A HUNDRED YEARS AGO

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DREAMS AND THEIR VALUE IN TREATMENT

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THE TREATMENT OF WAR PSYCHONEUROSES by making the sufferer face his memories and grow accustomed to them is directly opposed to the old-fashioned plan of urging him to "forget all about it."

The men have almost invariably been trying to forget, and need lengthy argument before they are convinced that the opposite process will help them, but an intelligent patient who has been through the "cure" is often able to overcome their objections, and help them to recall memories with the result that the emotional effect of these disappears as the patients grow more familiar with them.

There are degrees of "forgetting," from a mere reluctance to think of terrifying episodes up to a complete amnesia, even for the whole of a man's experience in France.

As the memories are brought to the surface, the symptoms diminish or disappear; the stammers and tremors grow less, the very real feelings of impending disaster only occasionally recur, terrifying dreams cease, and the sufferers become enthusiastic in support of a method which they at first opposed.

Certain incidents associated with emotion are so repugnant to the man's feelings that a psychological mechanism intervenes and prevents the memories from coming into his consciousness; it is this mechanism which Freud call "the censor."

There are various methods of evading the censor, and the one I describe depends upon the tendency of a repressed memory to appear in the patient's dreams; though the emotion may be the only true part of the dream, the incident itself being usually symbolized or distorted. If the incident appeared correctly and completely, the censor would be defeated and the memory come into consciousness. But some are repressions in the fullest sense of the word.

The patient relates the dream to me, and I question him about it, explaining a little of the mechanism of repression. If the underlying memory is not deeply buried, this questioning may recall it, and it is only necessary to insist on the man talking about the incident. This procedure I call "open association," but it usually fails to reach the core of the dream.

Next I make the patient close his eyes and visualize the dream; he often elaborates it at this stage, and I try to ascertain what particular feature causes emotion. By dwelling upon this feature and the feeling it produces, I induce an emotional state and assure him that he felt like that once before, and that the memory is coming up. When success is obtained, there is a sudden change of facial expression or even an access of terror which startles me; by this I know that I have reached the true cause of the dream, and that the story I obtain is the essential one.

I have sometimes successfully worked with the emotion felt on waking, even when the dream cannot be remembered. The method I call "sleep association," and the incident recalled is sometimes forgotten again as soon as the man opens his eyes, and may be strenuously denied at subsequent interviews.

It is hardly possible to describe the display of emotion which accompanies the revival of these memories, and I have several times seen a man try to escape from my room in order to avoid telling his story. But the relief experienced and the gratitude expressed later are sufficient proof of the value of the Theory of Repression. Here is one of the 17 cases I have reported recently.[1]

Patient was a pre-war psychasthenic with various phobias who had had one "nervous breakdown"
Dream: Chased by a lion in a street at Diss.
Emotion: Terror!
Open association: Stayed at Diss when a boy; saw a circus there; no memory of any fright there.

The patient had initially strongly objected to closing his eyes, fearing mesmerism. Indeed, I smoked during the interview to help allay his suspicion of mesmerism.

Sleep association:
He associated his terror with the face of the lion
Well look at his face.
'He's chasing me.'
Who is chasing you?
'The gipsy'

Then came a detailed story (eyes still closed) of being chased; even the man's clothes were described minutely. When he opened his eyes the look of amazement was comic.
'How did you do that, sir?'
You know all I did.
"But I could swear I felt your hands moving in front of me.
Look at my cigarette ash. I have been here. Now tell me the story again."
I can't, t's going again.

The memory went and could only be recalled by a repetition of sleep association. I kept him talking about it till I made him tell it to the ward sister. Next day he said he had written to his mother and told her, lest he might forget it again. He said, "I feel a great load off my mind."

1 Culpin M. Dreams and their value in treatment. The Practitioner 1919; CII:156-162

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