

Dreams and Evil*

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"I must fight until I have conquered in myself what
causes war."

Marianne Moore

The events of September 11, 2001 set many of us thinking about the nature and pervasiveness of evil and the source of the hatred that fuels it. Lurking in the background is the fear that if we fail in our current "attack" on evil, an even greater danger awaits us. Having perfected weapons of mass destruction, there is not certainty that we will ever be able to contain their use.

The question I wish to raise is this: Can creatures molded in the atmosphere of industrial society ever get to the point where subjective maturity becomes as important as objective understanding?

*An address given to the membership of the Dream Group Forum (Dromgruppsforum), April 21, 2002, Stockholm, Sweden. The organization had been founded twelve years earlier to perpetuate the group dream work I initiated there in 1974. The audience consisted of faculty, trainees and those who had completed the program. Most were personally known to me through the dream work we did together over the years. The informal atmosphere resulted in a greater level of self-disclosure than I would ordinarily have expressed.

Put more specifically, will the creativity and integrity of dreaming consciousness ever be accorded a level of social salience that can effectively temper the mis-steps and limitations of waking consciousness? There have been societies (and still are a few, e.g. the Hopi Indians) that have used their dream life in the interest of cultural cohesiveness. It might take centuries, if ever, to reach that same goal, but a start has to be made somewhere. Judging by the mounting interest in dreams in the United States and in Sweden, now is an optimal time to move toward a post-industrial society that will include dreams on the agenda.

September 11th was a wake-up call, the seriousness of which is slowly sinking in. One country, Afghanistan, is faced with the huge task of reinventing itself. As of this writing Israel and Palestine are locked into an escalating struggle with the rest of the world helplessly standing by. The universal capacity for evil is playing itself out in a way that involves each of us.

It is not a struggle between absolutes, evil on one side and good on the other. Evil evolves along a spectrum of intensities where the varying degrees blend into each other, Hitler at one end and Mother Theresa on the other. We can no longer look to a God to wipe evil out in one fell swoop as was chronicled in biblical narrative of the time of the great flood and the destruction of Sodom and Gomorrah. We are party to the outcome of history. Somewhere in this spectrum we are all involved in the perpetuation of evil if we are to make room for our capacity for healing compassion.

Will our dreams have a role to play in stemming the rising tide of evil? Does the struggle have to go beyond political and diplomatic maneuvering? Is our dream life relevant to thwarting the threat of a conflagration far greater in scope than all others that preceded it? Is the current level of diplomacy too self-serving to get at the root causes of the prevailing level of evil? At the moment it's hard to say which will win out. Forces bent on destruction don't fight fairly. Can we move beyond palliative measures that only seem to result in newer and bigger problems? The ultimate question then becomes: Can the struggle for global unity be augmented from below?

There is something qualitatively different about the current conflict we are engaged in. In the past it was sufficient for diplomacy and the military to handle matters. They are still necessary but a whole new dimension has come into being. Like it or not we are all enlisted fighters in the

struggle. We are up against an enemy that is both effective and hidden from us. To avoid further victimization we are going to have to discover more of what is hidden from us. That is precisely what our task is as individuals. To fight effectively we will have to understand the enemy within as well as without. Evil is like a dormant cancer cell. When the conditions are ripe it makes its presence felt.

There are categories of evil. There is macro-evil defined as the wholesale destruction of innocent human beings. It comes in two main subcategories. The first is evil perpetrated for the glorification of the leader and/or of the state. We have witnessed many examples of this in recent years. The Holocaust tops them all. In the second sub-category the evil is perpetrated in the interest of a *presumed* higher good. I consider Hiroshima and Nagasaki as examples of this.

There are also two categories of micro-evil, one large scale but impersonal, the other personal. The general criteria that applies to both is the reduction of human beings to the role of objects available for exploitation. Destruction is not the goal since the object as object has value. The difference between the two sub-categories is the scale on which it is carried out. The first is the social fall-out from corporate evil. The unbridled pursuit of corporate power as in the case of Enron in the United States and Eriksson here in Sweden, results in a level of greed that can without warning transform thousands of human beings into discarded objects. Political corruption can have the same effect. Eisenhower, in his final speech as president, warned the nation about the growth and power of the military-industrial complex. We are witnessing an experiential increase in that power at the present time in the war against terrorism.

The word "evil" is not generally applied to the second category of micro-evil. Abuse is a better term. It refers to the common garden variety of things we do to each other and to our children¹ that are hurtful to others as well as to ourselves. Very few if any people grow up perfect in this far from perfect world. Most of us carry about unfinished emotional baggage from our past that operates insidiously to hurt the other as well as ourself. We are not always at our best in

¹ In the latest catalogue of a well-known academic publisher (Sage), twenty-one new titles appeared on child abuse and fourteen on domestic violence.

dealing with others. When an exchange occurs with another person that exposes a false move on our part, one that we are not yet ready to acknowledge as false, we are apt to fall back on defenses that automatically come into play when a spurious aspect of our self-esteem system is challenged. The status quo is maintained at the expense of insight and change. The other, as the cause of our pain, discomfort or annoyance, is reduced to an object upon which we can vent our spleen. In losing sight of the humanity of the other, we lose sight of our own humanity and reduce the situation to an object to object encounter.

Unfortunately, our demons don't give up easily. Technically known as mechanisms of defense, such as denial, rationalization, and projection, they hang in and undermine our own humanity and the humanity of others. When they take over a situation an object to object exchange comes into being. Elsewhere (Ullman, 1959) I have written:

"Narcissism has reference to the self-aggrandizement that accompanies the status-reduction of others. Passivity and dependency are descriptive of the techniques of fitting into the scheme of things by the transformation of the self into an object capable of parasitic attachment to a powerful being. Withdrawal involves the unreal effort at removal of the self from corrupting influences. Compulsivity derives from the limiting stereotyped fashion in which object-to-object transactional behavior is forced to occur. The obsessional character highlights the ritualistic aspect of a fetishistic mode of life. The hysterical character highlights the denial involved."

The essence of dream work is to recognize and ultimately resolve this slippage from an I-Thou relationship to an I-It relationship. It is in this micro-category of abuse that dream work could come into the picture. Through a deeper and truer awareness of our emotional limitations we can come to terms with them and work to change them. That is what dreams are all about, so why not make better use of them? It is this microlevel of abuse that ultimately adds up to recognizable evil. What may be minor flaws in individuals, when writ large can lead to false and

vulnerable ideologies. There is nothing like dreams to temper our grandiosity and expose the way we project our shortcomings onto others.

In my view the following features of dreaming consciousness warrant a more serious investment in our dream life and how that might fit into the struggle we have been drawn into against evil.

- 1 . Our capacity to dream constitutes a natural healing system and serves us as any other bodily system does to maintain optimal functioning and to eliminate any interfering toxic input. It differs qualitatively from other systems in that its concern is with the management of our emotional potential and the vicissitudes that potential is subject to. Authenticity in the expression of feelings is not always easy. Love and anger are the ones most at risk in our society. Dependency can masquerade as love. Hate and hostility can masquerade as anger. Hate, for example, results in the wish, conscious or unconscious, for the actual destruction of the instigator. The goal of anger is primarily self-protection and only under extreme circumstances warrants the destruction of the other.
- 2 . In their monitoring of problematic emotional areas dreams serve a survival function for the individual and for the species. We are more in touch with what is real when we face the truth rather than deny or suppress it. This concern with emotional authenticity arises out of an incorruptible core of being that comes to life in our dreams in a relentless way throughout our life regardless of what artful dodges we resort to awake.
- 3 . The bonding capacity of the dream is a function of the language it uses. Awake, discursive speech is suited to living in and communicating about a world of discrete objects experienced as external to ourselves. We also have available to us the language of metaphor to convey a felt sense of connectedness to others and to the world around us. The poetic metaphor does it for us in our waking state. Metaphorical imagery does it for us asleep and dreaming. A remarkable and on-target ability to create original and meaningful images comes to life in the dream. I refer to this as the metaphorical transform. It pierces sham, hypocrisy and expediency and directly to the heart of the matter. It links poetry and

dreaming together. It occurs effortlessly and spontaneously with the onset of a dream. The poet has to work at it.

These three features are the basis of my view of dreaming consciousness as a phylogenetically ancient protective mechanism that with the development of abstract symbolic thought, underwent a profound change. A primitive concrete pictorial mode of expression evolved into an abstract metaphorical imagistic mode capable of reflecting back to us issues arising out of social intercourse. This, in turn, led to another profound change. The primitive nocturnal value of dreaming in other members of the mammalian kingdom no longer sufficed to serve as a protective mechanism. For that to be preserved, the dream at times had a message important enough to be heard and understood in the waking state. It had something to say about ourselves that went beyond our waking level of self-awareness.

When the dream does not undergo this transformation it remains to some extent a stranger in our midst. When you think about it this is a rather strange circumstance. Unlike other bodily systems that function automatically, this unconscious domain of ours needs help from our conscious domain when a dream is recalled to free up the feelings and information embedded in the imagery. This, in turn, is most effective when the help of others is available in the social domain. Asleep and dreaming and temporarily disconnected from our social role, the unconscious domain sets the agenda. Awake the dreamer, faced with the immediate resumption of his social role, has two options. He can step back into it despite whatever rumblings the dream may have set off, or he can be open to exploring whatever prospects for change this new agenda may be offering. When it comes to dream work, openness to change is best facilitated through the support and stimulation of a helping agency.

Primitive cultures used the bonding nature of dreams in the interest of cultural cohesiveness. It took a long period of dormancy before Freud attempted to systematize its healing potential. However one looks at dreams, their healing value rests on the truths they contain and the waking effort to uncover those truths.

At this point I am going to offer an analogy that may seem like a detour around my stated aim of exploring dreams and evil. In my writings I have emphasized the talent we have as dreamers to zero in on emotional truths that we gloss over awake. There is, however, more to an understanding of this gradient of emotional authenticity than considering it simply as a true-false dichotomy when compared to the waking state. My point is to consider gradient differential in terms of "emotional incompetence" with the emphasis on the existence of a defect rather than on the teasing out of the historical origins of the defensive maneuvers that obscure the truth. The former is ethically neutral. The latter has implicit ethical overtones suggesting we are afraid to face the truth. While at first glance this might seem irrelevant to the subject at hand, I consider it a productive way to find a greater place for dreams in our struggle against evil at the level of personal abuse.

The business of dreams is to track our feelings and to do that in a way that is a bit more authentic than we are capable of doing awake. Putting it this way implies that feelings can be authentic or not. Authentic feelings serve as connective tissue needed to deepen or repair our felt connection to others when issues arise that impinge upon those connections. This is best clarified by example. Anger is an authentic emotion. Anger is necessary to expose what has gone wrong in a situation so that it can be resolved without further injury to the parties concerned. The analogous inauthentic response is hatred. This is a defensive maneuver designed to symbolically or actually do away with the offending party. It disguises the discord and undermines any effort at resolution. An authentic feeling moves in the direction of honesty and love. An inauthentic feeling is manipulative and abusive. To choose another example, guilt can be genuine or phony. Genuine guilt is remorse and involves empathy for the other, regret for the hurt inflicted and the ability to accept responsibility to work toward change. Neurotic guilt is a manipulative effort to gloss over the situation with the appropriate words but not the appropriate feelings. Again, this is abusive, blocks growth and is designed to maintain a spurious self-esteem.

For the moment let us shift from the psychoanalytic emphasis on the psychodynamic origins of inauthentic feelings to simply consider them as manifestations of emotional incompetence. In an analogy I wish to draw, the importance of this shift will become evident.

Inauthentic feelings are the functional equivalent of what, at an organic level, are incompetent emotional responses as a consequence of brain damage. I have in mind a specific complication known as anosognosia. This refers to the patient's unawareness of a defect, most often the denial of a hemiparesis. It can occur following damage to the parietal area often associated with some degree of generalized brain damage. The following example is taken from a research project I worked on as the psychiatric member of an interdisciplinary team studying strokes. My task was to assess the behavioral changes (Ullman, 1962).

When, in the course of the examination I would point out to a patient who had a partial or complete hemiparesis, that he was unable to move his arm or leg or both, some form of denial would occur.

- Q. Do you have any weakness in your left arm?
- A. Not a bit. I'm weak for something to eat or drink.
- Q. Hold up your right hand. (Patient does so)
- Q. Hold up your left hand.
- A. I'll get it in a minute. (Patient does nothing)
- Q. Hold your left hand up.
- A. You never have to use the left hand like the right. Nobody does. (Rationalization)
- Q. But can you move the left hand?
- A. It's not paralyzed. (Explicit denial of disability)
- Q. Why are you not moving it?
- A. That's the arm I fell on. (Confabulation)

Another patient:

The patient was lying in bed. His left hand was protruding from under a blanket. He spontaneously remarked, "When I got put in bed, this arm was sticking out. I told the doctors and

nurses. They think it is my arm but it is not. That's been sticking out like this ever since I was put in here."

Q. Do you know whose hand it was?

A. How could I know it was there when I got here.

Q. Whose hand does it look like?

A. I don't know.

Q. Does it seem strange to you?

A. You're telling me! It's the strangest thing I ever saw. I asked the doctors and nurses. Nobody ever said a thing about it. We're so close to the ferry that brings bodies over to Potter's Field, maybe they threw one out sometime.

Q. Do you have any other ideas about it?

A. Well, the morgue is not far from here. I've never been there.

Q. What is the difference between these two hands?

A. That's the left hand not attached to my body.

To further develop the connection between the predicament of the brain-damaged patient and the dreamer, I will briefly review the three key factors in the analogy, namely, anosognosia, confabulation and the authenticity of feelings.

Anosognosia: This refers to the denial of defect in the braindamaged patient. In the extreme case (patient #2), the paralyzed limb is not felt to be an integral part of the patient's physical sense of himself. As a consequence of the impairment of abstract thought associated with diffuse brain damage (Goldstein, 1949), the patient comes up with a concrete explanation. "If I don't feel it it is not mine." Or the patient may not disown it but simply deny that there is anything wrong with it (patient #1).

The dreamer also has a problem with abstract thought, but it comes about in a different way. In contrast to the structural brain damage in the stroke patient, the capacity for abstract

thought is not lost. It is transformed. Awake abstract thought can be conveyed in two ways, directly through discursive speech or indirectly through metaphor, verbal through poetry or imagistic as in painting or other art forms. In dreams we revert to a phylogenetically ancient imagistic mode. Our capacity for the abstract is not abandoned. It is creatively embedded in a series of pictures that can, by their appearance and the way the story imagistically unfolds, capture the feelings that are arising at the moment. This is a remarkable combination of concrete and abstract thought. I refer to it as the Metaphorical Transform.

Confabulation: In their study of brain-damaged patients, Weinstein and Kahn (1959) emphasized the tendency of these patients to resort to confabulation as a way of coping with their loss. They regarded this as an effort to maintain an intact body image in the light of the disaster that has befallen them. The dictionary definition of confabulation is of interest: to confabulate: to talk together, to converse, to talk together in an informal familiar way, chat,² see FABLE.

Neither of these definitions mention the sense of falseness that has come to be associated with the term, but hint at a sort of looseness at conveying anything very serious or truthful. Confabulation is not exactly a lie, but it is not the explicit truth. The derivation from the word "fable" suggests it conveys an implicit truth. An intact person reads the fable with that in mind. For the brain-damaged patient it seems to function without that clear awareness. He is to maintain a foothold of sanity under the stressful conditions both of loss and a lack of understanding of the predicament he is in. He is constrained by an event he cannot control. The equipment to deal with it no longer exists.

Again the dreamer is in a somewhat comparable situation. Our dreams confront us with both unawareness and implicit awareness at the same time. Our dreams deal with the interplay between the inauthentic and the authentic in our lives. We are generally not aware of this at the time. It takes work, help and the support of others to bring the metaphorical intent out into the open. When our brain gets the signal to start dreaming an unconscious awareness oxymoronically

² Webster's New World Dictionary, college edition, 1962.

zeroes in on feelings derived from recent events but not yet resolved. Starting with the imagery the imagistic story being told, we need the help in wakefulness of abstract thought to work our way back to the feelings.

The dreamer has a kind of psychological diplopia. The dream is experienced at one and the same time as a strange foreign body along with the feeling that it is coming from a very private part of oneself. There may be some awareness that this personal pictorial fable challenges a given status quo with the result that awake we may block any effort to hear what the dream has to say about our self-image. That's where the help and support of another or others is needed.

Authenticity: The stroke patient is structurally handicapped in dealing with the anosognosic response. Authentic feelings are simply not available. He has to resort to a cover-up.

The dreamer is functionally handicapped in dealing with the authenticity being portrayed in the dream. Awake he is looking at that bit of exposed truth with tinted eyeglasses colored to protect against too much authenticity. We come into this world with the ability to develop a reliable range of emotions but we live out our lives in a society that only too often pays lip service to authenticity and nurtures expedient or inauthentic responses. We handle pleasant feelings more readily than painful ones. Earlier we referred to hostility and neurotic guilt as the inauthentic counterpart to anger and remorse. There are more of them. Genuine pride masquerades as hubris, love as dependent compliance and empathy as polite or expedient interest. Authentic feelings come into being as social connective tissue. Their expression in practice is contingent on the amount of room made for their manifestation in the course of early development. In the absence of a proper environment feelings are channeled into defensive responses that impair bonding. In the absence of countervailing influences these responses are reinforced and surreptitiously come into play in ordinary social intercourse. They come about spontaneously without any true understanding of the situation or their impact on the person at whom they are directed. No authentic emotional field is generated when feelings are not

powered by the concern with bonding. In lieu of bonding, the end result is one of victory or defeat.

This apparent detour from the subject of dreams and evil is relevant to the problem of maintaining humane discourse. Perhaps ultimately leaders will come into being with an effective concern with that level of discourse in the family, the community and internationally. Regardless of how long it takes, we are going to have to inch our way in that direction before it's too late to avoid technological and environmental disaster. Dreams are a naturally occurring but vastly underused resource for cultural solidarity were it built into the family and the educational systems. Camus says it all so concisely: "Our real generosity to the future lies in giving all to the present." Our dreams contain parts of ourselves we owe to our future.

The occurrence of anosognosia calls for accurate diagnosis and rehabilitative treatment. Let us continue the analogy with the issue of authenticity of feelings.

Diagnosis: In the case of anosognosia, the diagnosis is made on the basis of the history, the findings of the neurological examination, the psychological interview to establish the mental status and any other procedures that may be necessary to assess the brain damage.

All this is a rather straightforward process. The problem of diagnosis is somewhat different with regard to authenticity and feelings. Defensive maneuvers operate unconsciously and the "symptoms" they produce, if they are aware of any, tend to be diffuse such as generalized feelings of dissatisfaction and alienation. If the symptoms were severe enough, the individual might seek professional help. Most people who gravitate toward dream groups sense the creative power of dreams for healing and emotional growth. Our dreams target emotional impediments from the past.

The important thing is to discover and attend to whatever change is possible. Physical rehabilitation is indicated in the brain-damaged patient and emotional rehabilitation for dealing with inauthenticity.

Treatment

There are both medical and surgical approaches to the treatment of acute brain damage. For many, however, depending on the likelihood of at least partial recovery, physical rehabilitation is generally needed at some point. With anosognosic patients where there often is diffuse brain damage, the prognosis is poor.

Emotional incompetence, regardless of how deeply entrenched the neurological substrate may be, is still a functional disorder. I am leaving aside the question of how true or false this statement might be with regard for the major psychosis where hereditary, biochemical and endocrine factors may play a role. Even in those instances where biochemical intervention is needed, there remains a potential for functional reversibility.

Dream work has an important role to play when formalized therapeutic help is needed to alleviate the level of distress. Dream work, however, is not limited to the consulting room but is (or should be) available for anyone seeking a higher level of growth and self-fulfillment through a consistent exploration of their own emotional repertoire. Dream work is a form of emotional rehabilitation to overcome what I would designate as *emotional anosognosia*. Here, as in the case of the organic patient, an extended rehabilitative regime is indicated.

Rehabilitation

There are, of course, many approaches to emotional growth through relationships, creative endeavors, and other sources of fulfillment. My emphasis here is on the role that dreams can play in this process and the fact that dreaming is universal. That path should be open to everyone.

The concept of rehabilitation as it applies to dream work involves a major shift in the direction that work has taken in recent years. Unless this shift is noted an important feature of dream work will be overshadowed by settling for their unique insightful gifts. There is an important carry-over into the public domain of the psychoanalytic principle that insight itself is not enough. There has to be what analysts refer to as a "working through" of that insight. What that translates into with regard to dream work in the public domain is not the mastery of any

particular psychoanalytic theory, but the very valid fact that insight into one's emotional structure is an essential but only a first step in the direction of change. Changing a given emotional status quo is possible but not easy. A commitment to change is a long range project using the dream's self-monitoring capacity to register the faintest manifestations of change in a structure that has been with you for a lifetime, is firmly entrenched, and resists change. Old patterns operate insidiously, come into being instantaneously, leaves no room for reflection, and does its damage before one has had a chance to do much about it. In a sense, it has owned you and doesn't want to let go much in the same way that the schizophrenic's hallucinatory voices own him or her until such time as the combination of help is available to support or complement personal effort. The dream group is a means par excellence to offer both support and active help. Those first few beginning fractures in the old structure make up for the frustrations and disappointments that accompany relapses. The appearance of healthy tissue in the form of authentic emotional responsiveness is its own reward and sets the momentum going in the right direction. Dreamers begin to walk upright when they never thought they would get out of the wheelchair.

Emotional anosognosia is part of the price we pay for whatever familial, personal and social influences shaped too many inauthentic emotional responses for comfort. We all require a life-enhancing authentic emotional structure to weather the vicissitudes of living at a time when the full spectrum of evil is bearing down on us.

The goal of the shift of emphasis to the rehabilitation phase of dream work is to augment the range and freedom of authentic emotional responses at the expense of whatever remnants of inauthentic responses are still operational. It is not an easy task but once engaged in it, it is compelling and exciting. The endpoint is greater respect for oneself and for others. There are various components that enter into the shift to the self-directed effort of emotional growth.

The Time Factor:

This is self-evident. It took a long time to consolidate the emotional system we come to adulthood with. It will take time and patience to discover and replace remnants that inhibit emotional growth. Those remnants have considerable staying power. Real change is slow and incremental.

The Learning Factor:

Inauthentic responses have two things in common with terrorists. They operate in the dark and the effect is known only after the damage is done. Secondly, the action is justified by exalting themselves and reducing their opponents to the level of being dangerous objects. It's very hard to kill someone in cold blood whom you respect as a human being. In the realm of inauthentic feelings we act out this scenario in miniature. We enhance our own spurious self esteem at the expense of the other. Prevention is the only answer to hurtfulness on a large or small scale.

Once we put our emotional system under conscious scrutiny, the first important step has been taken. The next big step is to learn from experience. This involves examining the bodily evidence left behind. An incident that provoked inauthentic feelings leaves in its wake qualitatively different feelings than when authentic feelings are brought into play. Ken Steele (2001) put this very well: "I also learned another big lesson in life: In the real world, there are two different levels of feelings; those in your gut, which you have to honestly confront and resolve, and those in your head, which you rationalize and justify without satisfaction." There is a vaguely conscious manipulateness to the latter resulting in alienation rather than resolution. Those feelings, however, are important for learning about the situations that provoke them. Self-observation of this kind can lead to anticipation and gradually some degree of control, if only to hold them in check leaving room for more authentic feelings to surface.

Our potential to grow emotionally has to be revealed to us through our encounters with others. While the motivation to change has to come from within, there are many life circumstances that nurture this impulse. A loving relationship is the ideal for this purpose. Short

of that, any compassionate mutually respectful relationship will keep one moving in the right direction. There are professions that generate love. Actors are immersed in it in many different ways. They love the mutual supportive effects of ensemble work. They love to be loved by an audience. There is a solidarity among firemen that grows out of the depth of mutuality of their dependence on each other under what are often very extreme circumstances.

The dream group is or should be a unique rehabilitation unit for reconstructive work with feelings. It is structured to maintain a safe and at the same time stimulating atmosphere for the dreamer to explore the range and quality of his or her emotional equipment. Aside from providing an ideal environment for change (after all, we are working with a natural healing system), certain skills are acquired that can be carried over to life in a world that is just as apt to reinforce our defensive operations as to challenge them in a helpful way. The two most important skills are the art of listening to what the other person is saying without any a prior judgmental bias and the art of interacting with another in an attempt to resolve the situation without jeopardizing one's own or the other's genuine self-esteem. One of the problems in practicing these skills is the way our own projections have a way of throwing us off course. If a dream group teaches us anything, it is to recognize and take the responsibility for our own projections.

It is not an easy task to come to the point where our new emotional equipment will come into play as naturally and as spontaneously as the ones we are trying to dislodge. There is one other ingredient necessary. Stephen Spielberg put his finger on it when, in a television interview, he was asked what he thought was the single most important thing an actor has to have to be successful. Without losing a beat his response was "courage." Acting involves risk taking. The actor succeeds only to the extent he can discover and have the courage to externalize his own authentic feelings in the character being displayed. When we bring our new emotional repertoire into the situation truth displaces simulation. Outside the structured built-in safety of the dream group, truth may or may not be welcome. That's where the risk-taking comes in. Whistle-blowers sometimes get hurt.

The practice of the skills outlined will bring its own reward, namely, closeness rather than distance, and feeling real rather than phony. The dream group, with its non-invasive, nonviolent

atmosphere, is the proving ground for the mastery of these skills. The real job is to find a place for them in a world where there is so much overt and covert violence.

Since I am inviting my audience to use dreams to get in touch with the outcropping of micro-evil in their lives, I thought I might use a dream of mine that spoke to where I was and where I am in my struggle to jettison enough micro-evil to come to peace with myself.

By way of background, two recent events set me to thinking of the relevance of dreams to the subject of evil. September 11th, 2001 was a shocking reminder of man's capacity to generate macro-evil. Was this simply a matter of good versus bad or are there deeper ramifications that involve us all? The second event was the death of my wife on February 19th, 2001 early in the sixtieth year of our marriage. That loss sparked a still ongoing retrospective review of my life generally, and more specifically the micro irritants I brought to the relationship. Since the joy and wonder of the relationship far outweighed the pain my shortcomings subjected to Janet, I have no hesitation in sharing these reflections.

I had over a dozen dreams of Janet in the course of the first year after her death. I have chosen this one because it best illustrates the fact that my life has unfolded in two acts. Act I was scripted for me by my genes, my place as the first child, in an extended second generation now middle-class Jewish family, all of whom voted the conservative Republican ticket. My mother expressed her love through her cooking and baking. I was a "good" boy, a good student, read a great deal and grew up wanting to be a doctor. I was influenced by two physicians. The first one was the author of a book that became my bible. It was entitled *The Story of San Michele* and was the autobiography of Axel Munthe (1929), a Swedish physician who rose to the top of the profession but who spurned wealth and glory and lived out the ideals of his profession in ministering to the poor and needy. The second was our family physician who had a very genial approach when I or one of my two siblings became ill, in contrast to my mother's ever available hysteria. My father, a traveling salesman, was not home very much. He was generous, well-liked but had a violent temper, never at the kids but on occasion at my mother and daily at his subordinates in the firm where he was the boss. My mother always referred to him as "The Boss."

He was a distant figure in my life. He was a driven man, drank, smoked and lived his life on the fast track. He died at 44.

Here is what came out of that mélange:

I had a very labile sense of self-esteem, resting as it did on what in the eyes of others were my accomplishments. I did not realize I was gifted with a certain creativity until relatively late in life. I was certainly driven in Act I to increase the extent of my accomplishments.

I came away with a lifelong identification with the underdog and an unreasonable fear of authority.

I was not seclusive in any way but tended to listen more than speak.

I had a limited emotional range. Simple justifiable anger was not in my repertoire.

I had a highly tuned sensitivity which was first called to my attention by my analyst.

I had a rich fantasy life and began my writing career at the age of twelve with a story called "Murder on the S.S. Eldorado."

I had a good sense of humor.

As Janet often pointed out, I took everything too seriously.

I pretty much fitted into the psychoanalytic notion of detachment, the subject of the first psychiatric paper I ever wrote.

As the curtain comes down on Act I, I begin my disengagement from all my professional associations and commitments and accept an invitation to teach in Gothenburg, Sweden for a year (which ended up being sixteen months). At the time I was the director of the department of psychiatry at the Maimonides Medical Center, the director of the Maimonides Community Mental Health Center and professor of psychiatry at the State University of New York Medical School. I and another psychoanalyst were invited to teach young psychologists in training psychodynamic psychotherapy. In the fall of 1974 at the age of 57 Janet and I left for Sweden and more or less unwittingly began to script a life for myself that was truer to my own concepts of what emotional

healing was all about and to my deep-seated interest in dreams and how to work with them. It was in Gothenburg that the bits and pieces of my approach to group dream work fell into place in a teachable structural arrangement that became the centerpiece of my professional interests since then.

From then on it was dreams, dreams, dreams. My continuing visits to Sweden over the next twenty-two years resulted in the spread of group dream work from Lund and Malmo in the south to cities above the Polar Circle. When I returned home in 1976 I was fortunate enough to get positions at both the Albert Einstein College of Medicine and the Westchester Association for the Study of Psychoanalysis where my only obligation was to teach dreams experientially in the small group arrangement. My own weekly groups were initiated in 1976 along with several leadership training sessions a year for those who wanted to form groups of their own.

These past several decades have been a sustained exhilarating experience. They have brought out the best in me. That included whatever talent I had to be an effective healer for myself and for others, and whatever creativity I had to pursue the intrinsic mystery of dreaming consciousness. It has been rewarding to me emotionally as a kind of interminably ongoing second analysis. It has stimulated new ideas about dreams generally and how to structure the group process more effectively. Most important of all, has been an ever-expanding sense of solidarity with almost all who have worked with me. Bonding at a deep level is the natural consequence of dream work. There is sense of expanding community (even communion) among those who share their dreams over time. My immersion in group dream work has opened up for me new theoretical leads from other fields to the nature of dreams and to the various purposes they might serve to benefit society at large were they ever to attain the social significance they deserve. Finally, I am most grateful to Wendy Panier who, through the newsletter *Dream Appreciation* has given me the opportunity to freely play with new ideas about the process and about dreams.

At a more personal level, my work with Swedes has made a world traveler out of me. In addition to its spread to other Scandinavian countries, namely Norway, Denmark and Finland, the Swedes, in their search for more sun, have on repeated occasions taken me to Greece and Spain.

With the establishment of the Dream Group Forum (Dromgruppsforum), Sweden now has a nationwide training center to perpetuate the dream work with. Founded twelve years ago, the numbers of faculty, trainees and members are rapidly approaching two hundred. They have their own publication, *DromDialog*, and have groups in almost all of the major cities in Sweden.

The dream to follow occurred on awakening the morning of January 3, 2002. I chose this dream because it seemed to capture more profoundly than I ever felt it before, the dual quality of my life. The dream itself came in two acts, the first corresponding with Act I and the second with Act II. As I will amplify in discussing the dream, the first goes back to the beginning of my specialty training. The second goes back to the beginning of my relationship with Janet.

The Dream

"The scene is a conference room with a long rectangular table. I am apparently one of a new batch of neurology residents, although older than the others. The head of the residency program sits at one end with a very critical demeanor, very much the frightening authority. I feel very nervous because I don't feel as prepared or as knowledgeable as the other residents around the table. He turns to me accusingly. When I ask what did I do, he says it's because you have three pens. I say in my own defense that I always carry three pens. As I say this his entire torso suddenly falls flat on top of the table like a dead weight. It seemed to me as if he had died. In the next scene I'm in a theater next to Janet on my left and on her right is someone who vaguely seems to be an ex-boyfriend of hers who she left when she began to see me. In the dream Janet looked young, happy and beautiful, radiating all the magic she always had. I was ecstatically happy about being with her. It was a moment of pure joy."

I sensed rather than understood the importance of the dream. I made a few notes the morning of the dream and more two months later. Still preoccupied with the dream, I presented it to my ongoing dream group April 13, 2002.

My notes, January 3, 2002:

I realize I never really made it as a doctor in the ordinary medical sense. I was quite competent in the neurology and psychiatry I did in the army (1942-1945). I gave up neurology after several years in practice and gravitated toward psychoanalysis. I gave that up and became a community psychiatrist and dream researcher. These were all steps to where I was meant to be. Medicine was a path, not an endpoint. The first part of the dream confronted me with the fact that I was not there in quite the same way as the other residents were. The accusing, authoritarian figure is that part of me that drops dead. I have no further use for that facade.

That night, like most other nights, I had asked Janet to come back in my dream. Janet looked happy, young and beautiful with all the magic she ever had. I was ecstatically happy about being with her. It was a moment of pure joy.

My notes: March 3, 2002:

The dream depicts the two poles of my character that have given me trouble, feeling different, inadequate, self-critical on one hand and on the other in arranging my life to be in a position of authority and control to hide much of my shortcomings. Living with Janet undermined that unwanted heritage. I don't ever recall, in waking life or in a dream, experiencing that exquisite a state of ecstasy.

What about the three pens? I don't know. I'm fond of good pens and always have several around when I work. Could it be a reference to the time when my writing engaged me morning, noon and night?

Presentation to the group, April 13, 2002:

The work of the group opened up more ideas about the three pens, my vulnerability, uneasy competitiveness with the other residents, and defending myself through my writings.

Here is where my ongoing ruminations have finally taken me.

The opening scene is a blend of the two most disastrous years of my life, one at the beginning of my professional career as a neurology resident, and the other my last year of my formal medical career as the head of a department of psychiatry.

I started my neurology residency on January 1, 1941 after completing a two year medical internship. Janet and I got married on Saturday, January 26, 1941 and had that Sunday as a one day honeymoon.

In one way the residency was a remarkable learning experience because we had as our mentor the noted Dr. Moses Keschner. He was an imposing and to me a frightening figure (which most people in authority were to me). The other residents were four to ten years older, and were much more self-assured. For whatever reasons, my defensive mechanisms were on high alert during the entire year along with insufferable levels of anxiety. My projections went beyond my awareness of Dr. Keschner as a serious and uncompromising teacher of neurology to endowing him with the ability to see right through me and see how much trouble I was having in maintaining the facade of a competent resident. I had promoted myself to a position I was not emotionally competent to manage. In fact, without Janet's support, I wonder if I would have managed.

In the dream there is a long rectangular table. This is more like an executive type meeting room than a medical conference room, and the person in charge looked like a Wall Street figure or a big time C.E.O. Again I felt singled out in some accusatory way. The authoritarian figure in the dream was more like a wealthy Wall Street type than a professor of neurology. One member of the Board of Trustees, Mr. A., took a special interest in me and contributed generously to the financial support of the dream laboratory. He had an office on Wall Street and frequently invited me to lunch there. I was more comfortable. My left wing predilections made me feel I was in the camp of my enemies. My projections, both with regard to Dr. Keschner and Mr. A., were having a field day. Both men were extraordinarily helpful to me. I was supported at every stage in the development of the department, the building of the community mental health center, and the research I was engaged in.

It was fun to build up a department of psychiatry almost from scratch and exciting to plan for, and build one of the most successful community mental health centers in the country. What was outstanding was the role we helped the community play in its functioning. While this was an exciting innovation, it eventually taxed my limited ability as an administrator. Once again, I found myself in a situation above my level of competence.

My last year at Maimonides was a repeat of the unrelenting anxiety I felt as a neurological resident. Rifts had developed within the staff between the community oriented direction of the center and the more conservative management of the hospital, in addition to the diverse pressures from the various ethnic groups we served. Administration was not my forte and I was slowly sinking under the weight of it. My daily anxiety level rose to the point where there had to be some relief. Then came the invitation to teach in Sweden. I dread to think of what my fate would have been if the invitation to go to Sweden hadn't come through at that time. I had strayed too far away from the core of my creative interests - dreams. I knew I had more to say about them but couldn't under the circumstances I was in.

Perhaps that is where the three pens come in. The Wall Street figure at the head of the table doesn't say anything. He simply gives me a withering accusing look. I ask what I did even though I know his accusation was valid and in some way I was at fault. The jig was up. I would be exposed for what I was. His response was because I had three pens. "I say in my own defense that I always carry three pens." There was some show of defiance in that. It had a much more powerful effect than I anticipated. In the dream he dropped dead.

I think the accusatory figure is both the hollow authoritarian role I ended up playing out and the hollow authoritarian role still being played out by the rich and famous to the detriment of society. As in the dream, it can be punctured by a little bit of honesty. That's where my owning up to the three pens comes in. With the help of the group I came to feel the three pens represented three stages in my life where in my writing I owned up to what was original and creative. My first two efforts at professional writing occurred while I was in the army. The first was simply a case report after recognizing the rare instance of myotonia atrophica in a soldier. The second was

based on a number of unusual effects brought about by hypnosis in a patient who was brought to our hospital in the Paris area after the Battle of the Bulge at Bastogne.

The first pen has reference to the further experimental studies I engaged in and wrote about during the first fifteen years after my return from France. These included a long-term study on the effect of hypnosis on warts, the already mentioned interdisciplinary study of the behavior of patients who had strokes, and a pilot experimental application of the REM sleep monitoring technique to a study of the telepathic dream.

The second writing epoch from about 1960 to 1975 led to a grist of papers on the four dimensions of dreaming consciousness, namely the neurophysiological substrate of dreams, their psychological structure and metaphorical content, their social and cultural significance, and finally their transcendental dimension as explored through our dream telepathy experiments at Maimonides.

Finally, and still continuing, are the papers and books based on my experience in dream group work over the past three decades.

The first part of the dream highlights the problematic aspects of Act I of my life as well as the pen reference to the sustained outpouring of papers in my early research efforts and the development of my theoretical thoughts about the nature and function of dreaming consciousness.

In the second scene in the dream, the opening of Act II brings me back to another beginning, an early scene in my courtship of Janet. Janet's interests centered around music, dance and the theater. She had tickets for a series of concerts at Town Hall of the then celebrated Budapest Quartet, and invited me to accompany her. I was not up to her level of absorption in the music and instead tried to playfully distract her by writing love notes to her. She was ready for marriage. I was not. There were several breakups instigated by me before we did get married. In the dream I was very grateful I did come back and knew I would never leave her again. With reference in the dream to the boyfriend who preceded me, he sought me out one day at the medical school and congratulated me on winning out over him! I thought it was strange but felt good about it.

In the dream there was something radiatingly beautiful about her. I was in a state of ecstasy I had never before experienced to that extent. Since Janet's death I have longed to feel in contact with her in my dreams. She responded to my invitation, often voiced out loud many times in the course of the year following her death.

Once I decided to go my own way beginning with a trip to Sweden, there was more time for Janet and me to be together and a deepening feeling of fulfillment and satisfaction. The microabuse I was capable of did not magically disappear. Whatever eruptions occurred from time to time were always precipitated by the hold detachment still had over me. There were times when in my preoccupation with my own thoughts and my writing I failed to meet her needs.

The development of the dream group work I was doing both in this country and in Sweden was a key feature of my growth and happiness. In Act I in my idealistic effort to create a melding of authority and democracy through the creation and functioning of a community mental health center ultimately failed. In the group work I was doing, authority and democracy came together in a naturally authentic way. I had the authority to teach people about dreams and to go about doing it in a flat rather than hierarchical manner where I participated in the sharing of dreams the same way everyone else did. I felt fulfilled as a leader in teaching others to be healers to each other through their dreams. Mutual healing is one manifestation of love. I found love in my marriage and I finally found it in my work.

Micro-evil and the Mental Health System

When I use the term micro-evil in its application to psychiatric care, I'm referring to methods of treatment borne out of ignorance of the cause of the underlying illness and geared to the control of symptoms by physical means that were abusive to patients. Benjamin Rush, generally regarded as the founder of American psychiatry, was a revolutionary in politics and was one of the signers of the Declaration of Independence. In the management of his asylum he was a conservative. He relied on the psychiatric "trinity" of emetics, purgatives, bloodletting and such frightening physical measures as "ducking" where the patient was submerged until he could no

longer bear it (Zilborg and Henry, 1941). This was carrying the medical model to the extreme at the expense of the patient. There was another model in existence at the time Rush lived, namely, the colony plan at Gheel, Belgium where after a brief evaluative hospital stay, the patient joined others in a colony of cottages or private homes where the greatest personal liberty was granted (Zilborg, 1941) . At a later date this approach was successfully developed in the town of Dingleton, England by Maxwell Jones. It was an open arrangement where respect and support replaced lock and key.

I had my residency in 1942 at the New York Psychiatric Institute. It was set up as a model treatment, research and teaching center in affiliation with Columbia University College of Physicians and Surgeons. It was well-staffed and patients were well cared for. It was, however, in the days before psychopharmacology came into being so that there were still residues of controlling symptoms by means which, in retrospect, were abusive. These included prolonged baths, the dangerous and not very successful insulin coma therapy and an undue reliance on electric shock therapy. A more blatant example of abuse occurred later when pre-frontal lobotomy was introduced as a treatment measure.

Despite the dramatic advances made in psychopharmacology and the efforts to revamp state hospital systems, the care available still leaves a good deal to be desired. The mental health movement and the efforts of patients to empower themselves are bringing about significant change. The question remains, however, can an industrial society with a growing incidence of mental disorder, afford to provide humane care to everyone in need of it? At the present time there are too many who continue to suffer both from the illness itself and from the uncertain and uneven care they receive. A compelling rendering of this suffering appears in Steele's book (Steele, 2001). In his case the illness started in adolescence, and continued unabated along with frightening auditory hallucinations continued for over three decades despite repeated hospitalizations in many different hospitals. He was in his forties before he found a therapist who was interested in him as a person and skillful enough to stabilize him.

In this final section, I want to touch on some aspects of the personal strategies we can resort to in our inner war against evil. This personal counter-terrorist attack will focus on the contribution dreams and dream work can make. If dreams are to be our weapon and dream work pursued singly or in groups will be our strategy.

Weaponry: The big gun is the intrinsic honesty of the dream. The fact is that there is in each of us regardless of the level of psychopathy we display during the day, possess an incorruptible case of being that is capable of blasting away hypocrisy and the various defensive skills we have at our disposal. The ammunition comes packaged in different ways: all of which are derived from what in my writings I have referred to as the Metaphorical Transform whereby feelings emerge as imagery. The raw material that goes into these explosive devices is the unending source of creativity we are all endowed with, our imagination and the extended memory that comes into play in dreaming.

Training: Soldiers aren't born, they are made. So it is with dream workers. This involves both knowledge and the mastery of certain skills. The knowledge of the dream as a natural healing system and the role it plays in the survival of the individual and the species. The skills needed to be a good dream soldier can be taught and mastered. As in the case of the soldier they focus both to maintain one's safety while at the same time having the courage to engage in the inevitable struggle between authenticity and expediency and the commitment to see it through to ultimate victory.

Tactics: Soldiers are taught how to use their weapons, how to function simply as in the case of snipers or in varying sized groups such as companies and regiments. Both are necessary. The same holds true for integrating the dream into waking reality. One can learn how to work on a dream alone while taking into account that the group is a necessary arrangement for the full power of dream work just as the regiment is for the army.

Strategy: This involves clarity about the objective and planning necessary to achieve the objectives. For the dreamer as for the soldier this involves the strategy of maintaining safety while engaging in the various helpful steps necessary to achieve the objective, and a structure in which both can be maintained simultaneously.

The essential difference between a soldier at war and a dreamer in a dream group is that the former is prepared to engage in evil to preserve a greater good while the dreamer is engaged in a struggle to reach a greater level of love for himself or herself and for the others who are with him or her in the struggle. The war against evil is unending. Wars aren't won overnight. Nor is emotional growth. Social and personal evil are weeds that crop up uninvited. Both require eternal vigilance. Our ethical aperture widens incrementally over time.

Concluding Note:

Ten years ago on the occasion of the tenth anniversary of the founding of the Dream Group Forum, I offered the following vision of what I hoped might occur in the next ten years. "You are succeeding admirably in the training and supervising of new dream group leaders. You now face another responsibility of reaching out to the community with the message that our dream life merits more systematic attention than it now receives. There has to be a concerted effort to bring dream work into the educational system, the helping professions and the business community. You have a cadre of close to eighty well-trained leaders who can be called upon to initiate this task. It is my considered judgment that if dream work can find its rightful place in the life of the community, Sweden is the country where it is most likely to occur. You have created a vital and growing organizational base from which to launch this effort. Your message is a simple one. Dreams can bring greater personal and social coherence to our lives. The personal and social honesty of our dreams may tame our propensity for evil."

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