I

Introduction: Background and Foreground

When I first came to this country more than two decades ago, one thing that intrigued me was the way Americans introduced any conversation about dreams: "This is going to sound crazy, but I dreamed that . . ." "Let me tell you this dream; it's sort of bizarre!" "I had this weird dream last night, you'll probably think it's one for the shrink." The topic came up not infrequently in casual social gatherings: the dream was introduced as a conversation starter, usually with an apologetic phrase related to its odd or inexplicable elements; the dream was then acknowledged by exclamations of interest and general laughter; and either the topic of dreams was dropped or another "crazy dream"was introduced by someone else. The settings of these conversations have been parties, student lounges in colleges, staff lounges at work, or neighborly kitchens and living rooms. It was also noteworthy to me that the word *dream* had different disparate connotations in common language. To be said to "live in a dream" is not a compliment. A person who lives in a dream is oblivious to practical concerns and not likely to succeed in "real life." On the other hand, an ardently desired goal or purpose is also called a *dream*. A neighbor of mine at the time kept referring to a house she had purchased as "the house of her dreams" and "her dream house" because it had everything she had wanted in a house. Similarly a female fellow student, while talking to me privately, referred to a male acquaintance as a "dreamboat," the embodiment of her desires.

Although the dream is a biological and psychological phenomenon, the telling of a dream is a social event. Cherished learned ways of knowing, thinking, feeling about dreams are reflected in what people say about dreams, to whom they talk about them, and

how they talk about them. Their cultural ideas shape, guide, facilitate or restrict their words and actions relative to deam telling.

In this investigation I explore dream telling in the context of psychotherapy in the setting of two community mental health centers. Community mental health centers[1] were chosen because they represent an expansion in the accessibility of the mental health resources and employ a variety of therapists.[2] Because of the reference to telling "shrinks,"[3] I have been curious about whether the topic of dreams comes up in psychotherapy, whether therapists are regarded as expert dream interpreters, whether they regard listening to dreams as part of their role, and, if none of the above were true, how to explain the ambiguous references connecting dream telling to psychotherapy.

In this research cultural ideas are seen as symbolizing and expressing social relations. The settings provided an opportunity to observe and ask how different therapists understood their professional functions in relation to their patients, their peers, their supervisors, and also in relation to an institution for which the provision of psychotherapy and other mental health services are essential aims. The two community mental health centers provided services for two of the four catchment areas of the city. Both centers employed psychiatrists, psychologists, nurses, and social workers who provided psychotherapy as well as support staff employees like secretaries, receptionists, intake coordinators, and financial case managers.

Dream telling in any society is best studied in the context of native theories of the dream experience as well as the contextual discourse frames in that society (Tedlock 1987). Therefore, for the purposes of this research on dream telling in the context of psychotherapy in American institutions, it will be necessary to include a brief review of studies in the psychological and clinical, as well as the anthropological, disciplines. Because of the extensiveness of the literature (Parsifal-Charles 1986) only summaries will be presented here with a focus on the seminal and significant studies.

In dream research, the relationship across disciplines has had an impact, positive and negative. For example, the significance of research studies has been reduced when, on the one hand, one discipline conducts research as though the findings of other disciplines do not exist or, on the other hand, when analytical concepts, measurement tools, and techniques from one discipline are inappropriately ap-

plied to data from another discipline. Unfortunately examples of the former are plentiful in psychological and clinical dream research, and examples of the latter are plentiful in anthropological dream research. There are also studies that have used advances in other disciplines so that the study of dreams has been illuminated for both disciplines. Salient examples of interdisciplinary dialogue among researchers will be presented.

RESEARCH IN THE PHYSIOLOGY OF DREAMING AND DREAM PSYCHOLOGY

The study of dreaming and dream psychology has been rooted in the field of the physiology of sleep. Kleitman, the father of modern experimental research on dreaming, saw his first paper on the effects of prolonged sleeplessness published in 1923 (Kleitman 1923), and although he remained primarily interested in the physiology of sleep, his students Aserinsky and Dement concentrated their research on dreaming. A critical step in the development of dream psychology was electronic sleep monitoring. Electroencephalograms (EEG) were used to measure brain waves during different stages of sleep. Extra circuits were used to show eye muscle movements (EOG) and to measure muscle tone (EMG). During a study of the cyclic variations of sleep in infants, Aserinsky observed rapid eye movements (REM) that were concomitant with other physical changes during the sleep cycle (Aserinsky and Kleitman 1953). More experiments followed with infants and different adult populations. Dement and Kleitman discovered a predictable relationship between eye movements during sleep and dream activity (Dement and Kleitman 1957). Snyder called the REM portion of the sleep cycle "dreaming sleep" (Snyder 1963). Goodenough investigated dream reports following gradual and abrupt awakenings from different stages of sleep and confirmed his hypothesis regarding differences between REM and other stages of sleep. Non-REM reports of dreams by subjects were more thoughtlike, less visual, and lacked the characteristics of fantasy (Goodenough et al. 1965).

The scientific community continued to explore dreams in the context of the field of the physiology of sleep (Wolpert 1960; Foulkes 1966; Oswald 1966; Hartman 1967; Witkins and Lewis 1965; Kramer 1969). Topics of interest were the phenomenon of narcolepsy (Vogel

1960; Rechtschaffen et al. 1963) and the effects of hunger and thirst on sleep and dreaming (Dement and Wolpert 1958; Bokert 1967), dream recall (Goodenough 1967, 1978; Cohen and Wolfe 1973; Cohen 1974; Belicki and Bowers 1982; Belicki 1987), and dream deprivation (Dement and Fisher 1963; Sampson 1965). The approach of these experiments was generally speaking to investigate the physiological and psychophysiological correlates of dreaming.

Kleitman's research in the physiology of dreaming and modern sleep monitoring procedures sparked an interest in studying the content of dreams. Hall's research represents the first attempt to analyze the dream content itself quantitatively (Hall 1953). Later he and Van de Castle (1966) analyzed the content of 10,000 dreams under designated categories; for example, settings and objectives, characters, success, failure, emotions, and castration. They developed several empirical and theoretical scales to assist in the quantitative content analysis process. They also explored many of the problems concerned with the reliability of dream content measurements (Van de Castle 1969). These and other scales were used in subsequent studies in the content analysis of dreams by other researchers.

The approach of these studies, generally speaking, was to gather psychological data from the dreamer before or after gathering the dream report, which was obtained by waking the subject at a specific point in the sleep cycle. Dream content was related to such variables as age (phase in the life cycle), gender, socioeconomic status, race, and personality (Lott 1963; Hall and Domhoff 1963; Brennies 1970; Elkan 1969; Weiss 1969). The effects of drugs and the laboratory situation on dream content was explored in numerous studies (Whitman et al. 1960, 1961, 1969; Dement, Kahn, and Roffwarg 1965; Domhoff and Kamiya 1964; Hall 1967; Kramer et al. 1968; Domhoff 1969; Carroll, Lewis, and Oswald 1969; Weisz and Foulkes 1970). Winget and Kramer (1979) have described and commented on the methodological features of 132 dream content scales and rating systems. They have also presented a thorough tabular summary of dream content studies. The content analysis method has been useful in quantifying elements such as characters, outcomes, and social interactions in dream reports and has helped assess which elements occur over time and which changes seem to be associated with each other. The quantifiers of dreams have been careful in their statements of what conclusions one

could draw from the quantifications. Lind has suggested that interpretations of the results may be based on the idea of frequency as an expression of concern or preoccupation in regard to scored events. For example, the frequent occurrence of a particular character or interaction suggests the dreamer's concern with it in waking life. Thus the relationship between the dream and waking activity can be explored (Hall and Lind 1970; Lind 1987).

The content analysis of dreams has also provided a way to examine trends and patterns of change over time. Foulkes's longitudinal studies of children's dreams are good examples of this use of content analysis (1982). The investigation of each age group included dream reports in a dream laboratory. He provided a summary of the content analysis by age groups and concluded that the dreams portrayed cognitive-symbolic processes capable of revealing how we think about ourselves.

Foulkes's later work represents a change in the emphasis in dream research from the psychophysiological concomitant of dreaming and dream content to the cognitive psychological analysis of those mental processes that become active in dreaming. The primary concern is with "*how* we are thinking when we are dreaming rather than *what* we are thinking" (Foulkes 1985: 13). Foulkes suggests that, whereas the dream can give us clues about the nature of the human mind, the dream itself is not making a particular statement; and whereas dreaming represents a cognitive model activated by a person's memory, planning, and conscious organization, the dream itself does not contain a coded meaning or a translatable message. Foulkes's perspective on dreaming calls into question any clinical approaches that focus on the interpretation of dream content. Although he does not say that the dream has no purpose and asserts that the dream can give us rich clues about the sources of dream imagery, it is unclear how the cognitive science of dreaming can be utilized clinically.

To summarize, research in dream psychology has attempted to respond to the problem of how dreams are constructed and what is the relationship of dreaming to the body, especially the brain. This has led researchers to conduct an abundance of research projects in the psychophysiology of dreaming, dream content analysis, and cognitive psychological analysis of dreaming. The advantages of these studies have been to discover more exact and quantifiable information about

the processes and products of the brain. This research has been stimulating; however, the basic questions related to the cause, nature, and function of dreams remain unanswered. The limitations of psychophysiological research have become apparent when experiments are conducted in a reductionist manner by focusing on physiology, biology, and psychophysiology as though phenomenological, experiential, interactional, social, and cultural variables did not exist (Fiss 1979; Dennett 1981; Davidson 1981; McCarley 1981; Rechtschaffen 1983).[4] Moffitt and Hoffman (1987) comment on a pertinent and lucid critique of the "single-mindedness and isolation of dream psychophysiology." It is their opinion that it represents the influence of the ideas about and beliefs in the mind-body dualism that are ubiquitous in Western societies, even in research communities. We show in this study that the ethos of mind-body dualism informed therapists and staff at community mental health centers in their understanding of dream telling and dream interpretation and the therapeutic encounter.

CLINICAL OBSERVATION AND RESEARCH IN DREAMS

Not all psychological and cognitive dream research has been single-minded and isolated. Clinicians have approached dreams from three directions; namely, observation of existing ideas and theories of dreams in the clinical arena, the application of various research methods to explain perennial human experiences and to solve persistent human problems, and the popularization of research and clinical modalities related to dreams.

Clinical Observations of Existing Ideas and Theories of Dreams

Ideas and theories of dreams are numerous and ambiguous in societies with Judeo-Christian and Hellenic influences in their histories. The historical literature on dreams in Western societies is very extensive. My purpose here is only to mention summarily a few salient contributions to the development of cultural ideas and beliefs that were relevant in Freud's background.

Ancient Near Eastern texts dealt extensively with the subject of dreams. In ancient Mesopotamia "message" and omen dreams were

considered important; however, simple everyday dreams were regarded with caution, were sometimes considered evil and put in the same category as demon possession (Oppenheim 1966). This ambivalent attitude is reflected in talmudic and biblical texts, which have abundant references to dreams with rules and stories about interpreting them and receiving guidance from them, as well as rules and cautions for avoiding them. These opposite attitudes reappear throughout church history. Modern religious studies endorsing attention to dreams for the purpose of gaining religious insight and spiritual growth read as scholarly apologies for the Judeo-Christian tradition of dream interpretation in biblical and church history texts (Kelsey 1968; Savary, Berne, and Williams 1985).

The Greek classical tradition acknowledged the importance of message and oracular dreams and augmented this importance by the practice of dream incubation for healing. There was also an open attitude toward ordinary daily dreams. Freud commented on the work of Artemidorus of Daldis because of his suggestion that the interpreter should ascertain the dreamer's age, sex, occupation, and other socially relevant facts before interpreting the dream, rather than always resorting to fixed interpretations in dream books (Freud 1965 [1900]).

The Hellenic ethos of free inquiry into all things was reflected in the humanistic post-Cartesian world of Freud. Descartes, whose ideas emerged from lucid dream experiences and who nevertheless relegated them to the realm of accidental irrational events secondary in importance to rational waking thought, had left his mark on the eighteenth and nineteenth centuries. In reaction to Descartes, and therefore in acknowledgement of his influence, came the Romantic, naturalistic, phenomenological, and nationalistic philosophies of Freud's time. Reason seemed to be succeeded by the violence of revolutions. This is the historical context of Freud's landmark book on dreams (1900), which was one of his earlier works and which provided the "royal road" to the rest of his theories.

For Freud the dream is a disguised fulfillment of a repressed wish. Dreams are a product of the mind, a form of thinking in which we appear not to *think* but to *experience*, that is to say we attach complete belief to the hallucinations (Freud 1965 [1900]: 50). This is a compromise structure. One of its functions is to *guard sleep* from forbidden guilty disturbances and, at the same time, to *allow repressed instinctual impulses to be known* in some way by the conscious mind. This is done in

symbolic linguistic images that have a particular meaning for each dreamer. Therefore, the interpretation of dreams is "the royal road to a knowledge of the unconscious activities of the mind" (Freud 1965 [1900]: 608).

It is not possible to overestimate the impact of Freud on the twentieth century in Western societies. His influence is felt in the arts, sciences, and in many domains of human endeavor. He is variously understood and misunderstood, quoted and misquoted, accepted and rejected. Most of the dream theorists who followed him have constructed their own theories by testing his. Most of the research on the use of dreams in psychotherapy is descriptive and anecdotal, taking the form of case studies and life histories. Freud himself had taken such an approach.

Jung 1965 ([1961], 1964, 1966, 1974) saw the dream as a creative, purposeful expression of the unconscious. He rejected Freud's theory of *disguised fulfillment* and *displaced symbolism*. The purpose of the dream was not to fulfill repressed wishes but to help achieve and point to psychological balance. Although, like Freud, he related each dream symbol to the person who dreamed it by asking for the dreamer's associations, he also derived interpretations for dream symbols from parallels in mythological stories.

For Adler (1931, 1954) who was also a younger contemporary of Freud's, as for Freud, the ingredients for dreams come from the *day's residues*, which were emotionally laden thought processes and memories of the day of the dream. However, the purpose of the dream was not to fulfill repressed wishes, but it was a way of expressing problems not resolved in waking life. The purpose of the dream was to move the dreamer to the fulfillment of life goals, and thus reinforce the dreamer's life-style.

For Lowy (1942) the primary function of dreaming was to evoke emotion and to regulate the psyche. A dream connected past experiences with present emotions. Although it was helpful to interpret dreams, only a few dreams were remembered, and the process of dreaming fully accomplished its purposes outside of waking life. Moreover, it was not always helpful to *analyze a dream* because the dream should be considered in its totality and has an idiom of its own having more to do with the process of dreaming than with the interpretation of dreams.

Erikson (1954) advocated a method of analyzing the *manifest content* not only as a disguise for the *latent thoughts* but also as valuable in itself in reflecting the dreamer's life-style and stage of development. In it dreams *not only fulfill repressed wishes*, they also reflect the gains of the synthesizing ego in resolving developmental crises. Erikson constructed his theory of dreams by adding significantly to Freud's theory rather than by rejecting it.

French and Fromm (1964), also psychoanalysts, believed that dream interpretation had a problem-solving function. The dream was organized around a central focal conflict in interpersonal relations. The analyst approached the dream *not only intuitively and analytically*, but also logically by understanding its cognitive structure and systematically checking his intuitions against it. They believed the dream had a logic of its own different from the logic of waking thought but related to it.

Fritz Perls (1969), who was also trained as a psychoanalyst, rejected Freud most radically. *Instead of analyzing* a dream, Perls wanted to integrate the dream symbols with each other as though they were fragmented parts of the personality. The dream was *not to be interpreted* but to be experienced as an existential message.

Boss (1958) was a student of both Freud and Jung. He thought the dream should not be analyzed, synthesized, or explored scientifically. The dream was only for experiencing. Boss (1977) provided numerous case studies documenting the value of allowing normal adults and patients with psychiatric diagnoses to experience his phenomenological approach to dreams.

For Piaget (1962) dreams could be either compensatory or adaptive. He took issue with Freud's concept of the *censoring functions of consciousness*. In his view symbolic nonrational thought was a way of assimilating affective schemas focused on the subject pole of person-world interactions. However, this assimilation was an important part of cognition and provided a complex balance for the functions of accommodation that focused on the object pole of person-world interaction. Therefore, if dreams had the capacity to *fulfill wishes*, they could do so unconsciously as well as consciously. It is *not simply a process of disguise*, but a way of achieving awareness (Piaget 1962: 211–212).

These are only a few of the many dream theorists who have been affected by Freudian ideas and have observed or refuted them in their

own clinical practices. Their theories have generated different methods and schools of psychotherapy that have continued to test Freud's and their own theories of dreams.[5]

The Applications of Research Methods to Clinical Problems

The dilemmas faced by dream researchers in Western societies are analogous to the dilemmas faced by Western medical and health-oriented traditions in general. The capacity to dream derives from a human individual's anatomical and biochemical structure. Certain neuroanatomical and neurophysiological aspects of dreaming can be quantified, measured, and analyzed. However, although the capacity to dream is universal, the experience of dreaming, the understanding and languaging of the dream, the telling of a dream to another, the interpretation of the dream are all sociocultural and personal. Integers become quantifiable only by ignoring their uniqueness. The dilemma has been, on the one hand, to push mathematical measurements beyond the limits of usefulness or, on the other hand, to assume that nothing can be counted or analyzed objectively because every individual context is different and unique. Clinical research is often caught on the horns of this dilemma, unwilling to give up objectivity and numbers while faced constantly with the problem of analyzing the troublesome exceptions, and the exceptional single cases.

Fiss (1979, 1983), in reviewing dream research literature appeals to experimental dream scientists and clinical psychotherapists to not ignore each other's findings. He deplores the fact that, on the one hand, prolific research is derived from the study of "brains" and not from the study of "dreamers" and, on the other hand, that most clinical notions of dreaming are derived from untested theories "as if REMs had never been discovered."[6]

Most of the studies on clinical problems are attempts to compare the dream reports of specialized groups or subjects with troublesome conditions or diagnoses with the dream reports of normal subjects, to gain insight into the conditions or personality of the dream reporter. These include studies on nightmares (Van Bork 1982; Hartman 1984; Belicki 1985, 1987), insomnia (Bertelson and Walsh 1987), patients with duodenal ulcer (Armstrong et al. 1965), chronic asthmatic patients (Weiss 1969), enuretic boys (Pierce 1963), patients with postwar anxiety (Greenberg, Pearlman, and Gampel 1972), heavy

smokers (Kales et al. 1970), patients with schizophrenia (Arey 1971; Freedman, Grand, and Karacan 1966; Kramer et al. 1969), and depression (Beck and Ward 1961; Kramer 1966; Kramer at al. 1966, 1968; Van de Castle and Holloway 1971).

The clinical studies most relevant to this research have been the ones that have shed light on the clinical setting, the clinical process, and the context of dream telling. Whitman, Kramer, and Baldridge (1963) discovered interesting differences in dreams told by the same patient to the experimenter in the laboratory and later to the psychiatrist: dreams that the dreamer anticipated might bring a negative response by the psychiatrist were not told and maybe not recalled. In a later commentary on this study Kramer explains that the selective reporting "had to do with the psychology of the interpersonal situation between the dream reporter and the dream listener which illuminated the therapeutic or reporting relationship" (Kramer 1986). Winget and Kapp (1972) conducted a study of pregnant women. They discovered that those who had the most anxious dreams of labor and childbirth had the least prolonged labor, while those who had least childbirth dreams had the most prolonged labor. Findings supported the value of dreams for assimilating anxiety in the clinical situation. Another study on the adaptive value of dreams was done by Fiss and Litchman (1976) on psychiatric inpatients. They discovered that REM dream enhancement was associated with symptom relief. Cartwright, Tipton, and Wicklund (1980) investigated the relationship of dream work and the dropout rate in psychotherapy. Patients were given a two-week program of accessibility to their dreams in the dream laboratory by being awakened during REM sleep periods. Each morning the dreams of the night before were discussed with the experimenter, who was not a therapist. Those subjects who recalled and discussed dreams stayed in psychotherapy at a significantly higher rate than those who did not. Relating dream research to clinical practice remains problematic because most researchers are committed to empirical accuracy and most clinicians are committed to experiential and interactional validity. Some collections of essays and research have attempted to address this difficult integration (Madow and Snow 1970; Wolman 1979; Natterson 1980).

One of these studies is worthy of mention here. Snyder (1970) analyzed the contents of over 600 REM reports collected in a sleep

laboratory from 250 subjects. He discovered that most dream speech was recalled by the dreamers, that it was ordinary and undistorted, and that the dreams showed cognitive reflection. He concluded that there was general congruity and continuity between dream life and waking life. If the experience of dreaming life corresponds to the experience of waking life, then it is difficult to accept the relevance of the findings of the purely cognitive approaches of dream psychology. Snyder's experimental phenomenological study is still taken seriously by contemporary researchers in dream psychophysiology (Moffitt and Hoffman 1987: 168) and cognitive psychology of dreams (Hunt 1987: 260).

Fiss (1983) presents us with assumptions and three investigative paradigms for clinical research on dreams. The assumptions are that clinical research *can* be scientifically sound *as well as* clinically relevant and that it is to be focused on dreamers and not on brains. The three laboratory paradigms for investigations are *dream interpretation*, in which REM time is interrupted thus increasing the dreamer's motivation to continue dreaming in order to concentrate attention on problem solving; *dream enhancement*, in which dreams are highlighted by focusing the dreamer's attention on them, especially with REM dreams, which are therapeutically more beneficial; and *dream incorporation*, in which dream content is influenced by specific presleep stimuli, and the effects of these stimuli are studied after the dream. Although none of these methods is new, Fiss calls attention to them as being especially useful to the traditional research-oriented clinician.

The Popularization of Research and Clinical Modalities Related To Dreams

In the past fifteen years there has been a trend toward popularization of the clinical research and clinical modalities, as well as the exploration of common human experiences related to dreams that do not cause problems; for example, lucid dreaming, dream recall, and dream telepathy. These experiences have been studied by professionals and also focused on by the general public.

In selected cases the professionals have made an effort to popularize their work. Faraday's books (1972, 1974) read as self-help guides for intelligent lay readers. She elucidated many dream theories, particularly the Gestalt approach. Garfield (1974) gave suggestions for improving dream recall, lucid dreaming, and for "redreaming" (1984);

and Delaney (1979) advocated a dream incubation method. All these books were very popular and have sold extremely well. Other popular books on dreams have advocated new methods of working with dreams (Williams 1980; Mindrel 1982; Taylor 1983; Savary et al. 1985; Gendlin 1986; Siegel 1986). These do not represent the first or the only popular books on dreams (Weiss 1944; Zolar 1984). They do, however, represent an effort by professionals to deprofessionalize the study of dreams and blend popular ideas, clinical experiences, and dream psychology. The Association for the Study of Dreams is the first American professional association open to anyone, lay or professional, seriously interested in studying dreams.

The trend toward deprofessionalizing and popularization of dream work has had an effect on the research community, noteworthy to the social analyst. On the one hand, it has brought to the general public an interest and some understanding of dream research and, on the other hand, it has provided the research community the interest to do research on topics not previously considered important or research-able. It also has pointed to the importance of the setting and the at-mosphere in which research is done.

Ullman, a psychoanalyst whose work on dream telepathy re-ceived mixed reviews and who calls his current dream work with groups a technique for deprofessionalizing dream work (Ullman 1987a), has some very important comments on the importance of the context and setting on dream work and on dream research: "What comes into our dreams are social products. We can't dream about im-ages that don't exist somewhere in society. We can put them together, we can mold them and so on, but they had to come from out there. And since they come from out there, they very often speak as much to the unsolved problems of society as they do to the unsolved problem of the individual" (Ullman 1987a: 5). He deplores the fact that the general public is afraid of dreams and that the only socially sanctioned arrange-ment for doing dream work is psychotherapy (Ullman 1987b: 1, 4).

Lucid dreaming is the experience of knowing that one is dreaming while the dream is going on and the capacity, which can be learned, to retain that awareness and control the nature of one's dreams (Green 1968; LaBerge et al. 1981a, 1981b; LaBerge 1985). The lucid dreamer while dreaming makes an intentional sequence of eye movements, which is determined beforehand with the experimenter,

thus communicating intentionally with the experimenter while asleep. These experiments have been hailed as "LaBerge's proof" that lucid dreaming can be demonstrated in the laboratory (Moffitt and Hoffman 1987: 153).

Lucid dreaming is a very important topic for the scientist as well as for the general public because it represents one of the methods of working with dreams that is supposed to increase creativity and mental health. Domhoff (1985) considers lucid dreaming an aspect of the "new mystique of dreams" in America, along with Senoi Dream Theory, in which dream material is discussed, reenacted, and transformed in waking life. This approach is supposed to promote peacefulness, cooperation, and creativity. Domhoff discussed the controversial work of Kilton Stewart (1946, 1954, 1969) and especially the enthusiastic adoption of it in American society in the 1960s. He uses the work of Robert Dentan's ethnography (1968) to cast doubt on the authenticity of Stewart's work. Domhoff links the appeal of Stewart's ideas in the 1960s to an ethos of utopian idealism expressed through the human potential movement. His book has caused a reaction from Senoi dream enthusiasts, on the one hand, who say that the theory "works whatever its origins," and, on the other hand, from critics and reviewers like Faraday who thought Stewart was fraudulent (Faraday and Wren-Lewis 1984) and who wonders why anthropologists did not contradict Stewart earlier (1988). Domhoff's later communication about his book is that the mystique of dreams presents an allegory "about the perennial search for authenticity and self-improvement that is deeply rooted in American values" (Domhoff 1988: 1).

Thus, research on dreams in America has had three important influences that are still powerful today; namely, the availability of electronic sleep monitoring that has made it possible to conduct experiments, the influence of Freud on clinical practice, and the popularization of dream work.

ANTHROPOLOGICAL RESEARCH IN DREAMS AND DREAM TELLING

The subject of dreams has rarely been the principal focus of ethnographies, although there is much information about dreams and dream telling in ethnographies that focus on related subjects: for exam-

ple, religion (Rattray 1927; Boas 1930; Spier 1933; Firth 1934; Speck 1935); divination (Bastide 1968; Tedlock 1978); spirit possession, trance, or other altered states of consciousness (Bourgignon 1954, 1965, 1972); witchcraft (Pitt-Rivers 1970); medicine and healing (Forde 1931; Wallace 1958; Vogel 1982); and cross-cultural personality studies (Eggan 1961; Honnigmann 1961). These studies use a variety of methodologies and approaches.

Most of the reviewers of anthropological studies of dreams acknowledge the influence of Freud and psychoanalysis on dream research. Also, a few studies, extremely important for this research, deal with the social functions of dream telling. Studies on the influence of Freud and studies on the social functions of dream telling will be reviewed separately in this section.

The Influence of the Psychoanalytic Framework in the Study of Dreams in Non-Western Societies: Five Examples

The most obvious evidence of Freud's influence was an increased interest in the study of dreams as Freudian theories became known in the second and third decades of the twentieth century (Lincoln 1935; D'Andrade 1961; Eggan 1961; Barnouw 1985 [1963]; Textor 1967; Bourgignon 1972; O'Nell 1976; Kennedy and Langness 1981; Dentan 1987a).

Before Freud the interest in dreams was related to an intellectualist interest in the study of "primitives" and "primitive mentality." Taylor (1958 [1871]) discussed the significance of dreams in a variety of societies. He thought that primitives made little distinction between dream images and waking reality. Levy-Bruhl (1923) postulated that primitives were indifferent to the laws of contradiction because they accepted their dreams as true. Freud himself encouraged an interest in anthropology among his entourage. In 1909 he wrote a letter to Oppenheim, a classical scholar, to invite collaboration on the subject of dreams in mythology and folklore. This resulted in a coauthored essay that was published posthumously (Freud and Oppenheim 1958). Their conclusion was that "Thus on this occasion we have been able to establish the fact that folklore interprets dream symbols in the same way as psychoanalysis, and that, contrary to loudly proclaimed popular opinion, it derives a group of dreams from needs and wishes which have become immediate" (p. 65).

It is significant that both Seligman and Rivers, who were physicians interested in developing anthropological fieldwork methodologies, were also both greatly influenced by Freud, *and* were interested in dreams. Rivers wrote two seminal works on dreams. In the first one he concluded that the dream experiences in primitive cultures supported most of Freud's theories (Rivers 1918). In the second one he departed from Freud's concept of wish fulfillment, stating that dreams were attempts to solve in sleep conflicts that were disturbing in waking life (Rivers 1923). Seligman was interested in examining the universality of dream themes in various cultures to discover whether the psychology of the unconscious could provide a useful approach to basic anthropological problems. In his introduction to Lincoln's pioneering book on dreams, Seligman expressed dissatisfaction with the rigidity of interpretation in both the Freudian and Jungian approaches (Lincoln 1935: xi). Lincoln's book represents the first intensive use of psychoanalytic theory to analyze cultures, as well as the first and most extensive anthropological comparative research on dreams and dream telling. Lincoln saw the dream as a transitional process from which originate cultural patterns. He emphasized the distinction between culture pattern dreams and individual dreams that had been made by classical scholars and scholars of the ancient Near East (Dodds 1951; Oppenheim 1966). This distinction has been retained and researched in many studies.[7]

The literature on dreams and dream telling is so extensive that it is impossible to review it all. Yet in no topic is the close and, at times, uneasy relationship between psychoanalysis and anthropology more evident than in the study of dreams and dream-related behavior. Therefore, my purpose here is to (1) select only five different examples of the relationship between anthropological studies and Freudian theory and (2) address the social functions of dream telling as they appear in selected anthropological studies on dreams and dream-related topics.

The first illustration is from the work of Geza Roheim, who was a psychoanalyst, a friend of Freud's, and the first ethnologist to advocate and utilize a psychoanalytic approach to interpret culture. He was encouraged by Freud and subsidized by one of Freud's followers, Princess Marie Bonaparte, to make psychoanalytic-anthropological studies of Australian tribes (Roheim 1945). Roheim applied Freudian

theory as a code to interpret cultures. For example, he viewed the immortality myths of Australian aborigines as a denial of separation anxiety. He found the Oedipus complex and castration anxiety in the manifest dreams of his informants and applied his analysis of the latent thoughts to his analysis of the culture. He also presented an investigative methodology for the anthropologist in the field (Roheim 1947).

In the next few years ethnographic studies of dreams and related subjects became part of a subfield called *culture and personality*, in which the Freudian idiom was used freely and Freudian concepts were applied, albeit a little more cautiously (Wilbur and Muensterberger 1951).

The second example is presented in one of the contributors to the essays in honor of Geza Roheim: George Devereux (1951). Devereux's contribution to psychoanalysis and anthropology is unique. He called his method *ethnopsychiatry*. He described a psychoanalytic treatment with projective tests, at least thirty interviews, and dream interpretations using the Freudian theory in a way that adapted it to his patient's culture. He criticized anthropologists who refused to modify Freud as well as those who felt compelled to "throw out the baby with the bath water" (Devereux 1951: 191). Therefore, in interpreting dreams he took into consideration not only personal associations but also cultural evaluations of dream symbols. In studying the cultural phenomenon of dream learning among the Mohave Indians (Devereux 1957), he considered individual shaman's different versions of a dreamed myth and proposed that both the manifest content and the latent thoughts were important. This method of achieving personal empathic communication in the context of cultural understanding is also described by Kracke (1981) and Kilborne (1978).

The third case is represented in the work of Bronislaw Malinowski (1927), who took Freud's work seriously enough to challenge it. In fact, he seemed to use Freud's theory of dream interpretation as a springboard for his own theory. His famous controversy with Ernest Jones led him to propose the substitution of the matrilineal family complex for the Freudian Oedipus complex (Malinowski 1927: 135–147). He postulated a functional analysis of dreams, for the two different types of dreams: the official dream and the individual dream. The "official dream" was a dream by one in-

dividual for the whole community; for example, a dream about a good spot for a fishing expedition. The function of the "individual dream" or "free dream" was to evoke feeling and motivation for action: "for these natives, remarkably enough, reverse the Freudian theory of dreams, for to them the dream is the *cause* of the wish" (Malinowski 1927: 94). In his process of interviewing and questioning informants, Malinowski was as masterful, persistent, and sensitive an interviewer as Freud looking for the latent information under the manifest dream symbols through the dreamer's associations.

The fourth example is found in the work of Dorothy Eggan (1952, 1961, 1966) and researchers who did content analyses on the manifest content of the dreams of their informants (Schneider and Lauriston 1969; Lee 1970; LeVine 1966; O'Nell and O'Nell 1963; Gregor 1981). Eggan suggested that content analysis studies were useful for analyzing cultural and personal as well as universal symbols (Eggan 1952). She maintained that there was an interaction between the manifest dream and the belief and value systems of society of the dreamer, therefore she postulated culture-bound interpretations in which Freudian concepts unilaterally imposed on non-Western societies were of limited value.[8]

The fifth illustration is in Benjamin Kilborne's work (1978, 1981a). He studied dream interpretation in Morocco, always placing the dream report in the particular social situations in which they functioned as communications. The questions that he posed for himself in his research are, Who tells the dream? To whom is it told? What is the role and status of the dreamer and the dream interpreter? What is the nature of their interaction? What is the function of dream telling, interpretation, and evaluation in Morocco? Is there a relationship between the dreams people have and their social values and cultural patterns? He reviewed traditional Islamic Moroccan concepts of dream interpretation, described the functions of the interpreter, and provided traditional interpretations for each dream *as well as* a Freudian interpretation. His method demonstrated that no single theory of dream interpretation is suitable for dream interpretation without taking into consideration the social context in which dreams are told and the native interpretation of the dreams.

Tedlock (1987) in her critique of dream researchers, confirms that the social context in which the dream is reported to others may be

as important as the dream itself. The dream itself provides only an analysis of the imagery. This is not enough without the interpretation of the circumstances, social status, events, and reaction to the imagery that the dreamer provides (Tedlock 1981: 314).

Issues of the Social Functions of Dream Telling as per Selected Anthropological Studies

Kilborne made the point that anthropological studies of dreams and dream interpretation have suffered seriously from a failure to distinguish between the dream as experienced and the dream as reported (Kilborne 1981a: 295). The dream as a reconstructed report is inseparable from the particular social context. In the following studies the researcher commented on issues of social functions of the dream, on the role and status of the dreamer and the dream interpreter, on the relationship between dreams and social values, cultural patterns and myths, and on the dream telling interaction.

Most ethnographers noted that dreamers and especially inter-preters had to have *special roles and statuses* to be entitled to tell and hear dreams. Among the Mohave Indians (Devereux 1957) young aspiring dream interpreters presented their dreams for interpretation and shamans or seasoned interpreters told the shamanic lore while they modeled for the novices their new social role. The Quiche Maya (Tedlock 1978) taught the young novices to interpret their dreams through direct discussions of sensations in their hands and legs and by sharing the sensation in their own bodies as they heard the dream before the initiation. Dream interpreters called *day keepers* also prac-ticed as diviners and curers *whose services were sought* even beyond regions of Quiche communities. Among the Mae Enga of New Guinea (Meggitt 1962) and the Walbiri of Australia (Meggitt 1965), the dreams of young men while they were in seclusion in the clan lodge were valued by all. During these times a young man might acquire *the status and reputation of a specialized dreamer*. Meggitt told an anecdote of a man who dreamed, told, and interpreted his dreams so that external events proved him correct. However, no one regarded his dream as significant. They dismissed the dream and its interpretation as a lucky guess because the man was not regarded as a special teller and inter-preter of dreams (Meggitt 1962: 221). The telling of dreams seemed to *confer social power* for the Yuma of the Gila River (Spier 1933). Nobody

but a dead chief's son could dream the necessary powers to succeed his father.

Charsley tells us of an African church in western Uganda where dreams were shared regularly in the context of the church service. The dreams were about church and church members, and the telling of dreams resulted in confessions (Charsley 1973). Because of the importance placed on the paradigm of dream interpretation as a channel of communication with God in that particular church community, dream telling became a way to contribute valuably to the group life. Charsley discovered that, although all members were allowed to tell dreams in church, in practice the tellers of dreams were active members. In fact, they were active members of a special kind: young men and women who held less powerful positions told dreams less often than older males who were active members of the church. As for dream interpretation, it was regarded as *a special gift from God and was restricted to a few recognized leaders*. These were in practice almost always the senior office holders. Charsley's social analysis shows that, for that church, dream telling became "a channel through which members could bid for status within the group by attempting to contribute valuably to its life" (Charsley 1973: 252).

Among the Saulteaux of North America (Hallowell 1942), the ability to conjure was acquired as a dream blessing, and a quest or call was seen in a vision. It was from the vision that a person received power to carry out the calling. Further examples of how dream telling was used for *socialization* can be seen from the Hopi (Eggan 1966). Dream telling was used to educate the younger members of the community about tribal history and tradition (pp. 262–263). Similarly among the Mohave Indians (Devereux 1957) the myth was dreamed and sung ritually to receive the power to heal. Among the Negritos of the Philippines (Stewart 1954), the function of dream telling was also *to socialize and educate*. Dreamers were told that they have dreams for the sake of the community and admonished to bring something of value from their dreams to the community.

In Kilborne's study (1978), the Moroccan dream interpreters were Koranic schoolmasters who saw themselves in the role of reassuring parents, thus encouraging the dreamers to assume the role of "good" responsible children. Dreamer and dream interpreters relied on shared fantasies about the situation in the dream and drew on the