identification-in-the-Dream (Friedman, 2002). Projective Identification means that someone close is “forced” to identify with a needed projection and serves as a soothing and teaching container. Thus the dreamer’s externalizations are met in the dream protagonist’s identifications. This process is maybe the most profound explanation for deep interpersonal communication and relations. It also contributes to “movement” in relationships.

In the group process it became important to find out what the Dreamer attributed to her “male friend,” as well as what she felt the baby’s qualities were. It was clarified that the friend was someone who, in the dreamer’s eyes, represented security. He also had an ability to emotionally touch others. The latter quality was particularly difficult for the Dreamer.

In general the group therapeutic approaches to dreams are remarkably individual-oriented, with the exception of the few contributions that refer to “group dreams” (Pines, 2002). The implication of these contributions is that, rather than ascribing an excessive importance to the dream’s content, the whole group should be helped to “own” such a dream. In effect the whole group will have “redreamt the dream together.” The experience of sharing and jointly elaborating dreams is unique to group therapy. It carries powerful, curative benefits. It is a way to gather information about the group’s dynamics and the relationships between members and is an important element of any group therapeutic technique. (It important to note that not every
Groups for Adults

dream containing a manifest group image is necessarily a group dream. Whether a group can “own” the dream of a participant may well depend on the dreamer’s relationship with the group.

The dream’s context may imply that the baby is the group’s newborn, which, like the members, must struggle with great difficulties in growing. The horror and identification resonating in the group suggests that the dream may have been born out of social pain. Perhaps the dream reflects hope of repairing relationships in the group. The baby’s dependency may also represent the group’s need for a good caretaker. The newborn’s twice-binding – to which I personally associated Isaac’s binding by Abraham – may point to members’ ambivalence about my authority. They are both hopeful and suspicious. The dream also suggests that although the conflict between the group and the dreamer is not yet over, participants strongly identify with her. This spells well for repairing the relationships among them. While the group may still be post-traumatic, it seems to be organizing itself and seeking external help.

One unique aspect of working with dreams in groups is the appearance of multiple resonances and mirroring. If there is a culture of free, individual reactions to Dreamtelling, a significant accumulation of information, experiences and connections will take place. The echoing of a moving dream-segment and associating with one’s own personal experience may enable participants to have “moments-of-meeting” (Stern et al., 1998) with each other. This will promote new awareness.

In the subsequent session I suggested that group members echo that part of the dream that moved them “as if it were their own.” This produced highly touching revelations, such as a woman who told about her abortion, a man who revealed he had been in prison and another woman who told of her great yearning to be intimate with her husband who had left her. These responses in turn elicited powerful reactions in the dreamer, who said she had been touched in “more ways than she can talk about now.”

Deep interpersonal encounters sometimes seem magical in the way they can reflect deep meanings of the unconscious in the latent dream content. It is experienced as though participants who share their associations to a dream have somehow “X-rayed” the dreamer and had a “transpersonal” experience with him/her (Foulkes, 1973). Such events are powerful and authentic encounters among the unconscious worlds of the participants. They give new meanings to the dream and help reveal important and unexpected information about the dreamer. Dreamtelling is “the Royal Road through the Other” (Friedman, 2002), informing the dreamer, the listeners and the conductor and eliciting as it does personal resonance. The word “informative” sug-
gests change, as does the word “transformation,” which contains the words trans and form. The higher levels of consciousness implied in transformation enhances the possibilities of choice. Deeper awareness of one’s own feelings expands one’s ability to think and to control behavior. In the sessions I have been describing, we can see that the mutuality and circularity of dialogue, as opposed to monologue (Schlapobersky, 1993), is not always a linear phenomenon. It is important to keep this in mind while working with Dreamtelling in a group.

A Formative Approach to Dreamtelling

My first response to a dream is to let my own “feeling” tell me something about the emotional movement the dream sets off in listeners. Next I try to estimate the characteristics of the dream’s structure in order to make certain strategic decisions. Specifically, I evaluate the coherence of the dream narrative, asking myself whether it has a clear beginning, middle and end. I also look for human figures in the dream (or in children’s dreams, animals) and note whether they are moving about. If these elements are present, I conclude that the dreamer’s mind is capable of healthy emotional movement and is strong enough to not be harmed by interpretations, even those that may cause mental pain. While I would never disregard any dream, it is important to differentiate more structured, organized dreams from fragmented and chaotic ones. The former can be worked with interpretatively; work with the latter must be more supportive. Chaotic, terrifying dream contents are a sign that while important information is being provided, the dreamer should be handled with the support and care implied in the formative approach. This carefulness is necessary so as to deflect the possibility of increasing anxiety and fragmentation.

A disturbed patient of Bion’s (1993) could only dream “in the presence of his psychoanalyst.” This meant that he could only “dream with precautions” (Bion, 1993: p. 40). The dependent quality of this dreamer is an indication for the kind of non-interpretative, supportive approach which I have been calling “formative.”

Too often therapists offer deep interpretations to dreamers or to groups that are fragile and lacking coherency. Intense interpretations do not help the dreamer and others in the group expand awareness of the relationships among each other. Rather, they lead to a premature unveiling of threatening and over-stimulating, hidden content and may contribute to the formation of strong, hierarchical relationships and/or threaten a shaky Self.

The formative approach holds that a fragmented, chaotic and unstructured dream may reflect an immature state of mind and contain a request for a more holding “dream skin” (Anzieu, 1989). Non-interpretative, supportive responses to dreams, which remain at the level of manifest content, can and should be learned and practised. A partner who retells, draws or rewrites a dream, for example, a supportive
partner, is preferable to being one who makes “plunging interpretations” (Foulkes, 1964). A therapist should try and maintain a position in the group that allows him/her to choose an appropriate intervention, for example, one that falls between the poles of uncovering and support. Self-psychology, which is concerned with a cohesive Self-State in Dreams (Livingston, 2002) and Jungian psychology, advocate approaches to dream interpretation that are relatively descriptive and experience-near and reflect a formative approach to working with Dreams.

Dreamtelling is inherent in the formative approach. The goal is not just the building of containment for a particular individual. The “mind” of the group (de Mare, 1998) must be developed. Telling the dream “in the presence” of others is a first communication and a testing out of just how secure a space will be available in the group.

In a first session of a closed, long-term group a frightened participant reported he had dreamt that a donkey was dragged uphill and ripped to pieces. For some reason, the group, including the conductors, could not respond and remained silent. Several sessions later the dream was referred to, briefly, as a symbol of “beginner’s panic.” Only months later was the dream mentioned again. This time one of the co-conductors reminded the group of its paralyzed reaction upon initially having heard the dream. The participant who had dreamed the dream then shared with the group that in fact he had been deeply strengthened by the group’s response of silence, since he had been fearing a direct rejection.

External, supportive containment of unbearable and dreadful emotions has been examined by therapists from various approaches (Fonagy, 2000). Fragmented dreams told in a group are viewed as a warning both about the fragile state of the dreamer’s mind and the group’s capacity to contain. In the example given immediately above, the therapists’ lack of familiarity with the group and/or the intensity of the dream affects made it unwise to delve too deeply into the dream’s painful content. The most that could be done when the dream was initially told was to verbally acknowledge the dreamer’s needs and courage, his willingness to share his dream with others and the group’s ability to tolerate the difficult affects it aroused.

A dream told in a group often seems to be searching for an elaborating Partnership. Sharing a dream with other participants often contributes to the formation of the group’s mentality (Puget, 2002; Stone and Karterud, 2006). The “same group and the same leader must create their own style anew with each dream presented” (Stone and Karterud, 2006: p. 183). The Self-psychology approach to dreams “is particularly aware of affective shifts and vulnerability and looks for the group’s emotional responses and reactions rather than for interpretations.” (Stone and Karterud, 2006: p.184).

Finally, it is important to realize that a group’s formative abilities grow as the group itself develops. A mature group is much better able than a beginning one to contain deficient mental structures and frightening and threatening dreams. Dreamtelling is a uniquely potential fertilizer for the associative matrix of the group,
acting as a bridge between the individual dreamer and members of the group. In the example above, the group matrix became more open and showed greater commitment to group processes after the dreamer told her dream.

In the “handcuffed baby” dream there are indications for the possibility of good containment. The dream has clear structure, an understandable narrative with beginning, middle and end and human motion. Furthermore, it produces an affective echo in the dreamteller’s audience. In the dream there is a soothing relationship between a man and a woman. While the ending is frightening, it is not terrifying. All these suggest that the dreamer’s Mind is cohesive and coherent. She appears strong-minded enough to work interpretatively once a holding space had been re-secured (the group’s structure had been damaged by the difficult relationship with the prior leader and had to be repaired). Therefore, the leader began with formative work, dealing with the dream in an empathic and accepting way.

To conclude, the decision as to whether to do formative rather than interpretative work is based both on the content of the dream and the group’s ability to contain the dream’s unconscious emotional material.

**Diversion: Formative Aspects of Disclosure and Protection**

The most important task of a group conductor is to form a protected space in which disclosure is possible, and the individual can feel him/herself “used” but not “abused” (Winnicott, 1969). Before the group therapist decides on using an “informative” approach, he/she should evaluate both the dreamer’s and the group’s capability to embark on a therapy which includes disclosure. Some members should not work (at least at the beginning) with threatening, disclosing interpretations. Neither should they be asked to address hidden and frightening aspects of their dreams in the here-and-now interaction that follows dreamtelling.

The same is true regarding the group as a whole. Not all group therapy members are ready to listen to and contain frightening dream material related by one of the members. They must feel protected. (Friedman, 2002; Ullman, 1996). It is important for the entire group to go through a process of maturation and preparation for containment. The group therapist provides protection to the whole group by forming a group “space” strong enough to contain increasingly difficult emotions. At this point “plunging interpretations” (Foulkes, 1975) should be avoided.

**Transforming Relationships through Dreamtelling**

Dreamtelling is an interpersonal event. Whether told in public by a politician or related in a more intimate sphere, dreams told to others are consciously and unconsciously meant for the audience’s ears and minds. There is an inter-subjective encounter between a dreamer, his dream and the listeners. These kinds of encounters are extremely significant in groups.
Dreams shared in the group space, that is, the matrix, have several interpersonal purposes. One such purpose in the telling of a dream is to ask the listeners for containment, such as, a mutual elaboration of the dreamer’s emotional difficulties. A second purpose is to exert influence on the listeners. Dreamtelling in the group space starts as a search for a partner, one who can further the dreamer’s “mental digestion” (Bion, 1993: p. 50). This is certainly so in the case of frightening nightmares or dreams of overwhelming desire. But, there are other strong emotions as well, such as fears of rejection, which can be worked through with the help of trusted partners. It is essential that not only the group therapist but the whole group must communicate some willingness to be in a partnership with the dreamer. Such conditions facilitate Dreamtelling and subsequent containment.

When the first dream has been told, I usually say to the group: “It’s very tempting to interpret this dream, but I suggest that instead, you respond to it as if it were your own dream. Let’s leave interpretation for later . . . and first share the points at which the dream touches you in your own life, where it moves you and awakens memories.” Usually this is enough to help participants become involved in a personal way. It is important for group therapists themselves to refrain from precocious interpretation, as the conductor’s interventions will be immediately copied by group participants.

The group then “dreams the dream” by resonating and mirroring it. It processes the undigested parts by echoing its emotionally unconscious aspects and functioning as a “container-on-call.” This is a parental function of immediately available concern and identification.

Another interpersonal, intersubjective function of Dreamtelling is the unconscious wish to move the audience by “making the dream public.”

“You had red lips. I came close. We kissed passionately, and you embraced me.” This was a dream dreamt by a very timid man who was undergoing therapy. The dream and its subsequent processing helped him approach the woman he loved. It both unconsciously communicated his difficulty in making contact and his desire to seduce her into falling in love with him (Friedman, 2004).

This point highlights a great difference between seeing dreams as if they were merely “contents” to be examined, like the Rosetta Stone, or viewing this “content” as having a certain energy that can alter a particular interpersonal situation. The dream above, for example, is characterized by highly loaded emotions, hidden projections and communications reflecting the dreamer’s identification. It should not come as a surprise to the sensitive group therapist that, together with a request for containment, the dreamteller is also pushing inadvertently for a unique change in his relationships with women.
In our “dream of the newborn” the dreamer has put forward a number of concurrent communications. She was asking for help with her fears of relationships with men and help with anxieties stemming from the traumatic experiences she had had with the authority figure of the prior year. These anxieties may have been exacerbated by life-time, relational patterns. Finally, she may have been appealing to the group to see her not simply as a woman competing for the attention and affection of the male group therapist but also as the baby who needs to be cared for.

From what I have presented above, it is clear that Dreamtelling can produce alternative and complementary perspectives regarding the dream’s content and the dreamteller’s motivations and goals.

The transformative perspective of dream work raises two additional questions for the clinician. First: what is it the dreamer or the group cannot process by themselves? And second, how is the dreamer trying to affect his/her relationship with the group? Though it may not be possible to answer these questions at the outset, it is important to keep them in mind. Regarding the first question, we often see that a request for containment repeats itself, becoming a pattern. Regarding the second question, the dreamer’s wish to influence the audience and affect the quality of relationships with them may not be immediately apparent. What is important is that telling a dream is the beginning of emotional movement, which is important for the group therapist to monitor.

It is her ambivalence about pairing that the dreamer in our “newborn dream” had difficulty in containing. Her strong wishes for contact were accompanied by great fears, and she was requesting containment of both her needs and her anxieties. She seemed to be communicating, too, her inability to cope with conflict between herself and the group. Separation anxiety caused her to regress to older patterns of pairing and dependency. She is not able to sufficiently digest anxiety evoked by triangular situations. This is true particularly in situations in which she competes with other women or has wishes to possess a man. She unconsciously uses the dream to get the “soothing” she needs, resorting to a time-tested pattern: evoke in Others strong identifications and closeness with her. In the case of the dream, she had presented herself as a victim, that is, the tied-up baby. In addition, this image may also represent unconscious fears of punishment for her earlier, prohibited pairing with me. She may be “using” Dreamtelling to ask the group to legitimize an intimate encounter with a man and help her to bear the anxiety at the thought of potential rejection.

The image of the baby served the additional purpose of revitalizing hope. Her inner “scriptwriter” was pushing for a group atmosphere that would be willing to accept care and also willing to try again to establish a relationship with a new conductor.
Echoes, shared thoughts and other responses – including interpretations – are at the base of group discourse. This is the essence of the notion, “dreaming the dream,” in which feelings, relational patterns and fantasies of members are discussed and further elaborated.

Working with Dreams in Group Therapy – Summary of Technique

1. At the telling of the first dream, the conductor suggests that no interpretations be made. Optimally, the participants, including the dreamer and the group therapist, resonate with the dream by bringing associations from their personal experience, (i.e. “as if it were your personal dream”).

2. The group therapist uses his/her skills to decide whether this dream can be worked-through by deep, interpretative exploration, or whether a less intrusive, more formative approach is called for. Indications for a particular approach lie in the therapist’s assessment of the dream’s structure, its narrative and timing, the dreamer’s level of development and the group’s maturity and ability to cope with emotional difficulties.

3. Working-through starts by accepting rather than rejecting the dream. All processes relating to the dream are considered relevant to the interpersonal context. In the first example, discussion of the dreamteller’s complaint that the present conductor was “too protective,” the group’s culture was too “leader-orientated” and the participants’ feelings of rejection all reflect this attitude of acceptance. The contents of the dream, the feeling of group “stuckness,” the fact that the dreamer waited many hours before telling the dream and the image of the foundling are all part of the dream matrix, waiting to be worked through. The reactions by three members – telling about an abortion, a jail term and difficulties in “couplehood” reflect hidden reactions to contents in the dream. On the group level, the strong identification with the handcuffed newborn became a significant aspect of the dream matrix.

4. After sharing their resonance to the dream, both the group therapist and the participants join together in “analyzing” it (Foulkes, 1975). Summing up the group’s responses and relating them to individual and group levels are done later. By and large I do this mainly by myself but I try and relate to the comments of others. Addressing a dream can be done repeatedly over time. In long-term, experienced groups, these references to earlier dreams are preferably made by participants themselves. Regarding the “foundling” dream above, I acknowledged the significance of the participant’s dreamtelling and the strong resonance it evoked in the group. In the following session I asked her whether she recognized her dependency patterns and how they might have been affecting her role in the group. As always, I also tried to lend needed support to the group and strengthen formative aspects of the group processes.

5. I addressed the interpersonal side of Dreamtelling by asking the dreamer what she felt about the responses. She said she was very touched. I felt she was pleased that her Request for Containment had been answered, and I went on to explore a
similar request for containment by the group that had been hinted at in their various identifications with the dream. From their responses I understood that her dream had supplied containment for their own “castration anxieties.” These had been moments of connection among the participants, the dreamer and the dream contents. I tried to reinforce these by active acknowledgement. I asked the dreamer how she felt in the group. She responded that she felt wonderfully cared for; and I understood she was pleased at her impact on the group. In fact, interpersonal influence is an important issue in groups. The examination of this issue must wait until the dreamer and other participants experience the group as a Safe Space in which to share their unconscious worlds. An indication that the group has become such a safe place can be seen in the quality of the group’s emotional movement (i.e. there are signs of increasing security and freedom). Other indicators are found in members’ associations, in the sharing of more dreams and fantasies and in an increasingly open resonance in the group matrix. Emotional difficulties from the past drive Dreamers to Dream. Dreamtelling creates a present. Resonance among members helps co-create future relationships. In the specific case described above, elaboration of emotional damage incurred by participants during sessions with the prior leader made it possible to examine long-standing patterns and old vulnerabilities, Something new could be born. A new period of group development had begun.

6. In therapy I use a progressive interpretation technique. I start by evaluating the coherency of the dream as well as the group’s capacity to contain unconscious and difficult affects. Bearing in mind the possibility of using a supportive or interpretative intervention, I shift gradually from discussing the dream contents to discussing how the relationships of the listeners have been affected. In doing so I remind myself that I can usually trust the group and take therapeutic advantage of members’ reactions.

Research

Dayan (2010) studied the interpersonal ramifications of Dreamtelling in families, looking at, among other things, the effects of gender. A questionnaire, filled out by 90 women and 90 men, included questions about childhood Dreamtelling and Dreamtelling in current relationships with a spouse and children. Dreams told ranged from “a very pleasant dream” to “a nightmare” and were studied with an eye to the dreamer’s ability to tell them in different relational contexts.

The research found links between adult and childhood Dreamtelling. It corroborated preliminary findings that Dreamtelling is a request for interpersonal containment that produces an emotional influence on dream-listeners. The research also found evidence that the experience of Dreamtelling in original families prepares a person for Dreamtelling in marriage and other present-day relationships, contributing to these relationships by enabling better elaboration of emotional difficulties. Connections with mother which were characterized by Dreamtelling are more meaningful than those with father, suggesting that gender differences must be taken into consideration in assessing the effect of Dreamtelling on the dreamer.
References and Bibliography


