

USING DAYDREAMS IN PSYCHODYNAMIC PSYCHOTHERAPY

F. Diane Barth, MSW, CSW

ABSTRACT: Daydreams, long recognized as containers of unarticulated, unrecognized and/or unconscious material, can be subtle but powerful tools for introducing clients to the process of exploring internal experience. They offer a crucial, relatively non-threatening path to self-understanding for individuals who come into therapy without the capacity for introspection, tolerance of affect, and sense of agency that are requisite for the process of psychodynamic psychotherapy. In part because they are often available to conscious awareness, they are an amazingly useful medium through which to help many of these clients gain access to their internal world. They encourage the development of the capacity to symbolize, to play, and eventually to embrace the "potential space" of internal experience that makes it possible to have a rich and fulfilling life in the "external" world. In this article, the author introduces the use of daydreams in psychodynamic psychotherapy, focusing specifically on three specific areas: resistance, somatization, and transference.

KEY WORDS: daydreams; fantasy; resistance; transference; somatization.

Over a quarter of a century ago Harvey Cox (1969) wrote that fantasy "plays a less central role among us now than it did. And . . . we are the poorer for it." Although he conceded that one might find the imagination triggered by television and movies, pornography and science fiction, he concluded that ". . . whatever forms of . . . fantasy remain to us are shrunken and insulated." One does not have to search far to find contemporary echoes of Cox's concerns. News stories lament the increasing numbers of hours children and adults spend watching television and playing video games. Parents, educators and social commentators worry about both the "couch potato" phenomenon and the effects of television violence on developing minds. From a psychodynamic perspective, Sar-

noff (1989) recently noted that as fantasy has become increasingly dependent on passively experienced activities, there has been a significant decline in "active imagination," through which people develop the kind of personal, idiosyncratic symbols that enrich both self-experience and relationships with others.

A declining interest in symbolic meaning seems to be reflected in psychotherapists' offices, where clients and managed care organizations are increasingly calling for concrete problem-solving and quick cures. In recent years, listening to my own clients and those described by supervisees, students, and colleagues, I have been struck by a decreasing interest in and ability to explore the personal meanings of their individual difficulties. All too often clients come into therapy not to investigate possibilities but to find "the" solution to their problems. Even articulate, intelligent individuals often believe that there is only one truth, one reality, or one possibility for them, and their goal in therapy is to find "it." They have a limited sense of alternative perspectives and little or no interest in the world of symbols or imagination. In the words of one young man, an artist who suffered from a serious creative block, fantasies are only useful "if I can figure out how to use them for something." There seems to be a growing tendency to blur abstract and concrete (Searles, 1958), to confuse symbol with that which is symbolized (Ogden, 1986), and to experience a general "foreclosure of symbolic space" (Benjamin, 1992). These clients do not like "not knowing," and they often cannot allow themselves to be momentarily bored, although these capacities can be developmental achievements as well as necessary precursors to the capacity to be interested (Phillips, 1993, p.68). Unable to find a place where fantasy can unfold and symbolic meaning can be explored, these individuals frequently do not respond well to traditional methods of exploring their personal experience. Unable to comprehend the "as if" (Winnicott, 1971) dimension of therapy, they see no reason to become involved in the time-consuming and uncomfortable process of dynamic exploration.

It has been my experience, nonetheless, that many of these people come into therapy with unarticulated and unrecognized hopes of gaining entry to the unknown personal realm that motivates so much of who they are and how they function in the "outside" world. They are often surprisingly willing to join a therapist who offers them a viable, meaningful path to that world, especially if they experience some relief from painful symptoms in the process. The common daydream can provide just such a path. While no panacea, daydreams can offer an accessible, relatively non-threatening introduction to the process of psychodynamic exploration. With the help of these images, clients can learn to translate unarticulated symbols into words and discover the world of personal meaning. In the remainder of this article, I will discuss the use of day-

F. DIANE BARTH

dreams to open up potential space (Winnicott, 1971), that "space between symbol and symbolized, mediated by an interpreting self . . . in which creativity becomes possible and . . . in which we are alive as human beings, as opposed to being simply reflexively reactive beings" (Ogden, 1986, p.213). While the possible areas of exploration opened by daydreams are virtually unlimited, it would be impossible to consider in a single article all of the ways that these thoughts and images can be integrated into the therapeutic process. In order to acquaint the reader with the potential of daydreams to help clients and therapists embark on an exploration of the client's personal world of symbolic meaning, I will focus this discussion on three specific areas: resistance, somatization and transference.

To begin, it would be useful to define what we mean by "daydream." Freud (1900, 1908) viewed daydreams as conscious thoughts derivative of unconscious conflicts and fantasies. They differed from fantasies in that they were subject to secondary revision and therefore not so directly tied to the unconscious. In a similar vein, Raphling (1996) has called daydreams "waking fantasies." Singer (1975), an avid student of the subject, wrote,

daydreaming has long been recognized as a wispy, mysterious and yet intriguing facet of our behavior. Because of its completely private nature it is impossible to formulate a generally agreed upon definition of this act. Probably the single most common connotation is that daydreaming represents a shift of attention *away* from some primary physical or mental task we have set for ourselves, or *away* from directly looking at or listening to something in the external environment, *toward* an unfolding sequence of private responses made to some internal stimulus. The inner processes usually considered are 'pictures in the mind's eye,' the unrolling of a sequence of events, memories or creatively constructed images of future events which have varying degrees of probability of taking place. Also included as objects of daydreaming are our awareness of our bodily sensations, our emotions and our *monologues interieurs*, those little inner voices we hear talking to us somewhere in our heads. (pp.3-4 italics in original).

Although long appreciated as derivative of unarticulated, unrecognized and/or unconscious material (e.g. Bollas, 1987, 1992; Freud, 1900, 1908, 1916-17; Kahn, 1974; McDougall, 1978, 1989; Stolorow and Atwood, 1992; Winnicott, 1971), daydreams have not generally been recognized as significant subjects of psychodynamic inquiry. In a recent article Raphling (1996) also noted this phenomenon and suggested that it may be due to the fact that daydreams are seldom spontaneously brought up in therapy. Like Singer, he believes that one of the difficulties inherent in analyzing daydreams is that they are narratives "not usually revealed to anyone" (Raphling, 1996 p.534). Gold and Cundiff

(1980) and Teague and Gold (1981), however, have offered evidence that simply asking clients about their daydreams is often enough to stimulate both production and discussion of these waking fantasies. Although some clients will still be reluctant to talk about them, this research casts doubt on the supposition that daydreams have remained unexplored in psychotherapy because people do not spontaneously report them. It seems more likely that daydreams do not come up in psychotherapy because therapists do not ask about them.

I would suggest that many therapists fail to ask about daydreams because of an unrecognized adherence to topographical theory. Although much of psychodynamic theory has moved away from this model of the human mind, many of us continue to automatically discount manifest or conscious material as somehow less meaningful than anything that is considered to be more directly tied to what has traditionally been called "the unconscious." Yet as many contemporary therapists have noted, conscious material is not only full of meaning, it is also what is accessible. Precisely because daydreams take place in the realm of conscious thought, they provide an amazingly useful medium through which to help many clients gain access to their personal symbolic world. Lachmann and Lichtenberg (1992) have beautifully demonstrated this in their use of "model scenes," which I view as a form of conscious fantasy used in the process of understanding and exploring previously unarticulated aspects of a client's experience. Fosshage (1983) has made a similar point about the use of so-called manifest material in analyses of dreams that occur during sleep. Far from being a simple conduit to unconscious material, daydreams also perform a number of adaptive functions. For example, they often help an individual prepare for upcoming events, work through past experiences, soothe the self and cope with intolerable situations and affects. Once clients learn not only to respect but also to pay attention to their daydreams, these sometimes deceptively simple thoughts and images can be consciously harnessed, not only for adaptive purposes, but also to look for unarticulated and/or unrecognized motivation and the "unthought known" (Bollas, 1987). Through daydreams clients can learn how to explore transference issues, relational material, factors that threaten and protect self-cohesion and self-esteem and the many other dynamics that are central to psychodynamic psychotherapy.

Although one might expect that most therapists would explore much daydream material under the rubric of fantasy, I have found this to be far from the case. Because of the many meanings attributed to the concept of fantasy, it is not uncommon for both therapist and client to have difficulty exploring this material. A therapist's request for fantasies can cause a client to "freeze up" and lose the ability to produce any ideas at all. The images evoked by the mere word "fantasy" can be ex-

F. DIANE BARTH

tremely intimate, often too embarrassing or too revealing to share with anyone, including one's therapist. Anxiety and embarrassment related to the sexual connotations commonly imputed to the term may inhibit therapeutic discussion and exploration of this material. As a young man with whom I had been working for nearly two years said in semi-mock horror when I asked about a fantasy to which he had alluded, "I don't know you well enough!" For some people the word also elicits images of great creations and wonderful ideas and a concomitant fear of failure, of not living up to self-imposed expectations and/or of not being able to produce adequately interesting data for the therapist. Therapists may similarly be constricted in the exploration of this material by their own expectations of what they are supposed to "do" with fantasies.

Some of the anxieties of both therapist and client can be diminished by asking about daydreams instead of fantasies. Many people view these images as common daily thoughts, usually having little meaning other than the obvious. In fact, an initial resistance to a discussion of daydreams is often related to a genuine belief that the thoughts are meaningless, a waste of time, and a distraction from more significant work. When there is more to the resistance and/or anxiety that follow a request for daydreams, the reasons for the reluctance can sometimes be both more visible and more readily explored than is often true of other, more abstract subjects of therapeutic inquiry. This exploration can be a first step in the process of psychodynamic psychotherapy.

RESISTANCE AND DAYDREAMS

As with any other material in which a therapist expresses interest, clients may become distressed when asked about daydreams. They may consciously withhold these thoughts and images or insist that they have no significance. Conversely, they may report that they have become so involved in their daydreams that they have forgotten to keep track of them. Therapists frequently view such responses as resistance, a term that unfortunately carries many countertransferential expectations that may actually interfere with the therapeutic process and even increase resistance. As many authors (e.g. Klein, 1976; Lachmann, 1990; Ornstein, 1974; Schafer, 1983; Stolorow and Atwood, 1992) have pointed out, so-called resistance may serve important adaptive purposes. There are often important reasons for a client's reluctance to go forward into some areas, even when not doing so leaves them trapped in painful situations. An iatrogenic impasse may result when a therapist views resistance as volitional and/or purely maladaptive or conceives of the resisted material as residing fully formed and readily recognizable in what has traditionally been called the unconscious.

Recent reformulations that view unconscious thought as a fluid process, rather than the fully formed, rigidly set structure of old (see, for example, Bollas, 1992; Lichtenberg, Lachmann and Fosshage, 1996; Stolorow and Atwood, 1992) offer an alternative perspective on this complex aspect of human dynamics. By focusing on the process of putting what are often nonverbal, unformed and/or unsymbolized ideas, experiences, and emotions into language, one removes the sense that a client is purposefully opposing the therapeutic process. An individual's capacity to put previously unarticulated material into words and to explore it in a therapeutic process will depend on many elements, including her or his ability to think symbolically and find adequate words to express these thoughts, to tolerate the accompanying emotion (Barth, 1994; Demos, 1993, Krystal; 1988), to trust the therapist to be available (Ornstein, 1974), to believe that the unexpressed feelings and thoughts will be acceptable to the therapist as well as other significant people (Stolorow and Atwood, 1992), and to experience a sense of agency (Ogden, 1986; Demos, 1993).

The difficult process of putting unarticulated, potentially anxiety-provoking or otherwise distressing thoughts and feelings into language must often move slowly, taking into account the need for that material to remain out of awareness until the the client has the internal strength and capacity to explore and tolerate what has previously been intolerable. Daydreams can be used to work on this process in different, but complementary ways. For example, as client and therapist together try to find words to capture daydreams, explore their meanings and to express the feelings that accompany the daydreams, they will also have to find ways to talk about the times that a client does not want to bring daydreams into the therapeutic conversation. Each of these discussions will involve many of the key structure-building activities of psychodynamic psychotherapy: e.g. acceptance and articulation of the client's experience, exploration of meaning, recognition and discussion of symbols and their potential meanings, acknowledgement and acceptance of defenses, and exploration of the functions of those defenses. It has often been my experience that exploration of the actual content of the material that is defended against turns out to be far less important than this other, so-called preliminary work, although this is an idea that I cannot pursue further in this discussion.

The Case of Mara

Mara began therapy with me because she was unable to form intimate relationships with men. As she spoke about several brief, failed connections, she also revealed that she had been unable to find a career direction. Although she did well at her work, at the age of twenty-six she had changed jobs several times

F. DIANE BARTH

and professions twice in the four years since graduating from college. She saw no connection between the two difficulties. Mara was a bright, articulate young woman, but she had little insight into either the reasons for her behavior or the fact that there were apparent patterns in her actions (e.g. that she left jobs and relationships just as she started to feel comfortable). She reiterated regularly that she did not know what to do about any of the situations she brought up. The pressure for me to tell her what to do was palpable and overt.

When I asked for fantasies, she seemed stymied. "I don't have any fantasies. I'm just waiting for you to tell me what I'm doing wrong, so I can stop doing it," was what she eventually came up with. While I viewed this statement as a fantasy, Mara saw it as a reality. From her point of view, there was nothing here for us to explore. She was simply stating a fact: my job was to explain to her what she needed to do differently, so that she could change this troubling pattern. I often felt somewhat stuck in these early sessions. I seemed to have neither the answers Mara craved nor the capacity to help her begin to look at her own internal processes. I knew, however, that if I did not find a way to engage her in the process, she would soon leave therapy, frustrated and perhaps even more hopeless than she had entered. Hoping to find a way to enter an analytic space, I asked her about her daydreams.

"I don't have any," she told me unequivocally, "I don't think about things unless they can come true." This was what she had, in essence, said about her fantasy of what I would do to help her. I was curious about what this stance did for her, and I gently began to express my curiosity with Mara (See Mitchell, 1993, for an excellent discussion of the role of the therapist's curiosity in the therapeutic process). I wondered if she protected herself by not having daydreams? If so, from what might she need protection? I also wondered how she managed to *stop* herself from daydreaming. For example, what did she do with those non-compliant daydreams that I imagined must occasionally crop up—the ones that contained her hopes for the future, or her thoughts about the past, for example?

Over the next few months, as I voiced these questions to Mara, she continued to deny the existence of any daydreams and to complain about the fact that she couldn't meet a man she really liked. When I asked her how she thought she would know if she liked someone, she simply replied, "Oh, I'll know." Several years later she told me that the question had piqued her curiosity and had perhaps been the beginning of her belief, unarticulated to me, that I might be right, that she did have some daydreams after all. In the early work, however, as I continued to try to engage Mara in looking at her reluctance to think about her daydreams, she remained adamant that she did not have such stray thoughts. "I'm not avoiding them," she told me. "I just don't have them."

I encouraged Mara to talk about the small details of her daily life. She was surprised that I was interested in what she considered insignificant information, but she was willing to tell me anything I thought might be helpful. I attempted to reward her and at the same time to begin to introduce her to some of the tenets of psychodynamic work by sharing some of my thoughts about some of her experiences. For example, as she talked about work, relationships with male and female colleagues, and vacation plans, I put into words some of the ways that these situations reflected her feelings of criticism and of not being recognized for how hard she was working. I was always careful to stay as close as possible to her experience while sometimes adding a slightly wider frame to her picture.

One day Mara came into a session in a rageful panic. "I have to leave my job," she told me angrily. "They treat me like shit there. I won't put up with it

anymore." I asked her what had made her so angry, and listened for a while to her story. Since Mara had a history of impulsive behavior that had barely been touched so far in the therapy, I asked her if she had thought about what she would do after she left this job. To my surprise, she laughed. "I told you I don't daydream," she replied. Grinning back, I retorted, "You mean you haven't had some sort of thoughts about it? Maybe just brief images that you tossed out because they weren't realistic possibilities?"

"Well," she replied reluctantly, "I got a sort of a job offer yesterday. It wasn't worth anything though. And sometimes I think about opening my own business." I told her that I called that daydreaming. She smiled. I asked if she could tell me some of the thoughts and feelings that had accompanied the brief daydreams. "I don't like to think about anything that won't come true. I told you. It's too disappointing. I hate to feel disappointed."

"I realize that," I said. I had attempted to explore the reasons for Mara's fear of disappointment, but with little success. Now I attempted to educate her to one of the functions of daydreams while also reflecting one of the ways her defense system was not working for her. "If you didn't think about them as 'real' would it make a difference? I mean, you're talking about leaving your job without another job lined up. You tend to jump from one thing to another, and maybe this is part of the reason. You don't want to think about something that's going to disappoint you, but frequently you end up feeling disappointed anyway. I wonder if there's anyway we could play with some ideas about possible next jobs without getting your hopes up or leaving you in a position to be disappointed?" I hoped that my question would open up both the idea of "playing" with her daydreams and some of the non-literal, idiosyncratic meanings of her experience.

While Mara continued to say that she did not daydream, she gradually began to comprehend the usefulness of playing with what she called "possible plans." She also occasionally began to talk about how and why it was so difficult for her to make plans. A tentative offer for a job that would have made use of many of Mara's talents and interests became a perfect tool in this process. As Mara talked about her reluctance even to consider the job, she also began to describe how she refused to allow herself to get her hopes up since she knew she would only be disappointed. As we explored this phenomenon, we also began to understand something about Mara's fear of disappointment: how she used it to protect herself, but how it also interfered with her ability to achieve satisfaction and pleasure in her life.

In this phase of the work, Mara described a vivid memory that captured her sense that disappointment was an intolerable pain that should be avoided at all costs. Her parents had been divorced since she was two. She and her older brother lived with their mother and spent one weekend a month with their father. These eagerly awaited weekend visits, however, were frequently rescheduled at the last minute because of their father's work, which often took him out of town and even out of the country on sudden notice. Even so, Mara said, "I didn't give up hope, until one day, one Saturday, when he had promised faithfully that he would be there, no matter what, he didn't show up. Eventually he called, sincerely sorry, but I had given up on him at that point. I never forgave him. And I never, never let myself look forward to anything after that."

While it would not be unusual for a therapist to view this memory as significant information about the etiology of Mara's difficulties, I preferred to work with it as a daydream which represented a number of significant dynamics. For example, as we explored not just the memory, but the feelings and thoughts it epitomized in Mara's here and now experience, we began to talk about her vig-

F. DIANE BARTH

ilant guard against any situation that might evoke the kind of pain this memory depicted. In order to keep herself from being hurt, she reminded herself constantly that people "always disappoint you." As we slowly picked out repeated episodes of this defensive stance, together we began to question whether or not it actually worked. Did she truly never get her hopes up over anything? The gradual evolution of these questions marked a new phase of Mara's engagement in the psychodynamic process. She began to bring in material about her relationships with family, friends, lovers, colleagues and superiors at work, even with me, with an eye for the ways she protected herself. Over time, as Mara became more adept at noticing and articulating some of the daydreams that were with her every step of the way in each new relationship and every job, we began to see that she inevitably ended a relationship just as she started to hope that something might come of it. Consciously and unconsciously, she would not take the chance of being disappointed.

Many fascinating developments occurred as time went on and Mara and I continued to talk about her unwillingness to let herself think about possibilities that might not come true. Although I cannot detail most of them here, it is noteworthy to this discussion that as we continued to talk about her reluctance to allow herself to think about images of future prospects, Mara was not always able to keep her hopes at bay. She drew on many different and creative defensive measures to keep her disappointment at a manageable level, including withdrawing temporarily from the therapy. As she became more confident that I was willing to go at her speed, that I had no intention of pushing her to think about these images before she was ready to do so, she gradually joined me in my attempts to put her fears into words and to explore what they meant to her. In the course of discussing some of the complex and multifaceted issues involved, Mara was stunned to realize that disappointment might be a necessary, albeit unpleasant, part of life. "I guess one of my daydreams has always been that something so painful can be avoided completely," she told me at one point in the process. We spent a great deal of time talking about her daydreams of what would happen to her if she let herself feel disappointment. She found it helpful when I pointed out to her that it seemed to me that she kept herself in a state of perpetual disappointment, but she continued to avoid discussions of daydreams about possibilities that might not come true for a very long period of time. It is hard to pinpoint when things shifted, perhaps because it was such a slow process; but one day I realized that Mara was talking unrestrictedly about possible plans for a future vacation with a new boyfriend, something she had never done before in our work together. When I asked her about it, she said, "I know. Something's changed. It's funny. I never would have thought that just talking about these things could make them easier to live with. But somehow it does seem to have helped."

DAYDREAMS AND SOMATIC SYMPTOMS

As with the concept of resistance, many changes have occurred in the way we view somatic complaints. Today we recognize that the interaction between between psyche and soma is extremely complex, that neither can be isolated from the other, and that each can cause symptoms that appear to be caused by the other (e.g. Gedo, 1991, Grotstein, 1991; McDougall, 1978, 1989; Stolorow and Atwood, 1992). Most psycho-

dynamic psychotherapists view physical symptoms as having complex physiological and psychological meanings not necessarily simply derivative of unconscious conflict. As with resistance, somatic symptoms that appear maladaptive sometimes also have important adaptive functions. For example, Kohut (1971) pointed out that for some individuals somatic concerns and complaints are one way of organizing and restoring a sense of self-cohesion to a fragmenting self image. We are aware today that the complexity of the inter-connections between mind and body make it impossible to suggest that pathology goes in a single direction, whether from body to mind or from mind to body. Yet these ideas are not always understood or even known by clients seeking psychotherapy. In such cases physical symptoms may be experienced as either less or more serious than they would objectively seem to warrant, and denial or exaggeration of their severity as well as inability to tolerate the emotional aspects may threaten a client's physical and emotional well-being. Daydreams can provide an invaluable path to the complex galaxy of constellations of body, mind, and emotions.

The Case of Nora

A successful interior designer, Nora, was forty-nine years old, breathtakingly beautiful, elegantly dressed, and completely miserable. "My doctor sent me to you," she said in a voice without emotion. "She says I'm depressed. I don't feel depressed. I just have all these physical symptoms." Her voice drifted off momentarily, then she continued in a quiet monotone. "I've been to three different doctors, and they all say not to worry, it's not serious." She stared at me for a moment. "But how can I not worry? *Something's* not right with me . . ." I listened as Nora droned on about numerous physical complaints and concerns, including heart palpitations that she was afraid were signs of a heart attack and severe stomach pain. She had been diagnosed with a mitral valve prolapse, which was causing the palpitations, and a hiatal hernia, which was causing the gastric distress. But she was afraid that there was something "more serious—life threatening."

Like the mitral valve prolapse, each pain and worry had a physiological base, but according to the doctors she had consulted, nothing that justified Nora's fears that she was dying. I told Nora, however, that I did not find it helpful to say that the physical difficulties were simply "in her mind." They were in and about her body: bodily sensations which should not be disregarded. While it was possible that they were symptoms whose underlying cause(s) had yet to be discovered, it seemed to me that since she had been thoroughly examined by several different doctors, we might want to look at some of the other messages her body was giving her. In other words, she might find it useful to try to examine her concerns about her body for what they meant to her. I suggested that we start with some of her daydreams about what was happening to her physically.

Nora looked confused, so I searched for an example. My eyes fell on her exquisite clothes: a long black tunic sweater of a rich, soft-looking fabric draped beautifully over an equally well-made long black skirt, and black boots of soft, supple leather. While the outfit was lovely, it was striking in its starkness, the black unbroken even by a single piece of jewelry. She wore no makeup, and her

F. DIANE BARTH

sandy colored hair was pulled back into a loose pony tail. On the chair next to her Nora had placed her black winter coat and a black handbag.

I asked if she could tell me about her thoughts when she had dressed that morning. "What made you choose this outfit? What were you thinking and feeling about yourself?" She looked down at herself, as if to check to see what she was wearing. I had the sense that she almost had to look to know that her body was there. "Oh," she said a little uncertainly. "I don't pay a lot of attention to what I put on these days. My boss said that I look like I'm going to a funeral. I guess that's what I feel like most of the time. I don't have very much energy . . . I think it's because of all of these physical problems . . . but the doctors don't agree . . ." Again her voice drifted off.

I introduced the idea that these were daydream thoughts. For example, her boss's idea that she looked like she was going to a funeral was perhaps indicative of some daydream of his, but it also evoked her own daydream connections, like the one that went with her feeling as though she was going to a funeral. When she looked at me, there was a little life in her face for the first time since I had met her. "You know, that's weird—recently I've been thinking about my own funeral." I told her that was exactly the kind of thought I was talking about and asked her to tell me as much as she could of the daydreams about her funeral.

Although she was slightly embarrassed, Nora was also intrigued. She told me that she imagined her casket, "covered with flowers, under a canopy in the cemetery . . . And I imagine a small cluster of people there to say goodbye . . . My father and my son and daughter sobbing . . ." Over time, as I encouraged Nora to follow her imagery, she learned to stay with her associations, to follow them as they unfolded. A very visual woman, she had many "pictures" in her head. For example, in one session she told me that she had also been thinking about her mother's funeral recently. I encouraged her to follow her thoughts about the image of her mother's funeral. With some hesitation, she went on. "Well . . . as I was talking to you I was thinking about this being the twenty-fifth anniversary of my mother's death. It's hard to believe it's been that long. I still miss her." Nora's eyes filled with tears. "It's always been especially hard at particular times—like when I got married, and—and when I got divorced, too—I wanted her so much. And now . . . when everything seems to be going wrong . . . I wish she was here. My Dad's a super person, but he's not Mom . . . he just couldn't give me what she did. And . . . it's even worse now that Dad's starting to show his age . . . I'm an only child . . . and my kids are grown, they have their own lives, they can't give me much support . . ."

I saw Nora's face shut down, and in an expressionless voice she began talking about her physical symptoms again. The pain and sadness had become too hard to bear, and she had returned to obsessive thoughts about her own physical well-being. It was important to respect her need to retreat for the time being, to cope with overwhelming emotions in a way that had always worked for her. But as we continued to explore the meaning of her images, Nora gradually developed a greater capacity both to process and to tolerate these painful feelings. She had caught onto the idea of pursuing her daydreams, and she was interested by the idea that they had meaning. For example, we began to look for the context in which her physical symptoms got worse. We tried to pinpoint time and place, and eventually to capture some of the thoughts, feelings, and/or daydream images that had occurred at the time. One day when she was feeling anxious over her stomach pains, I encouraged her to try to remember the context in which the anxiety had begun, for example what she had been doing when she first noticed her worries. She again remembered thinking of her own funeral, and then of her

mother's funeral. And then she remembered a fleeting idea: "I thought, 'I'm the same age Mom was when she first got diagnosed.' I realized that I often imagine that I've got the same disease she had, and that I'm going to die the same way." She told me that her mother's illness, pancreatic cancer, had been diagnosed only after her mother had sought medical treatment for severe stomach pains. Although Nora "knew" this information, she had never before put it together with her own physical complaints; nor, even if she had, would she have recognized that there was some meaning to this connection other than the concrete possibility that she, too, had pancreatic cancer.

This discovery opened the door to an exploration of Nora's relationship with her mother, including, but not limited to, her identification with her mother and with her mother's illness. As a result of her growing capacity to explore the symbolic meaning of her daydreams, Nora and I were able to explore some of the other meanings of and functions served by her physical symptoms. Like those analysands described by Kohut (1971), whose somatic concerns are ways of checking on a fragile and fragmenting self, Nora's symptoms also helped her restore a sense of equilibrium when she felt disoriented and frightened by overwhelming affect. For example, it eventually became apparent that Nora was often symptomatic shortly after she spent time with her father or spoke with one of her grown children. One afternoon, as she left her father's apartment, Nora could not feel her body at all and became panicky. Shortly afterwards, she started to have palpitations. To her surprise, she noticed that along with the symptoms came a return of her bodily sensations. As she put it, "It was almost like I was saying to myself, 'See. Your heart is beating. You're here.'" She turned to me, a puzzled look on her face. "Am I crazy?"

Far from being crazy, Nora was clearly on the road to understanding that her physical symptoms had meaning. As with Mara, this did not mean that Nora was suddenly cured. She had, however, begun the process of introspective exploration. Her daydreams were a valuable medium through which she had begun to move into the world of symbolic meaning, where she found herself increasingly able to articulate issues that had previously been expressed in a language that could not be translated. As she developed the capacity to symbolize her experience in language, Nora gradually began to tolerate and process some of the affect that had been split off or translated into reactions to her real physical experiences.

DAYDREAMS AND TRANSFERENCE

Transference is such a widely accepted and broadly understood concept that any attempt to discuss the subject within the limits of this article will of necessity not do service to its complexity and richness. There are many excellent discussions of transference, to which I refer the interested reader (e.g. Gill, 1982; Goldstein, 1995; Mitchell and Black, 1995; Schafer, 1983). For the purposes of this article, I would like to make just the following points: Daydreams are invaluable in exploring both transference and countertransference material. For example, because exploring transference phenomena in therapy means revealing feelings about the person to whom one is talking, many clients, and not just those with difficulties in the realm of symbolization, often have

F. DIANE BARTH

trouble talking about them. When couched in terms of daydreams, however, much of this material can become less threatening and therefore far more accessible.

In recent years, many articles have described the importance of listening to a client's perceptions of her or his therapist's experience (among them Aron, 1991; Goldstein, 1994; Palombo, 1987). A traditional technique for dealing with a client's personal questions about her or his therapist has been to ask what the client imagines the answer to be. This request for daydream material often evokes more resistance than exploration because clients accurately perceive it as a fending off of their interest in the therapist. Because daydreams often contain significant, meaningful perceptions about a therapist, it is extremely important to find ways to use them to explore rather than to ward off a client's curiosity. Such material is bountiful but often ignored, sometimes because of both client's and therapist's anxieties about opening it up, sometimes because it is not recognized as meaningful. For example, most clients have some thoughts about their upcoming or past sessions as they travel to or from those sessions, yet they may not consider those thoughts worth talking about. When a therapist asks about such daydreams, however, they often turn out to contain valuable information. A therapist's reluctance to explore a client's daydreams about her or him, as well as the therapist's daydreams themselves, are also extremely important. They often contain priceless data about transference-countertransference issues, frequently about material that has not yet been fully articulated in the therapist's thoughts. This is such an important and complex subject, however, that I cannot do it justice here and will discuss it in a subsequent article.

The Case of Jake

An attractive man in his early thirties, Jake was married, and he and his wife had been trying to conceive a child for several months. He came to see me because he was no longer sexually attracted to his wife. "It's not like there's someone else," he told me. "It's just that . . . I don't know. Something seems to have gone out of the relationship." Jake knew from discussions with friends that his was a not uncommon reaction to trying to conceive, but "knowing that doesn't help much." He was willing to talk about his daydreams, but, as he put it, "there's nothing there. I don't fantasize about other women. That's what makes me think it's not about my relationship with my wife as much as it's about something going on with me. Maybe it's even physical."

Jake described himself as a "happy-go-lucky" guy, someone who had many sexual encounters and other adventures before he met his wife, Amanda. He fell madly, romantically in love with her, and, for the first time in his life, was completely monogamous with "no regrets." They lived together for several years, during which they had an active, creative and highly pleasurable sex life. They decided together that they were ready to marry and start a family. Almost immediately, Jake

recalled, "my libido started to disappear. I couldn't get turned on. I had troubles keeping an erection. Naturally, it's making it difficult to get pregnant."

I will not go into the many complex and fascinating meanings we gradually pieced together to explain his sexual symptoms, although some of them were the fairly obvious ones of fear of commitment and loss of independence. What is important to this discussion is that, although we seemed to be finding and untangling many of the threads that made up the rich web of fantasies and fears behind his symptoms, the symptoms themselves remained intractable. One day Jake commented that he had heard about a hormone injection he could give himself that would at least make it possible for him to keep an erection long enough to have intercourse with his wife. "Maybe that would at least break the cycle," he said, looking at me with an expression that appeared to be doubt or hesitation. I nodded and waited. "Well," he went on, "What do you think?" I replied that I would certainly be happy to tell him what I thought, but that before I did, I wondered if he could describe his daydreams about my possible reaction. He told me that he had no expectations—that he was consulting me as a professional, and he simply wanted to know what my professional opinion was. I again replied that I would tell him my professional opinion, that he knew that I was not opposed to giving my opinion, even sometimes when he *didn't* want it, which drew a laugh from him. I went on to say that I had had the sense that he was, perhaps without realizing it, imagining some sort of response. I told him that the look on his face had suggested that he had some sort of daydream about what I might be going to say, although I wasn't able to interpret what the expression on his face had meant.

He nodded thoughtfully. "You know, I think you're right. I was genuinely wondering what you would think; but I also had a flash of a picture of us arguing. I saw you telling me that I was looking for an easy way out, that I was turning to a physical answer to an emotional problem. I guess my daydream was that you'd be opposed to that solution." With my encouragement, Jake fleshed out his fantasy of arguing with me; and as he talked more about what he believed my opinion would be, how I would express that opinion and how he would defend his own views, he came to know experientially what was missing in his relationship with Amanda. "We used to have great arguments," he said. "But something happened. We just snipe at each other now. I feel like I have a bullet-proof vest on. She can't get to me . . . and I guess I can't get to her."

As he continued to imagine arguments with me, Jake gradually began to share daydreams about having a sexual relationship with me. He was both pleased and horrified by these images. On the one hand, he was happy to know that he could have sexual feelings again; on the other, he was extremely uncomfortable talking about either the daydreams or the feelings. With the help of these daydreams, however, Jake began to experience some of the significance of the loss of the "spicy" arguments and sex with his wife. Numerous dynamics that he had previously been able to talk about only in an intellectualized, detached way now became alive and meaningful for him. Once this material was opened up, Jake's marital problems were not suddenly resolved, but he had at least begun to understand what was happening in a way that was both useful and meaningful to him.

For Jake, as for many clients, daydreams became stepping stones to introspective awareness. They were also tools for communication, not only in the therapeutic process, but also with his wife. In fact, Jake introduced the concept of daydreams to Amanda, and they began to use these products of their imaginations as a means of communicating with one another. They realized that they had begun to keep their hopes and fears about the future to themselves; and

furthermore, that they had been looking at these images as fact rather than wish or anxiety. As they shared their positive and negative daydreams about their future together, as parents and partners, they gradually found that they could once again share experiences and explore conflict without feeling that the relationship was falling apart.

SUMMARY

Daydreams, long recognized as containers of unarticulated, unrecognized, and/or unconscious material, can be subtle but powerful tools for introducing clients to the process of exploring internal experience. They offer a crucial, relatively non-threatening path to self-understanding for individuals who come into therapy without the capacity for introspection, tolerance of affect, and sense of agency that are requisite for the process of psychodynamic psychotherapy. In part because they are often available to conscious awareness, they are an amazingly useful medium through which to help many of these clients gain access to their internal world. They encourage the development of the capacity to symbolize, to play, and eventually to embrace the "potential space" of internal experience that makes it possible to have a rich and fulfilling life in the "external" world.

REFERENCES

- Aron, L. (1991). The patient's experience of the analyst's subjectivity. *Psychoanalytic Dialogues*, 1, 29-51.
- Barth, D. (1994). The use of group therapy to help women with eating disorders differentiate and articulate affect. *Group*, 18, 67-77.
- Benjamin, J. (1992). Recognition and destruction: and outline of intersubjectivity. In *Relational Perspectives in Psychoanalysis*, ed. N. Skolnick and S. Warshaw. Hillsdale, NJ: Analytic Press.
- Bollas, C. (1987). *The Shadow of the Object: Psychoanalysis of the Unthought Known*. New York: Columbia University Press.
- Bollas, C. (1992). *Being a Character: Psychoanalysis and Self Experience*. New York: Hill and Wang.
- Cox, H. (1969). *The Feast of Fools*. New York: Harper & Row.
- Davies, J. M. (1994). Love in the afternoon: A relational reconsideration of desire and dread in the countertransference. *Psychoanalytic Dialogues*, 4, 153-170.
- Demos, V. (1993). Developmental foundations for the capacity for self-analysis: parallels in the roles of caregiver and analyst. In *Self-Analysis: Critical Inquiries, Personal Visions*, ed. J.W. Barron. Hillsdale, NJ: Analytic Press.
- Fosshage, J. (1983). The psychological function of dreams: a revised psychoanalytic perspective. *Psychoanalysis and Contemporary Thought*, 6, 641-669.
- Freud, S. (1900). The interpretation of dreams. *S.E.* (Vols. 4-5). London: Hogarth Press.
- Freud, S. (1908). Creative writers and day-dreaming. *S.E.*, 9.
- Freud, S. (1916-17). Introductory lectures on psycho-analysis. *S.E.* (Vol.16). London: Hogarth Press.
- Gedo, J.E. (1991). *The Biology of Clinical Encounters: Psychoanalysis as a Science of Mind*. Hillsdale, NJ and London: The Analytic Press.

CLINICAL SOCIAL WORK JOURNAL

- Gill, M. (1982). *The Analysis of Transference*, vol. 1. New York: International Universities Press.
- Gold, S.R. and Cundiff, G. (1980). A procedure for increasing self-reported daydreaming. *Journal of Clinical Psychology*, 36, 923-927.
- Goldstein, E.G. (1994). Self-disclosure in treatment: what therapists do and don't talk about. *Clinical Social Work Journal*, 22, 417-433.
- Grotstein, J. (1991). Nothingness, Meaninglessness, Chaos, and the "Black Hole" III: Self and Interactional regulation and the background presence of primary identification. *Contemporary Psychoanalysis*, 27, 1-33.
- Khan, M.M.R (1963). *The Privacy of the Self*. New York: International Universities Press.
- Klein, G. (1976). *Psychoanalytic Theory: An Exploration of Essentials*. New York: International Universities Press, Inc.
- Kohut, H. (1971). *The Analysis of the Self*. Madison, CT: International Universities Press.
- Kohut, H. (1977). *The Restoration of the Self*. Madison, CT: International Universities Press.
- Krystal, H. (1988). *Integration and Self Healing: Affect, Trauma, Alexithymia*. Hillsdale, NJ: Analytic Press.
- Lachmann, F. (1990). On some challenges to clinical theory in the treatment of character pathology. In *The Realities of Transference: Progress in Self Psychology*, vol. 5. Hillsdale, NJ: Analytic Press.
- Lachmann, F. and Lichtenberg, J. (1992). Model scenes: implications for psychoanalytic treatment. *Journal of the American Psychoanalytic Association*, 40, 117-137.
- Lichtenberg, J., Lachmann, F., and Fossinage, J. (1996). *The Clinical Exchange: Techniques Derived from Self and Motivational Systems*. Hillsdale, NJ and London: The Analytic Press.
- McDougall, J. (1978). *Plea for a Measure of Abnormality*. New York: International Universities Press, 1980.
- McDougall, J. (1989). *Theaters of the Body: A Psychoanalytic Approach to Psychosomatic Illness*. New York and London: W.W. Norton & Co.
- Mitchell, S. (1993). *Hope and Dread in Psychoanalysis*. New York: Basic Books.
- Mitchell, S. and Black, M. (1995). *Freud and Beyond: A History of Modern Psychoanalytic Thought*. Basic Books.
- Ogden, T. (1986). *The Matrix of the Mind: Object Relations and the Psychoanalytic Dialogue*. New York: Jason Aronson.
- Ornstein, A. (1974). The dread to repeat and the new beginning: a contribution to the psychoanalytic treatment of narcissistic personality disorders. *Annual of Psychoanalysis*, 2, 231-248.
- Palombo, J. (1987). Spontaneous self-disclosures in psychotherapy. *Clinical Social Work Journal*, 15, 107-120.
- Phillips, A. (1993). *On Kissing, Tickling and Being Bored: Psychoanalytic Essays on the Unexamined Life*. Cambridge, MA: Harvard University Press.
- Sarnoff, C. (1989). *Latency*. Northvale, NJ and London: Jason Aronson.
- Schafer, R. (1983). *The Analytic Attitude*. New York: Basic Books.
- Searles, H. (1958). The schizophrenic's vulnerability to the therapist's unconscious processes. In: *Collected Papers on Schizophrenia and Related Subjects*, H.Searles, 1965. New York: International Universities Press.
- Singer, J. (1975). *The Inner World of Daydreaming*. New York: Harper and Row Publishers.
- Stolorow, R. and Atwood, G. (1992). *Contexts of Being: The Intersubjective Foundations of Psychological Life*. Hillsdale, NJ: Analytic Press.
- Teague, R. and Gold, S. (1981). Increasing attention to daydreaming by self-monitoring. *Journal of Clinical Psychology*, 37, 538-541.
- Winnicott, D.W. (1971). *Playing and Reality*. New York: Basic Books.

F. Diane Barth, MSW, CSW
102 West 85th Street #5H
New York, NY 10024