

Working with dreams in Sweden

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Dream Appreciation Newsletter Vol. 2 No. 1, Winter 1997

Chance has played an important role in the possibilities that have opened up for me in the course of my professional career. Nowhere is this more true than for the series of circumstances that led to the work I did in Sweden.

It started in 1972. At that time I was in my twelfth year as director of the Department of Psychiatry at the Maimonides Medical Center and in my fifth year as director of the Community Mental Health Center that had been established there. At that time a young psychologist, married to a Swedish woman, noticed an ad in the New York Times describing an opening at the Psychological Institute of the University of Gothenburg, Sweden for someone trained in psychoanalytically-oriented psychotherapy to initiate a clinical tract at the Institute. He applied, was accepted and spent what he described as a very exciting year teaching young psychology students.

The following year Dr. Angel Fiasche, who headed up the psychiatric residency training program at Maimonides, succeeded him. In the course of the year he spent there, difficulties arose that led to the setting up of a separate facility where the students began to see patients, had supervision and where the teaching was done. It became known as the Institute for Psychoanalytic Psychotherapy.

Dr. Fiasche returned to New York at the end of the spring semester in 1974. By that time I had my fill of administration (for which I never felt particularly well-suited) and saw the opportunity to continue the program that had been initiated as a way of making the transition from the work I had been doing, to teaching - something much more to my liking. Support was now available for two psychoanalytically trained teachers at the Swedish Institute.

Life and work in Sweden

My wife, Janet, and I left for the city of Gothenburg in early September, 1974. It is a beautiful city, the second largest in Sweden. It has a broad avenue bedecked by outdoor cafes, a lovely park and - to the delight of Janet and myself - easily available tennis courts.

In Gothenburg I met my fellow teacher, Adolfo Cacchiero. At our first meeting together with the students, Adolfo and I oriented them to our individual points of view and the plans we had for the curriculum. Adolfo's approach was rooted in object relations while mine had gravitated toward the culturalist wing of psychoanalytic thought based on the contributions of Sullivan, Fromm, Horney and Kardiner. Adolfo was to teach clinical courses focussing on psychoanalytic technique, while I was to teach psychopathology and the subject dearest to my heart, a course on dreams. Each of us also was to work analytically with individual students.

The student body was about 20, all of whom, with two exceptions, were completing their graduate studies at the Psychological Institute. The exceptions were one student whose graduate work was in sociology and another student in philosophy of science.

The students were serious, eager to learn, and both Adolfo and I enjoyed working with them. Their English was excellent. Many of the psychology tests were in English and they were used to courses given in English by American instructors.

On teaching dreams

Prior to the time I had taken a full-time position at the Maimonides Medical Center (1961), I had been on the psychoanalytic faculty at the New York Medical College since 1950 and had, over a period of several years, taught a clinical course on dreams. The customary way of teaching such a course was to have the candidate describe an hour with a patient in which a dream was presented and worked on, give a brief summary of the course of treatment, and focus on what the dream was revealing about the patient and the nature of the transference.

I introduced one modification out of my curiosity to see how far the class could go working with the manifest content alone and knowing only the age and sex of the patient and how long the patient had been in therapy. After 10 to 15 minutes of this, the information was then given concerning the rest of the session, the background of the patient and the therapist's ideas about the dream.

The candidates, imbued as they were with the importance of the patient's associations in initiating dream work, reacted initially with surprise and skepticism. What dissipated their doubts was the response that their conjectures about the dream elicited in the candidate presenting the material. The exercise served both to broaden the possibilities for the therapist to consider and to point up features of the dream that had been overlooked.

The birth of experiential dream work

With that experience in mind, it was only a short step to the idea of teaching dreams experientially. It would have the advantage of having a live dreamer in the room to interact with. To do this with a relatively naive group of students and to do this with the emphasis on the art of dream work rather than on the clinical nature of an ongoing therapeutic relationship was the task that confronted me in Sweden.

How does one engage a dreamer in the task of using a dream to expose a very private unconscious domain outside of the therapist-patient relationship? I, as a therapist, had to renounce that role and the dreamer had to renounce the patient role. It involved a number of major transformations for me. I was to assume a double role. My role as a teacher was to teach the class how to interact with a dreamer in a way that was helpful without ever being intrusive. My other role was to participate in the group in the same manner as the others did, including the option to share my own dreams.

The student was to engage in working on his or her dream only to the extent their own curiosity and interest in learning about the dream drove them to. The sharing of a dream would be a voluntary undertaking and no one would be penalized for not doing so. The

safety features and the discovery strategies were all built into the process from the beginning. The result was the evolution of the process during my initial stay in Sweden in a way that far exceeded my initial expectations.

The group felt stimulated by the way they were helping the dreamer. The dreamer, in turn, felt the help and support of the group. I became more and more convinced that safe and effective dream work could be taught without invoking special psychoanalytic techniques or having recourse to any metapsychological theory. The students came away with a sound grasp of the skills necessary in dream work (how to listen to a dreamer and how to dialogue with a dreamer), the importance of safety, and the basic features of dream work that result in healing.

The evolution of dream work in Sweden

Sometime during my first year in Gothenburg, word reached a psychoanalytic training center in Stockholm (known as the Holistic Psychoanalytic Society in contrast to the Freudian Society). Harold Kelman, a prominent American analyst and then head of the Karen Homey center in New York, played a key role in the development of this group. They sent an emissary, Monica von Sydow, to Gothenburg to meet with me to explore the possibility of offering their faculty a course in dreams. What followed was a regular experiential session with six of their faculty members every Saturday morning for three hours at my home in Gothenburg, a four hour train trip from Stockholm.

When my year was up I was invited to stay for another year. Eager as I was to remain, I could only extend my stay until April when I had to return to the States because of a prior commitment.

When I look over the events of the year and a half I was there, there were certain developments, the significance of which I was not aware of at the time, which shaped the enduring relationship I have had with Sweden ever since.

Sweden is a small country and word gets around quickly in the professional community about new events. An invitation to meet with the staff of the education department of the huge Volvo plant outside of Gothenburg led to a series of workshops. This department, made up of psychologists and social workers, was responsible for mediating disputes between management and workers. They found the dream work helpful to the extent it sensitized them to their own projections and sharpened their listening skills. After the work at Volvo was completed, a small group continued to do dream work together, and are still doing so to this day.

Other activities included an experiential course for graduate students of the Psychology Institute and talks at several of the hospitals. Psychiatry in Sweden in 1974 was very biologically oriented. At the hospitals I visited very few psychiatrists showed an interest in dreams. For the most part, psychotherapy was in the hands of other professionals. Fortunately, the situation changed about 15 years ago, when training and professional standards were set for the practice of psychotherapy.

By the time I was ready to leave [Sweden] in the spring of 1976, I had received enough invitations from professional organizations in various cities to make a return visit in the fall possible. This set a pattern that was to endure for the next 20 years with extended

visits (generally six to eight weeks) over the next decade and a half, and shorter visits since then in the spring and the fall.

In the first few years the dream work was combined with teaching and supervision at the Holistic Society. Elsewhere I began to focus exclusively on teaching experiential dream group work and offering leadership training sessions. With each visit new professional and lay groups came into being in cities ranging from Lund and Malmö in the south to Umeå and Boden in the north. I saw the Northern Lights on more than one occasion!

For several years the dream work became part of the curriculum of the training program of the Society for Clinical and Experimental Hypnosis, a training program in child psychiatry (Erikastiftelsen), and up to the present it is still part of the training program in pastoral counseling (St. Lukasstiftelsen).

On my trip this past fall I met with a group of teachers who had been meeting continuously over the past 18 years. Many of the groups that were started ultimately went on to leadership training. Considering the fact that in the States I have only two or three leadership training workshops a year, the number of people who have had an intensive exposure to the process and who have been well trained is far more in Sweden than in the US.

The work I was doing soon reached other Scandinavian countries, particularly Norway and Denmark, where I had groups for several years. Through an Icelandic colleague of mine in the American Academy of Psychoanalysis I also conducted a workshop in Iceland on one occasion and in Finland on another occasion. Although I enjoyed the people I met and the work I did in these countries, the work has not had the lasting impact it has had in Sweden.

The Swedes like to travel to warmer climates. I worked with Swedish groups in Majorca, Spain and in Greece for several years. This spring another trip is planned to Bali. On about a half dozen occasions groups of Swedes have come to the States for leadership training.

Socio-cultural differences

1. Manifest content

The most striking difference between Swedish dreams and the dreams I have encountered in the States in a population drawn largely from urban and suburban areas is the more frequent reference to nature in the dreams of Swedes, e.g. bushes, trees, forests, mountains, streams, etc. Swedes are exposed to the beauty and importance of natural surroundings from an early age on and seem uncomfortable if too long a period elapses without seeing something green. On one occasion in two successive dreams presented in a group, the dreamers were out in the woods picking mushrooms. I have listened to thousands of American dreams and no one ever picked a mushroom!

2. Thematic differences

In general, the differences are more ones of emphasis. The Protestant work ethic as a cultural heritage is far more in evidence. Swedes are very hard-working, industrious and

seem to have all their time taken up with duties, obligations to others and concern with the welfare of others to the point where in mid-life their dreams often raise the issue of "what is there in life for me?"

In Sweden, as a social democratic country, the group ethic is deeply entrenched, as is sensitivity to the feelings of others. This can be dysfunctional as it sometimes results in the suppression of one's individuality, talent and abilities so as not to stand out or appear different from others. Born into a society that is a bit more left-brain than we are and certainly more rule oriented than we are, their dreams often reveal the need for a wider emotional and imaginative range. This has come out clearly in what I have referred to as the Ingmar Bergman Syndrome. Swedes are more reserved than Americans are on the surface and slow to trust. When, however, trust is established they do it with a quality that is akin to the wonderful innocence of the child. When a Swede shares a dream there is an intensity and depth of feeling that leaves me feeling I am witnessing an Ingmar Bergman scenario.

3. Dream work

Dream work in Sweden is slightly slower paced than here. Part of this is due to the fact that we are working across languages. More of it has to do with the fact that Swedes use words sparingly and think a bit longer before they speak than Americans. Swedes are also very pragmatic, and when something works, they stay with it. There are groups that have been going continuously for many years there.

There are two developments in particular that augur well for the further development of dream work in Sweden. The first is the establishment of a national society, the Dream Group Forum, for the purpose of training new leaders and setting qualifying standards for those leaders.

It was initiated in 1990 by a small group of six Swedes who I felt had the experience and dedication to see the project carried through successfully. The organization now consists of 73 members: a steering committee of six, 36 trainers, 20 candidates in training, and 11 who have been trained since the program began. A nucleus has now been established in Finland and members of the faculty have had occasional groups in various European countries.

On my last visit to Sweden (November 1996) I had the opportunity to do dream work with the members of the faculty and also with a group of candidates. I was much impressed with their mastery of the process and left feeling very hopeful about the future of dream work in Sweden.

Another development has been the interest of several members of the Swedish Parliament in furthering dream work in the interest of psychiatric prevention. Eva Zetterberg, in particular, has been spearheading the effort to arouse further interest and to gain support to implement dream work in the community. On one occasion, several years ago, she arranged for a day long program attended by the heads of the various health agencies serving the Stockholm area and by several members of Parliament. The morning was devoted to a lecture and discussion of the preventive aspects of dream work, and in the afternoon I conducted a dream sharing session. There were about 40 people in attendance. Eva Zetterberg has been persistent in introducing resolutions

seeking to further dream work in the community, but so far has had no success in gaining financial support.

Note of appreciation

My encounter with Sweden over two decades has been a most fortunate one for me. Aside from how gratifying it has been to me to see how the dream work there has been developed and how strong a foothold has been established, it has been the source of many happy personal experiences and lasting friendships. The start I was able to make there opened up the most meaningful phase of my professional career. If there is such a thing as a calling, it was there I finally found mine.

To all those who so freely shared their homes and their psyches with me, I am deeply grateful.