The dream was about a “cyber-toothed” tiger approaching as the patient is lying with a pussy cat. Terror prevails. People are being torn apart. There are screams. The patient says there is something “castrating” about the scene. Associating to the dream, the patient recalls being close to his best friend in a brief, adolescent, homosexual relationship, then speaks of making love to his father, although such a thing never occurred in his memory. He talks about “eruptions” of desire for anonymous sex with a man, a sort of “male hunger” that leads him to hours of Internet pornography, a sexual frenzy often consummated by going out cruising at odd hours or hooking up with someone via the Internet—even though he feels these sexual contacts are shallow and unsatisfying. I ask about his reference to “castrating.” He feels it has something to do with getting close and getting eaten alive… feeling enveloped… annihilated. He talks about his self-centered parents who gave him little of themselves when he was small, although his father scornfully belittled his accomplishments and his mother was needful and controlling.

This dream took place the night after I returned to work from a 2-week vacation. The patient had also been on vacation and had returned to the intense relationship he was carrying on with a bright, creative woman. He felt this relationship was deeper and more exciting and satisfying than any he had ever experienced with a man or woman. This woman makes him feel virile and highly attractive for the first time, as well as intellectually brilliant. Although their sexuality is intense, with hours of mutual excitement, he has never been able to achieve orgasm during intercourse yet delights in being able to arouse and sexually satisfy his lover. However, the evening of the dream, she was tied up with work and family commitments and unable to see him. After a few lonely hours, he began surfing homosexual pornography, on his computer, which led to a rendezvous with an anonymous partner in the wee hours of the morning.

The patient was aware of his frustration and annoyance with his lover. Perhaps the pussy cat—the woman whose genital arousal he so enjoyed stimulating—had turned into a devouring, annihilating tiger, but in his relapse into cyber porn and anonymous gay sex, the aggression could also have been his. Perhaps he himself was the raging “cyber-toothed tiger.”

Although the patient idealizes his analyst and feels analysis has greatly changed his life, he resists awareness of anger or feelings of abandonment when the analysis is interrupted. He does acknowledge missing me. Recently the analysis has focused on his often weak capacity for regulating his emotions, behavior, and basic self-care, despite great anxiety about his physical health. He feels that his parents, preoccupied with their narcissistic concerns, never taught him fundamentals of self-care, and that he internalized this indifferent attitude. He viewed his analysis as literally life-saving during a suicidal period, as he internalized my steady, attentive, concerned presence in the analysis. His regressive breakthrough to cyber porn and anonymous sex was frustrating to him, as he wanted to make a deep, exclusive commitment to his woman lover and had not felt drawn to such behavior for an extended period.

This case illustrates the important role dreams still play in psychoanalysis and psychodynamic psychotherapy. Although much has changed in scientific understanding of dreams since Freud’s treatise, *The Interpretation of Dreams*, in many ways dreams remain a “royal road to the unconscious.” Working with dreams is part of the process of exploring mental contents in order to understand them, thus strengthening the more mature personality’s ability to deal with emotional/ideational issues and manage life more effectively and with less distress.

Historically, dreams have always been important to humans, often being considered sacred or predictive of the future. A sign of the pervasive, often unrecognized, effect of psychoanalysis on modern Western culture is that patients often offer their dreams in therapeutic work, even when this has not been specifically encouraged. They may believe that, because they are seeing a therapist, they should talk about their dreams—even though dream content would be considered tangential to treatments such as cognitive-behavioral therapy that focus on conscious thought patterns.

Psychoanalysts and other psychodynamic therapists who use a free-associative approach see dreams as an entry point to therapeutic exploration. Many other...
patient productions—an unusual piece of behavior in the therapy or elsewhere, interpersonal relationships, life crises, slips of the tongue, mistakes, unexpected surges of affect, and especially transference and countertransference—may also be entry points. Dreams are not the only pathway, but, because of their bizarre nature, they often touch on material or make connections (e.g., “cyber-toothed” tiger) that would not occur in ordinary discussions of life events, no matter how frank. Ordinary living attempts to be logical; dreams do not.

Freud described several types of illogic that occur in dreams, including distortion, displacement (attributes shifted from one entity to another), condensation (an image that fuses multiple disparate entities), and parts representing a whole. Dreams involve elements of past and current life situations and often have strong emotional tone. By associating to thoughts, memory traces, and affects that go into these strange configurations, patients may recognize thoughts and connections of which they were never aware. One thought leads to another and new elements emerge.

The analyst or therapist can only present the patient with observations from the vantage point of a person with experience in this field who knows the patient well; it is up to the patient to verify or disagree with these offerings based on his or her own sense of what is true. The significance of certain standard images (e.g., a “phallic symbol”) is questionable, since the patient’s own associations mean the most to him or her. No reliable decoding manual for dream imagery exists.

When I work with dreams, my aim is not to find “the meaning” of the dream. Dreams are almost never so cohesive or complete that a single truth lies behind the dream. Dreams are a starting point; the end point of the process in a therapy session may lie far beyond the limits of the dream contents. The rest of the session with the patient described here touched on his intense struggle between heterosexuality and homosexuality; his relationships with highly narcissistic parents—a mother who was probably seductive but also abandoning and a critical belittling father who never let him exult in his masculinity or achievements; his current intense relationship with a woman; his defenses against homosexual feelings towards me; and his feelings of being abandoned both by his lover and by me, reflecting early feelings of abandonment by his parents.

Most of these themes had been discussed many times before in the process of working through. What seemed progress into new territory was his coming into serious confrontation with his difficulties with self-regulation. Because of various health considerations, this was an increasingly urgent matter. Perhaps the “cyber-toothed” tiger in the dream could also have represented his out-of-control side. Understanding the dream led him to confront this developmental challenge more directly.

Freud presented a psychological theory to explain the phenomenon of dreaming. In very simplified form, the genesis of a dream is a wish, which is then associated with thoughts and memory traces arising both from the residue of the preceding day and from childhood. The thoughts are distorted in the various ways described above; they are also disguised—a concept that presaged Freud’s later ideas about defenses. If the processing is successful, the dreamer remains asleep. In recalling and recounting the dream the next day, further distortion occurs through secondary elaboration and a sort of tidying up to be more in conformity with waking thought.

Dream research since the time of Freud has discovered biological processes independent of psychological motivations—most notably, the association between dreaming and REM sleep and discovery of dream-activating centers in the pons. Modern psychoanalysts do not contest the fact that these explanations supersede Freud’s dream genesis theories, which in any case are not essential to the psychoanalytic model of mental functioning. The possibility that dreams are a subjective experience coincident with the vital processing of memories during sleep, in which they are moved from short- to long-term storage, raises intriguing possibilities about the connection between the day’s memories and those of the remote past with which they are becoming associated. The stimulation of dreams by activation of emotional centers raises other parallels, in view of Freud’s belief that a wish is the starting point of a dream. The neuropsychology of memory may be converging with psychoanalytic observations of how dream thoughts are processed. Dreams then can be viewed as manifestations of a particular neurophysiological process that supports subjective mental functioning. Their contents, like those of other subjective states, are meaningful in the context of an individual’s mental life. Dreams, when explored in that context, as psychoanalytic therapies are well suited to do, can serve as the springboard to deeper dives into understanding what has hitherto been unconscious.

References