

## DREAMS AND FANTASIES IN PSYCHODYNAMIC GROUP PSYCHOTHERAPY OF PSYCHOTIC PATIENTS

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### SUMMARY

*Work with dreams in the group analysis represents an important part of the analytical work, with insight into unconscious experiences of the individual dreamer, and his transferential relations with the therapist, other members of the group, and with the group as a whole. The way dreams are addressed varies from one therapist to another, and in line with that, members of the group have varying frequency of dreams. In groups of psychotic patients dreams are generally rarely discussed and interpreted by the group, with analysis mainly resting on the manifested content.*

*This paper describes a long-term group of psychotic patients which, after sharing the dreams of several members and daydreams of one female patient, their interpretation and reception in the group achieved better cohesion and improved communication and interaction, i.e. created a group matrix. Furthermore, through the content of dreams in the group, traumatic war experiences of several of the group members were opened and discussed, which brought with it recollections of the traumatic life situations of other group members. In expressing a daydream, a female member of the group revealed the background for her behaviour which was earlier interpreted as a negative symptom of the illness.*

**Key words:** dreams - psychotherapy - group - psychotic disorders

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### INTRODUCTION

In his well known work from 1900, Interpretation of Dreams, Freud conceptualised the creation of dreams as the process of digestion of excessively stimulating emotions, and he labelled dreams as the “royal road to the unconscious”. According to Freud dreams are not in themselves social utterances, not a means of giving information; they are intrapsychic phenomena which have sleep-preserving function censoring unacceptable psychic contents (Freud 1900). Dreams can be decoded by the expert of the psychology of the unconscious (Pines 2002). The interpretation of dreams from that time has had an important place in psychoanalysis and all individual and group psychotherapies based on psychoanalytical theory. Dreaming is thought to be a permanent, automatic process of processing stimulation, though the dreamer, as the creator of the dream, has no control over the process. However, the wealth of symbolism of the significance, depth and authenticity of dreams, and the possibility to use dreams to access manifest and latent emotional content (Friedman 2012) is a challenge for patients and therapists alike to delve into the process of decoding the meaning of dreams.

Bion (1967) states that we dream, not just to protect sleep, but to be able to create a contact barrier between the realms of consciousness and the unconscious; and to transform (process) moment to moment flow of our experiences of ourselves and the others. In short, according to Bion dreaming is the obligatory beginning of thinking. If the capacity for dream work, as in psychosis, is destroyed the psychotic is unable to make

use of the experience of both the internal and external reality and therefore the hallucination takes place of dreaming. A lot of analytic work is needed before psychotic patients start reporting dreams (Bion 1992).

Foulkes, the follower of Freud, states that the dream is an individual creation not meant for publication, for communication with others (Foulkes 1984). He however contradicts himself by saying that we should treat the dream in the group as any other communication; according to it a dynamic significance. He states that the dream told in the group is the property of the group and that the dream can shed light on the group situation, on the group as a whole and can be unconscious reflection of the group occurrences. Group could be conceptualized as the common space, an imaginary stage by which the participant's phantasies are formed (Resnik 1987, Neri 1998). Neri reminds us that the fact that patient brings the dream to the group does not imply that the dream becomes the group dream. Sometimes the group is there to receive the dream as a gift, an expression of trust and closeness.

It is well known that we can remember only a few of the multitude of dreams we have. The reason for this, according to the psychoanalytical interpretation, is in the accessibility of the content of dreams for the conscious part of the personality. Friedman considered that this possibility is associated with the interpersonal relations of the dreamer, i.e. while dreaming is a night-time activity of the individual, the retelling of dreams requires the existence of a container, a second person who is related to the dreamer and who receives the content of the dream (Friedman 2012). This means that there is an external container for heavy feelings that awake us.

The psychotherapy group can represent such a container, by offering the potential space for facilitating recollection and the expression of dreams. Retelling dreams in a group can stimulate the process of external and complementary elaboration (Friedman 2012).

In psychotherapy groups, the patients with psychosis, particularly in the beginnings of the group process, quite rarely share their dreams and scarcely process them (Yalom 1985). In a more developed, long-term group process, the expression and analysis of dreams that engages the entire group can significantly affect progress at the level of individual members and the group as a whole (Schermer & Pines 1999).

This paper describes a long-term group of psychotic patients which, after sharing the dreams of several members and daydreams of one female patient, their interpretation and reception in the group achieved better cohesion and improved communication and interaction, i.e. created a group matrix. Furthermore, through the content of dreams in the group, traumatic war recollections of several of the group members were opened and discussed, which brought with it recollections of the traumatic life situations of other group members. In expressing a daydream, a female member of the group revealed the background for her behaviour which was earlier interpreted as a negative symptom of the illness.

## THE GROUP

The group of psychotic patients was co-led by two group analysts. The group met once a week for 1.5 hours, in an outpatient setting. The group met for years with many members coming and going over time and leaving after several years of treatment. The current composition of the group is relatively new, and includes patients that joined after hospitalisation for their first or a maximum of three psychotic episodes, in their 20s and 30s, all in actual remission of schizoaffective disorder or schizophrenia. All seven group members are well functioning, have preserved social relations, two are married with children, one is a widow, and the rest are single. Four are employed, one patient is unemployed, one is retired and one is a student.

The sessions were regularly supervised once a month in peer supervision seminars.

This paper describes the events in the group that has been together in this composition for about a year, and which intensively involve five members.

## FROM THE GROUP PROCESS

After the initial acquaintance stage, that included sharing information about the symptoms, hospitalisations, experiencing stigmatisation and difficulties associated with returning to a social environment after psychiatric treatment, the group began to open up and share more intimate content. This paper will describe the period of work in the group that lasted about four

months, in which an intensive sharing of dreams took place.

Katja, a Russian woman from Moscow married to a Croatian man, came to Croatia with her husband five years ago. She is very beautiful, and speaks excellent Croatian. She dominated the group with her continuous discussions of her traumatic situation concerning her husband's infidelity, after which she experienced psychotic episode, and she continually battles with distrust in her marriage and a desire for revenge. She is also distrusting of her spouse's parents, and believes they want to harm her, which the group recognises and confronts as a paranoid idea. At a control check-up with her psychiatrist, Katja received a larger dose of anti-psychotics. After this, her symptoms decreased, but she became increasingly more depressed, listless, spending her days in bed, lying or sleeping, and unable to perform daily tasks. The group became intensively involved in her problems, offering support, and outside the group, they attempted to engage her, by inviting her for a coffee and calling her on the phone. The most active was Zdenka. Zdenka is a widow, her husband was a Vukovar soldier who was killed. She is a mother of two children, in military pension. Her second child was born in a short-term extramarital relationship when she was in a psychotic episode. She entered the group after her third hospitalisation due to schizoaffective disorder. At the time of presenting herself to the group, she characterised the loss of her husband and other friends in the war (she worked in the military, but not in a combat unit) as a closed chapter in her life, cried and mourned for.

At the beginning of the session, Zdenka tells us her dream. After a long time, she went to the Mirogoj cemetery, to her husband's grave. With her is her sister-in-law, with whom she is not in good relations. The cemetery looks different, strange, with new buildings constructed where the old graves used to be. She felt uncomfortable, the atmosphere was cold. She had no associations with the dream, she stated that the atmosphere in the dream was similar to her relations with her sister-in-law, and that she felt guilty for not coming to the grave for so long. The group began to discuss the issue of how she got on after her husband's death, alone with her child... Zdenka spoke shortly, breaking off the discussion, saying that she didn't want to talk about it. The therapist, recognising her resistance, allows the group to continue discussing other topics.

The next session was started by Ivan. He is a relatively new member, in the group for only a few months, and he became involved after his first psychotic episode. He is an academic musician who plays in the philharmonic orchestra, and is single. Ivan tells the group about the dream he had the night before. He stressed that he didn't know what the dream could mean, and asked the group and therapists for help. His dream was as follows. He was standing in a long line, with people unknown to him, and he quickly realised that it

was in war, and that this was the line for execution... and he woke in fear. He continued immediately, saying that he didn't know why he dreamt this, because he was never in the war. At the stimulation of the therapist, he gives an association. Ivan comes from a town in Slavonia that was hard-hit by the war, and the male members of his family were active participants. His father and uncle were wounded in the war, his brother-in-law lost his arm... He recalled a period during the war when he was at music school in Zagreb, and for several weeks he didn't know if his father was alive, they had heard an unconfirmed rumour that he had been killed... Those were the most difficult moments of his life. He then recalled coming home from school while the war was still ongoing, under darkness, running through the dark from the train station to his home avoiding sniper fire, the bombs and explosions...

The group becomes involved with their questions and looking for explanations. Katja explains that she dreams of Moscow, particularly of her late father, and Zdenka mentions that the period after the war was the most difficult for her, with her illness, treatment, and rejection from her siblings and closest friends...

Nenad, who joined the group after his second episode of schizoaffective disorder, is an electrical engineer, employed. He lives alone and is very quiet and reserved, but is emotionally very present in the group. He begins the next session by asking the group since we were already on dreams, whether anyone had dreamt anything. They all laughed and looked at Ivan, who stated that he is now often dreaming something, and that on several occasions he dreamt of his professor from the music academy with whom he did not get along, and in his dream he prevented him from staying at the academy. He said that he didn't know why he dreamt this, when he didn't even want to stay at the academy. The professor reminded him of his father, a primitive and uneducated man, who was very strict during his childhood, who beat and punished him every day, and who never understood his dedication to music, and at his final graduate concert was aghast. Katja took up a lot of group time describing her symptoms, listlessness, apathy, lying in bed with the covers over her head, sleeping. She stated that her father was also very strict and demanding, and when she was not the best at school, she would be physically punished.

Mladen, a lawyer with grave OCD of a psychotic level, with long-term psychotherapy treatment with various therapists behind him, though never hospitalised, single, employed and lives with his parents after an unsuccessful attempt at becoming independent. In the group, he is engaged in the problems of others, but speaks scarcely of himself. He now tells us of a dream where he is at his workplace, but other people have taken his space, his desk, his office, his cupboard. The association is of his family where his younger brother, favoured by his mother, has taken his space, his apartment... When asked by the therapist whether the dream has anything to do with the group, he smiles as

says it's as though he occasionally feels that there is no room for him, that the others have occupied it all...

Zdenka begins the next session by telling about her dream in which she is intensively cleaning various rooms (a café, which exists in real life, but also many unknown rooms, and a large hall). She gives her own interpretation, saying in the group she has begun to clean-up her past. Katja continues saying that she will tell the group what she thinks about and feels as she lies in bed with the covers over her head. When she falls asleep, she dreams about her life in Moscow, her parents and her sister, and the rest of the time she daydreams, imaging new situations and events related to her family in Moscow... She says that she misses her family and her city, even though she believes that Croatia is a better, safer place to live, especially for children.

Zdenka continues, saying she felt the need to share her past with the group, for after running into an old friend from the military, she realised that much had remained unsaid and unresolved. She speaks of how after her husband's death, she intensively connected with his friends, who helped her, how she coped with the difficult losses of those close to her in the war, and how she became strongly engaged in a society for war widows after the war ended. After her first psychotic episode, she was unable to recover, her brothers took care of her, but in their own patriarchal way, forbidding her any freedom... After a short and stormy love affair which resulted in a flare-up of her illness and new hospitalisation, her son was born. Her war friends saw this as a betrayal of the memory of her husband, and abandoned her; this was the most difficult time of her life. She now realises that it is time to move on, to 'clean-up' her past and to build a future on new foundations...

The therapist reminded her of her first dream and a new house in the cemetery, interpreting this as her work with the group, which she fully agreed with.

At the following session, the entire group arrived together (they were all smoking in front of the building), laughing. Spontaneously, Katja stated that she was feeling better, lying down less, was more active and had begun cooking and cleaning the house. One day, she even watched television with her husband and children. Zdenka brightly responded that she sees now that she (Zdenka) was right, and that she just needed to snap out of it... The other members shared their satisfaction with her improvement, emphasising that the treatment was giving positive results. Zdenka then laughed and recalled a situation before the start of the group when Katja was trembling and complaining of the cold with the rest of the group. She recalled how earlier, Katja would mock them and say, „What are you all bunched up for, you don't know what real winter is, it's -30°C in Moscow“. Katja smiled and responded that it appears that she had become a real Croatian woman. Ivan added that she had now become one of us, in the true sense of the word, a part of the group.

## DISCUSSION

Work with dreams in the group analysis generally represents an important part of the analytical work, with insight into unconscious experiences at the level of the individual dreamer, and his transferential relations with the therapist, other members of the group, and with the group as a whole. The way dreams are addressed varies from one therapist to another, and in line with that, members of the group have varying frequency of dreams (Pines 2002, Klain 2008). In groups of psychotic patients, according to our experience, dreams are rarely discussed and poorly interpreted by the group, with analysis mainly resting on the manifest content. In line with the experiences from the group of non-psychotic patients and the groups of psychoses, dreams are treated and interpreted like any other material, i.e. depending on the actual mental state of the patient, the stability and structure of his defence mechanisms, development of the group process, group cohesion and matrix. It is with caution that the unconscious content of dreams is interpreted in groups of psychotic patients. Friedman (2012) differentiated two types of approaches to understanding and analysing dreams: an informative approach to dreams that are well structured, with relatively clear narration, which tells of the relatively strong ego of the dreamer that enables analytical interpretive work, and a formative approach where dreams are poorly structured, incoherent, confused, with a frightening affects, for which a supportive approach and containment in the group is considered the primary approach. The approach in analysing the dreams used in groups of psychotic patients is often a combination of the two, depending on the actual situation in the group and the stability and level of regression of group members (Urlić 2012).

Our group of psychotic patients shared their dreams with marked frequency over a period of several months. We see the reasons for this in the fact that the group members were included in the long-term group in which new members participated for a while along with the patients with successful long-term treatment outcomes. Therefore, even though old members were in the group a relatively short period of time, new members had experience of working in developed group rich in communication, interaction and with a formed matrix, so the part of the group culture could be transferred further onto new members. According to Rauchfleisch the dreams in the group emerge at times when there is the disturbance in the group structure as when a member leaves (Rauchfleisch 1995). Namely, in this group members often mentioned and cited members that had left the group, especially Blanka, who in particular had appreciated the work in the group and her accomplishments during treatment, and were in contact with her after completion of her therapy. A second important element is deemed to be the war trauma of several of the members, denied and suppressed for years and which, in a secure group setting, began to open up. The third

element was the dynamics of the patient Katja, in a specific situation as a foreigner who needed a container for her anxiety, feelings of betrayal and mourning for her separation from her primary family, which the group provided. The powerful emotions in the dreams were verbalised in the group, successfully contained, and the dreamers supported. The therapists, aware of the rich, unconscious transferential significance avoided the interpretation of the negative transference towards the group as a whole and the therapists, assessing the group cohesion as insufficient and the actual state of members as overly fragile.

In analysing their dreams, the members opened their inner world up to the group, there and then, conducting analytical work on themselves, which also strengthened the cohesion and the group identity, which resulted in Katja's feeling that she had become a real Croatian, successfully becoming a member of the group and a new family, and setting off towards on the road to recovery.

## CONCLUSION

Dreams and dreamtelling as well as discussions of patient's phantasies are not very frequent occurrences in psychodynamic groups of psychotic patients, especially in the beginning of the treatment. Similar to the groups of non-psychotic patients, the frequency of psychotic patients bringing dreams into the group depends on the way the dreams are addressed by the therapist and the importance they are given to. In the developed, long-term group process of psychotic patients, the expression and analysis of dreams that engages the entire group can significantly affect progress at the level of individual members and the group as a whole.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

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