An Interpersonal Perspective on Dreams: Commentary on Paper by Hazel Ipp

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There is a wide variety of positions subsumed under the rubric of interpersonal psychoanalysis. However, they all hold in common two main parameters of investigation. First, there is some variety of detailed inquiry into the patient's life (past, present, real, fantasied). Second, there is close attention to the nuances of the patient—therapist interactional field. The therapist is considered a coparticipant in the creation of that field. Interpersonalists differ in how actively and openly they use their own participation, but a meticulous self-monitoring of one's own contribution to the interpersonal field is the vis a tergo of interpersonal psychoanalysis (Gill, 1983; Levenson, 1985; Bromberg, 1989; Greenberg, 1991; Ehrenberg, 1995; Aron, 1996).

The detailed inquiry serves two separate functions. First, asking questions serves to deconstruct the patient's iconic myths, the prepackaged version of his or her life. The stories tend to fall apart as inquiry proceeds. In this sense, inquiry operates much like free association. The second function is essentially Sullivanian in intent. Sullivan (1954) believed that it is necessary to grasp the nuances of the patient's idiosyncratic life experience. Where and how one lives are important. Emphasis on the contextuality of a person's life conveys the richness of individual experience. Rather than knowing that the patient felt rejected by a cold mother, Sullivan would want to know how, where, and when these interactions occurred (Kvarnes and Parloff, 1976). In his search for singularity, he went contrary to the implicit "scientific" desideratum of psychoanalysis (i.e., the establishment of valid generalities—classes of behavior that define

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and predict the behavior of their individual members). There is yet a further dimension of the interpersonal inquiry into textuality, often less recognized and acknowledged—the heritage of Fromm's (1951) participation in the early development of interpersonalism. Fromm, along with Thompson and Sullivan, was a founder of the William Alanson White Institute. He had a very strong belief that how one lived and to what ends mattered very much—a point on which he differed from Sullivan, who was less interested in values than in relationships. For Sullivan, intimacy, be it in the barracks or at the tennis club, was the desideratum. For Fromm, a Marxist and social scientist, how one's potential was distorted by the iniquitous pressures of one's society mattered very much indeed. I believe this last interpersonal perspective may have considerable relevance for this current inquiry.

It is expected that dreams will show the same structural organization. That is, they will reflect the patient's life and, isomorphically, the current patient—therapist interaction. Laeac (1977) said that the unconscious is structured like a language; much the same may be said of dreams. For interpersonalists, manifest content is not a cover for deeper meaning—it is the dream, a parable, a metaphor, rich in the meaning and ambiguity always inherent in metaphor. Consider the Oracle of Delphi, always prescient and yet always subject to conflicting interpretations. Briefly, dreams may be interpreted along the two basic linguistic axes—that is, metaphorically and metonymically (Levenson, 1978). Metaphor is the story line of the dream, accessible to any listener's interpretation. Metonymy specifies the dream images that can be understood only by knowing the patient's associations and, to a lesser degree, the therapist's. It is the reservoir of the idiosyncratic experience of both participants. It is nonlinear and doesn't tell a story, as does the metaphorical line. For example, if one dreams of floating down a lazy river on a beautiful day—as Barbara, Dr. Ipp's patient, did—one automatically reads the metaphor. If one dreams of a canary in a purple weskit, the dream makes no sense without personal (metonymic) associations.

An interesting consequence of this structuralist approach to dreams is an extension of Lévi-Strauss's (1969) observation about myths—namely, that myths always present the contrasting polarities, of any issue. Dreams do much the same. They present a metaphor—a story—and then offer polar perspectives of the metaphor. I shall elaborate this point in my discussion of Ipp's specimen dreams.

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Before going to a detailed exegesis of the clinical material offered to us, I must say that I consider this an extraordinary therapy, obviously quite successful, and undertaken with rare sensitivity and skill. In spite of Barbara's horrendous Hogarthian background of alcoholism, beatings, molestations, infant alcohol syndrome, neglect and virtually every form of deprivation except financial, Barbara seems somehow to have held on to her sense of humor, her resiliency, and her good will. These are, I imagine, a heritage from her mother—a spirited and enduring albeit difficult and damaged woman.

I would have liked to have had available Barbara's first dream in therapy. The first dream often seems to be the most powerful augur of future themes, although necessarily one catches that only in hindsight. Barbara's dream 1 was preceded by her uneasiness about "talking about her mother" (complaining probably), as she expected Ipp to respond with disdain, as did her previous therapist, dismissing her talking about her mother as an evasion, an attempt to avoid taking action on her then current marital problems. Right or wrong, apparently her previous therapist thought that Barbara would avoid difficult decisions—a point that may be relevant to dream 1.

This is the dream about cooking the big white fish. The therapist pursues the metonymic associations to get to the "latent" content. The fish is associated to Catholicism. We are told that Barbara had just given Jacques a gift, a cookbook. He is, we are also told, a master chef with "untold millions." For Sarah (wife? girlfriend?), who works hard and is poor, Barbara carefully cooks a simple steak, Jacques's epicurean offering deteriorates into the dismal, half-frozen fish. All this is very good and to the point, but what of the metaphor, and what of my postulated polarities? As in Lévi-Strauss's The Raw and the Cooked (1969), we are presented with the contrast between a carefully prepared fish, which would never have been purchased frozen in the first place and which would require a long, effortful preparation, and the "cutting" of the frozen fish, which is anathema to any gourmet cook. So, the polarities are carefully and carelessly prepared food; fresh meat and frozen fish. There are other permutations of the theme—taking care of and getting rid of; perhaps starving the man and feeding the woman; passion and frigidity.

No doubt, all this sounds a bit strained (if you will forgive a culinary pun), but bear with me a while. You will note that cooking runs through the narrative. When Barbara is depressed, she stops sleeping with and cooking for Dan. So, along with all the very relevant associations to the fish, to the food, there is also a metaphorical theme involving—rather surprisingly—preparation, performance, real effort to give the other person what he or she wants and would admire. As this directly follows Barbara's comments about her past and current therapists, is it possibly a transferential remark? Is she saying that the previous therapist was disappointed in her half-baked offerings? And, is she afraid that Ipp may come to the same conclusion? The dream, then, would have not only a historical referent but a transferential one. Ipp, it seems, is focused on providing her with object constancy—namely, a mother figure she can count on: "Through the analytic process and the increasing safety of our relationship, her feelings were beginning to thaw." Ipp skillfully monitors her countertransference, stands fast, maintains her constancy in the face of the patient's onslaught on the bad mother.

As Barbara continues to improve—and improve she does—she begins to assert herself and to fight for her share of her mother's estate. This is really the first time she mobilized an aggressive self-interest. She "began to fantasize about how different things might have been with her first husband had she been as 'solid' then as she was beginning to feel now." In dream 2, she is back with Mark, her first husband, on a luxury trip across Europe. Mark's mother wonders what they are doing together. Barbara answers, "It doesn't matter." What does that mean? Is it for love of Mark, or of luxury, that she travels with him? Does Mark's mother distrust Barbara's care of her son?

Mark departs, leaves his luggage behind, and becomes Dan, her second husband (with Mark's luggage?). Ipp wonders why Barbara makes that fantasy conversion. Is Barbara wondering whether the husbands are more alike then she realized; or whether she had treated them more alike than she realized? We are not told much about Dan or about the nature of his business failures—only that "Barbara was left to bail him out financially for a second time." Was he perhaps from a poor background? I suspect he might have been. Was Dan a kept husband? Is that why he became depressed? Did she rub it in? We have no sense of their interaction—of the contextual data that, as an interpersonalist, I would find vital. This is, of course, a brief presentation, and Ipp certainly has the data at her disposal, but it is not considered a priority in her case presentation or, presumably, necessary to our understanding of these dreams.

Barbara develops neck problems—a hysterical identification with her mother's neck cancer. Dan, at this point, mobilizes himself and begins to help out with the domestic chores. As Barbara is presumably

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very rich, why doesn't she have domestic help? If she became rich only after receiving her mother's inheritance, that also would have been worth knowing. We know that she did bail Dan out financially more than once. Did she have to go to mother for the money? Did mother hold the purse strings until her death?

Barbara is now becoming more assertive. Dan shows an increased respect for her, they resume sexual relations, and she resumes cooking for him. She is simultaneously mourning her lost mother, who in retrospect sounds more concerned and loving; daily phone contacts and shared reminiscences are recalled.

Dream 3, the floating-down-the-river dream, follows. In this dream, they are all having a marvelous time drifting on mats down a beautiful river. Barbara sits with her mother on a mat. She finds she cannot “stretch [her] legs or find [her] own position.” She is not angry. She simply feels that she must change. Her mother is a pleasant, distant, younger version of herself (the split therapist?). She says, “I felt a need to break away and find my own independence but in a gentle way this time.” She looks over and sees Ipp drifting on a separate mat. I would add that, when a therapist appears undisguised in a dream, I suspect that the patient is seeing an element of the therapist clearly, without distortion, and that it is often an aspect of the therapist's participation that is out of her awareness. Ipp smiles at her. Barbara finds her own mat, and they all float down the lazy river together.

Certainly that sounds like successful separation and differentiation, but consider the polarities again. It is together and separate, but they are also floating passively downstream. It is true that this dream does not explicitly state an antithesis, as I've claimed dreams do. But the floating downstream is so extreme an image of—what? tranquility? indolence?—that it is a value judgment on the part of the therapist to not challenge it. There is an implicit antithesis to floating downstream—running the rapids or paddling upstream, effortful and agonistic. I distrust the idyll. I think the stream is like the microwave image, overly passive and easy.

After the dream report, Barbara “asked whether she had simply transferred all her dependency onto [Ipp].” She added that Ipp “enjoyed [Barbara’s] accomplishments and that [Barbara] was almost [italics added] ready to trust that [Ipp’s] pleasure would not yield to a destructive envy.” I would suspect that the therapy was entering a second phase wherein Barbara emerges from the idealized transference to the always good, sustaining mother and begins to see Ipp in a more ambivalent and critical way. From my perspective, this required Ipp's

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- 123 -

more authentically personal participation, something more from her own experience. One would expect that a running assessment of countertransference would begin to emerge more strongly. As Barbara becomes more present in an adult and threatening way, one expects that Ipp will also shift the nature of her participation. She will become a more important veridical presence in the treatment.

At that juncture, the issue of Barbara's money will become more insistent. As F. Scott Fitzgerald pointed out, the rich are not like you and me. Inherited wealth is even more of a problem, as it often leaves the recipient with an underlying feeling of worthlessness and indolence. To be very rich is to be perhaps untried. Barbara's family could come out of the pages of any welfare organization—except for the money. I believe a central concern of this woman's life is her sense of indolence and purposelessness. It is not inconsequential that being monied carries with it a readiness to feel exploited and envied by one's presumed helpers. King Midas is perhaps a case in point. All these feelings will come into play in the therapy as Barbara improves, and indeed they must be issues shared by Ipp, who is either also very rich and commiserates or is not so rich and has her own issues with money and self-indulgence. Money and socioeconomic status are issues in therapy, as indeed they are in life, but they are what I referred to as "purloined issues," so obvious that they are missed, so pervasive that they are not noticed (Levenson, 1987). One needs Fromm's sense of the relevance of social issues in order to attend to them adequately.

There is considerable debate in psychoanalytic circles about the necessity of regression in the transference, about "holding" versus confrontational engagement. There seems little question that Ipp's approach has been extremely effective. I wonder, though, whether she would agree that, as therapy progresses, as the patient matures in the therapeutic process, a shift from good mother to ambivalent mother or even to father-in-the-transference might not be inevitable.

In summary, interpersonalism, as I conceive it, calls for a detailed inquiry that is deconstructive and, at the same time, establishes and enriches the context and fabric of the patient's being in the world. I believe that to empathically grasp the patient is to struggle to know his or her experience. Empathy, for me, is not a feeling or a state but a consequence of relating, sometimes negatively. Inevitably, this commits the therapist to being present in an authentically interactive way that comes out of personal experience and being. The inquiry, then, is inevitably an interaction with the patient, as what one asks about and what one even thinks to ask about come out of one's own

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- 124 -

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prefigurations. The inquiry is part of the patient–therapist interactional field and will therefore be patterned in precisely the same way (Levenson, 1985). Whatever is being talked about, the patient will simultaneously enact with the therapist, and the therapist will enact with the patient. Interpersonal means literally that—the inquiry is the mutual field, not either participant viewed in artificial isolation.

Dreams will reflect the same structure—the therapist's presence, both real and fantasied, is inevitable and an integral part of the therapy. I find the concept of metaphoric and metonymic axes helpful, and the concept of the bipolarity of dream metaphors very useful in focusing the imagery of the dream, as I've tried to demonstrate here with Ipp's clinical material.

References


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- 125 -

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