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The Child Dream and the Child Transference

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ABSTRACT

This paper explores the symbolic meaning of dreams in which children appear with special attention to the way children in dreams symbolize the self, particularly the dependent and developing self. It is suggested that patients' growth in analysis can be monitored by observing what happens to the children in their dreams. This paper also explores the vicissitudes of the child transference, in which the patient treats the analyst as a child. An analysis is described in which the child dream and the child transference played an important role in elucidating the patient's neurotic behaviors. The author contends that the child dream and the child transference are common and clinically useful phenomena, especially important in the analysis of dependency conflicts. An additional thesis of this paper is that the child transference is most likely to be found in instances where a patient played a parental role with one of their parents during childhood.

THE CHILD AS SYMBOL CAN MEAN MANY THINGS. Children can be idealized to represent playfulness, spontaneity, fertility, creativity, immortality, innocence, mystery, and hope. The child can also represent a depreciated image, as when someone is contemptuously referred to as a "child" to imply silliness, ignorance, immaturity, vulnerability, and weakness. There is also a wide variation of personal meanings. The child as sexuality—eros or cupid—helped Freud give mankind a very important general truth, that sexuality begins at birth. Freud had to accomplish his task in spite of opposition from the majority who viewed the child as a symbol of innocence and asexuality. In addition, this personal variation influenced Freud's view that in dreams children symbolize the genitalia.

The child is an especially potent symbol to us as psychoanalysts because of our genetic and developmental points of view. For the patient I shall present, Liz, the child was a very important symbol in the formation of her dream life, her transferences, and her neurotic symptoms. For her the child was a frequent dream symbol, occurring in 39 different dreams during her analysis. Even before she entered analysis she had a repetitive dream concerning a child; it was about a neglected baby. In the analysis there were two transferences that involved baby symbolism; these transferences were given expression in her child dreams. The maternal transference was the most common. Here she experienced herself as a neglected child. When the maternal transference predominated, her dreams contained babies representing herself directly—the baby in her that was poorly cared for by her mother. This baby in the dreams was female. The second type of transference in these baby dreams expressed symbolically her attitude toward me as a child. After the establishment of the analysis, nearly one third of the baby dreams related to this transference in which I was seen as the child or baby. In these instances the child was always identified as male.

There are, undeniably, multiple influences on the patient's view of the analyst as a child. Liz, for example, had many unresolved feelings about her own children and she also knew, through the person who had referred her, that she was my first analytic case. However, from a close look at this patient's dream material and a comparison of dynamic factors in other patients of mine who have also formed child transferences, I have concluded that there are two dominant influences, internal to the patients, which lead them to view the analyst as a child. First, and perhaps most important, what is transferred onto the analyst is a part of the patient's self, i.e., the dependent and developing self or the child self. This process is what Anna Freud (1965) refers to as externalization:

Not all relations established or transferred ... in analysis are object relations in the sense that the analyst becomes cathected with libido or aggression. Many are due to externalizations, i.e., to processes in which the person of the analyst is used to represent one or the other of the patient's personality structure [p. 41]. Understood in this manner, externalization is a subspecies of transference. Treated as such in interpretation and kept separate from transference proper, it is a valuable source of insight into the psychic structure [p. 43].

Second, I have found a form of "transference proper," a disguised parental transference, to have influenced the view of the analyst as a child in each patient in whom I have observed a child transference. In Liz, the parental transference was a father transference shaped by her having taken a parental role with her father during her childhood; this may explain why the child was always male in her child transference dreams.

Clinical Case

Liz was quite attractive and looked 10 years younger than her actual age. Her voice was weak and childlike, so that it was often difficult to hear what she said. Her dress tended toward the seductive, but was always neat and tasteful. She was severely depressed and was still mourning the loss of her marriage to Lou, who she claimed could not tolerate her becoming even a little independent of him by completing her education after most of her children were grown. Depressive problems had troubled her intermittently her whole life. One previous depression, post-partum to her last child, rivaled the presenting episode for severity; her treatment included medication and supportive psychotherapy, and she improved slowly over a year. She told me that the world looked like such a horrible place to her during this period that she would have killed herself and her children to save them from it had she not been so totally depleted of energy and retarded in her psychomotor function.

Her son Mike was academically successful and had a potentially promising career. Within the last year, however, Mike had had two psychotic episodes and was still far from well. He was uncooperative with treatment and was diagnosed as having either paranoid or schizoaffective schizophrenia. She vigorously attempted to defend herself against feeling guilt and responsibility for Mike's psychosis, but a guilty concern was obvious. For example, she recalled that ever since Mike's birth she was impressed with how beautiful he was. She experienced this attraction as a sexual one, but "didn't know

what to do with the feelings," and, as a result, she feared she had remained aloof and frozen in her relationship with him. Her guilt was also expressed by a fear that Mike's knowing she had lovers his age and younger might be confusing for him. She often complained of "feeling Mike's pain," and had difficulty keeping clear ego boundaries with him. Liz was overly symbiotic with all her children, but especially with Mike. School, business, and social relations were also more difficult for Liz because she had a tendency to be "overly empathic" and to "feel other people's pain."

Liz had been faithful until the last year of their marriage when Lou told her to start going with other men because he did not want her anymore. Her desperate promiscuity with men less than half her age did not begin until she had actually physically separated from Lou. Her intense oral dependency longings and fear of being alone were the most important determinants of her promiscuity, but anger at men played a part. She was especially angry about the extreme male dominance in her cultural background. She completely externalized her superego conflicts over the promiscuity and rebelliously refused to feel any guilt, which only kept her internalized guilt unconscious and unresolved. Her guilt and need for punishment were unconsciously acted out within many romantic relationships, which were severely masochistic; she repeatedly allowed herself to be exploited and was left feeling abandoned and unloved. Liz had no female friends when she entered analysis.

About a year before the end of her marriage, Liz began psychotherapy with Howard, who was 20 years her junior. When he became sexually involved with her, he insisted he could still treat her. She had enough wisdom to stop the treatment, but he continued to be one of her many lovers. The affair with Howard slowly diminished and finally stopped after the first year and a half of her analysis.

As a child, Liz had an ambivalent relationship with an older sister. Liz felt the sister was the more dependent and childlike. On those occasions when the sister was feeling more secure, Liz remembers her as quite rejecting. Liz's mother was described as the dominant force in the family. She was extremely intrusive and controlling. For example, she insisted on choosing what Liz wore each day until she was married, as if she were an inanimate doll. Her mother never tired of trying to tell Liz what to think and feel either. Liz feared her mother's rage and ability to instill guilt and so she passively complied and never rebelled. There is little indication that Liz even dared passive-aggressive behavior with the mother, and she tended to recall herself as a depressed, lonely child. She remembered how much of her time was spent in lonely play with her dolls. Only late in her analysis did she remember herself as having an animated and exhibitionistic side to her nature as a child.

Liz's difficulties with her mother apparently began in infancy. Her mother told her that when she was only a few weeks old she passively refused all food and personal contact. Her only activity was an obsessive rubbing of her thumb across her fingertips until the skin became raw. She became emaciated and her survival was in doubt. The first day of analysis Liz told me she married a copy of her mother, and presented convincing evidence of the similarities. This was an insight she had gathered from her treatment

with Howard. In adulthood, Liz continued to have a conflicted relationship with her mother. Although elderly and a thousand miles away, the mother could still manipulate and control Liz. The mother continued to be critical and unsupportive. When Mike was first hospitalized for psychosis, the mother told Liz it was her fault; God was punishing her for not going to church by giving her a divorce and a psychotic son. Liz felt herself a helpless victim of her mother's cruelty. Liz described her father as depressed, silent, and dominated by the mother. Early in the analysis Liz idealized her father's kindness and her relationship with him. They never really talked intimately, but, because they were very similar in nature, Liz had the fantasy that he must have understood her and therefore they must have been very close. Because they were both silent by nature, this fantasied closeness was never communicated or confirmed, and she was quite traumatized by his death three years prior to the analysis. Even as a child, Liz knew that her father suffered from abandonment in childhood and severe depression as a young man. She remembered feeling great sympathy for him because of his emotional problems. Later in her analysis she idealized her father less and portrayed him as a little immature. The mother often accused him of unfaithfulness, and Liz uncovered a traumatic memory of seeing him with another woman. She also recovered a repressed traumatic memory of her father making vague sexual advances to her as a child at night in her bed. These advances were not carried far, but did frighten her. The memory of what he actually did never became completely clear for her.

Initial Phase of Analysis

I was uncertain of the patient's analyzability. A schizoid detachment characterized her relationship with me during the first few months and her depression was very severe. She would have moods that significantly interfered with her reality testing. Her entire view of the world would change and she would express total helplessness and hopelessness. During the first year she spent about a quarter of her analytic time silently curled up in the fetal position. She showed very little capacity to reflect on her feelings. Her emotional life was dominated by global mood changes; these seemed to preclude reflection and articulation of feeling nuances. A typical session repeated many times in the first year and a half would begin with Liz relating with great suffering how a boyfriend had come over and sexually used her only to later show he had little concern for her as a person. She would plead bewilderment as to how this could happen, how he could hurt her so badly when she loved him so much and was so totally devoted to him. There would be no sense of responsibility on her part for seeing the obvious signs that this "boyfriend," whom she had often just met, had no likely love interest in her. She would silently sob in the fetal position for perhaps 10 minutes, compose herself, and begin to tell me an almost identical story of sexual victimization and betrayal later that same day by a different boyfriend with whom she was totally in love. Again there would be no sense of responsibility for protecting herself. She was always shocked. Likely, the silent sobbing would be followed by yet a third story identical in form. She did not seem to have any ability to integrate these split-off experiences or the contradiction involved. My early attempts to encourage some reflection and integration were met with anxious withdrawal and silence.

In spite of her obvious ego deficiencies and tendency to act out emotional conflicts, she did have strengths, such as intelligence and strong motivation to change because of her emotional pain. Outside of her current promiscuous behavior, there was every indication of a strong superego. There also remained the possibility, later validated, that many of the ego deficits were not permanent defects, but were regressions in the service of meeting her dependency needs.

Interpretation of her unconscious dependency conflicts was the foundation of her analysis. The task of "making the unconscious conscious" with regard to her dependency conflicts was facilitated by her recurrent dream of a neglected young child or baby. This dream evolved dramatically during the analysis. The slow transformations of the dream mirrored the steps in intrapsychic progress, making the dream a useful tool during the analysis. Now, after the completion of the analysis, it gives us a tool for reviewing her progress. The dream started to occur many months before her analysis began, but she did not recall having the dream earlier in life. It was a nightmare which usually work her up. Prior to her analysis and during its first four months, she reported that the dream occurred without variation:

All of a sudden I realize I have another baby or young child that I didn't know about. I am frantically looking for the baby who is neglected, and I don't know whether the baby is still alive or is starving. I wake terrified before the dream continues.

During the initial few months of analysis, this dream occurred at least once a week and often more frequently. She did not attempt to understand the dream or associate to it. She would simply report, "I had another baby dream." I asked her if the terror she experienced in these dreams involved guilt. She denied guilt as having much importance because in the dream she had no knowledge she had a child until someone told her; so there was no sense of responsibility and, when reminded, she felt terror and disbelief, not guilt. Although the feeling of terror is composed of both separation anxiety and guilt, interpretations of the separation anxiety were initially much better received. Only later in the analysis could she digest interpretations pointing out that her passivity and poor reality testing, in addition to being motivated by longings for dependent care, were motivated also by a defensive effort to handle sadistic attacks of guilt from her punitive superego. She had a well-established pattern of protecting herself from guilt feelings by never having any knowledge of the consequences of her action or inaction, just as she initially had no knowledge of the baby in the typical dream. This behavior also resulted in her repetitively playing the role of passive victim. Much like the baby who ends up an unprotected and injured victim in the dream, she could not protect herself. I concluded that her ego regression to passivity and deficient reality testing served three purposes: (1) it justified her receiving dependent care; (2) it protected her from consciously experiencing guilt as even a possibility; and, (3) it served the purpose of exposing her to masochistic punishment for the unconscious guilt. She again reported, "I had another dream of one of my babies not being cared for. I hate those." I asked her if she remembered any details, because she never did in the past. To my surprise she said she did.

It seemed like there were three men together in an earlier part of the dream. I think one was a boyfriend of mine. I had two babies and one was lost. One was a girl and the other probably Mike. I was looking all over the house and outside. I felt terrible that I had not watched him continuously. When I found the baby, my boyfriend came up and I wanted him to hold it too. He didn't know what to do and the baby wet on him. He started to put the baby on the ground.

As was usual with any dream up to this point in her analysis, she made no overt attempt to understand its meaning and would not associate to the dream even when I asked her to associate to specific parts. I asked if the baby in all these dreams might be she. She entertained the possibility. Then I asked if she could identify with the baby's feelings. "That's exactly the feeling I feel!" she exclaimed. "I feel that a lot! All alone. Hungry for someone to come." She said she knew she felt like that as an infant, but would not elaborate. I interpreted several dream themes later in the session, emphasizing her feelings of lonely abandonment and her desire to be pampered like a baby by her boyfriends and me. I suggested that the boyfriend in the dream also represented me and that she was afraid that her anger, her getting "pissed off," over her frustrated dependency needs might lead to my abandoning her just as the boyfriend had rejected the baby in the dream. I suggested she feared I might not be competent to handle her dependency just as the boyfriend in the dream was not depicted as competent to handle the baby. After this session, her baby dreams began to change.

There were a total of 39 dreams with reference to a child or baby. Eighteen of these occurred at the beginning of the analysis, before a transference was established, and were reported in the stereotypical manner I described earlier. Following session 61, when I first interpreted the baby as representing herself, her dreams of children began to change. She subsequently dreamed of children 21 more times, but these dreams exhibited considerable variety. Each of these dreams was clearly related to her then current transference reactions. Fifteen of these dreams related to a maternal transference in which Liz correspondingly experienced herself as the child in the dream. In these dreams the baby was usually female or the sex was not evident. These 15 dreams mirror her improvement in the analysis. The maternal transference dreams were much more frequent than the child transference dreams, so I could not present all of them here; I have selected three that are representative.

Maternal Transference Dreams

I was taking care of this lady's baby—a toddler. It wasn't so healthy. She had a large family and was too busy, so I was hired and I got it healthy. I dressed it in nice clothes—all pink—and I was ironing some more pink ones off the line. I gave all the clothes and the baby back. It was like I'd really helped a lot. Then I got a little angry at her because she still didn't seem to know how to take care of the baby. She was going to put it on a diet. I said "No." There were lots of people about who were sleeping over for the 4th of July celebration. My boyfriend was there and he took me to eat tacos that he had made. I'd forgotten

to eat mine. I remembered and went back, but someone had eaten it so I made another. My boyfriend was irritated because he was in a hurry and said, "That's why we went to a fast food place." He left and I was slowly catching up, but I was talking to all the people on my way. It wasn't too important to catch up to him.

The baby in this first dream is a toddler, a child at the separation-individuation stage. Clothing the child is possibly a historical reference to her own mother having picked out the clothes for Liz to wear each day until she left home. The dream deals directly with conflicts about dependence and independence. Independence day is being celebrated. Both the mother and the boyfriend are transference figures. Both are seen as being too busy or too much in hurry, going faster than she wants to go. The mother does not want to feed the baby enough. Liz actively defends the baby, which correlates with a greater acceptance of her dependency needs, a decreased passivity in her daily life, and an increased ability to say "No." In contrast to the mother who wants to deprive the baby of food, the other transference figure of the boyfriend seems to want to force-feed her. But she shows greater independence of this maternal transference figure as well; the scene with the taco structurally resembles the early part of the dream in which the baby was initially not well fed and then was well fed by the patient. This structural similarity is further evidence that the baby is a part of herself. She is not bullied by this boyfriend transference figure, nor is she filled with abandonment anxiety to catch up with him. This boyfriend, in reality, had also ridiculed her for being in psychoanalysis which took so long. He currently claimed he was being "cured" by a more fashionable psychotherapy that would only take a couple of months. She thought the boyfriend might represent me, but she also associated both the boyfriend and the lady in the dream to her controlling mother who was very inconsistent in the way she gave to the patient. The mother gave on the basis of her own need rather than the patient's. Liz recalled her mother as very hurried and impatient with her. I interpreted the transference distortion, and the patient did admit to feeling that I must be impatient with her even though she saw no outward signs of this. In her associations she connected the baby's being put on a diet with the deprivation she often felt in the analytic situation. The tacos seemed to come from a fantasy that I might be of Mexican origin because of my latin name. The next dream examples show her struggling to resolve the maternal transference. These dreams occurred after we had set a termination date which was now only five weeks away.

I had a baby that was crying. I went in and wrapped it in a blanket and picked it up, and it stopped crying. I decided to take it with me even though it had a babysitter. The baby was clearly mine. I was leaving with a man. He was pretty patient and he had to wait for me while I got all the stuff together. We were in a bit of a hurry too, trying to make some deadline, but he wasn't annoyed or impatient. Later that night I dreamed that someone was teaching me to water-ski. I think it was you. I got the tow rope all messed up. I was trying to get it untangled. I was clumsy. You were patient and helpful. Finally I got it straightened out and I felt really good. I had to do it because I was in the water and you were on the boat. Then we had climbed up some kind of ladder, like on a pyramid-shaped oil derrick. If one of us left ahead of the other, it would fall over.

It had to be balanced. We had to cooperate and come down one step at a time or it would tip over. We were making it.

She associated the crying baby to the sadness she was feeling about leaving the analytic treatment with me. Now the baby clearly belongs to her because she is more willing to accept and "own" her dependency needs. She realized the man in the dream was a stand-in for me and expressed appreciation for how patient I had been with her. This recognition shows some resolution of the negative maternal transference distortions and the wish to be a better mother to the child in herself. In the second dream, the baby is even less a split-off part of herself; more than just belonging to her, the baby is her. She is the baby trying to stay above water. She associated the water to a birth theme. I suggested that the tangled rope might be an umbilical cord. She laughed, and said, "Now that I think of it, the rope looked exactly like an umbilical cord." Climbing ladders often has a sexual significance; therefore the coming down, which further separates us, expresses a resolution of the erotic attachment. She expressed that termination was frightening, like coming down the pyramid-shaped ladder, there was a feeling of pride in each successful step, even though each step further separated us. She took pride in her ability to help maintain a mature, cooperative balance between us.

Child Transference Dreams

Out of the six dreams that directly represent the child transference, I shall present four and the related associations. I should emphasize here that the baby dreams make up a little more than 10 per cent of Liz's total dream output. I do not want to create the illusion that all of the analytic work was achieved through dream analysis primarily, let alone analysis of these baby dreams. I merely want to show that this series of dreams was significant. For example, her previous therapist, Howard, appeared directly in about 20 dreams, but he appeared manifestly in only one dream of this series, the first one.

I'm at Howard's house. I'm taking care of his little boy and I told him that I had another friend with a little boy that I liked very much. We are in a gymnasium at his house and lots of women are paying attention to him. He paid lots of attention to me and said let's go out tonight, but I told him I had to do something first—go with a group on an outing to outer space. I couldn't make up my mind and finally I went with Howard. I was feeding the other friend's little boy, and he liked me. He was not my responsibility but he was well taken care of.

For several sessions, I had been interpreting her schizoid stance as defense-transference and had gained her cooperation in uncovering some of the genetic roots in her relationship with both parents and in the fear that the gratification of her wish for a sexual relationship with her therapist might be repeated if she allowed herself to feel any emotional connection with me. She said there was a little-boy quality to Howard that had always appealed to her. I asked if the friend with the little boy was an allusion to me. She felt this to be true and mentioned a frequent fantasy that I must have been very well taken care of as a baby in order to do such self-depriving work effectively. The gymnasium detail also shows that she was re-experiencing in the transference with me

some of her feelings for Howard. My office is right next to a gymnasium where Liz was a member, and she had a fantasy of meeting me there. Feeding my child, but not being responsible for him, expresses a wish and a growing hope that she can have a relationship with me that is mutually pleasing, in which I will respond as a healthy and happy developing child and not as a helpless, unhappy child who leaves her feeling guilty and responsible as she felt with Howard, her son Mike, earlier, and before that, her father. The child, who is well fed, is also herself and is an externalization of her feeling that she is being well taken care of by me. This dream also provided me with two working hypotheses about her sexual relationship with Howard which were later confirmed. The affair, first of all, provided her with a sense of oedipal triumph, of being more special than her competitors just as she is preferred over "lots of women" in the dream. Second, I hypothesized that although Liz's intense dependency needs were being met through this relationship, they were predominantly being met vicariously, through her mothering the child part of Howard.

In the next dream we have another positive or even somewhat idealized transference to me as a successful oedipal child. We shall consider later whether the idealization is a defensive cover for the act of depreciating me to child status, but for the moment I could find no good evidence for this.

I had joined a private club. I went in and was surprised to see they had a six-year-old little boy for a member. He clearly felt at home. Then there was something about a baby who got lost. I don't think it was my baby, but I felt responsible. He was a one-year-old going on a trip by himself. I don't remember very clearly, but people were asking me why I let him go alone.

She associated the club to the psychoanalytic institute and her surprise at how comfortable I seemed to be doing analysis. She had initially been concerned that she was my first analytic case. There is a regression in the dream from the oedipal child to a pre-oedipal one-year-old which mirrors the unhealthy regression she felt since her treatment with Howard, the guilt that she might have caused a regression in him as well, and a fear that this could happen with me. Although I seemed to her to be functioning at a high level, there was fear and guilt that she could be responsible for causing me to regress as well, especially by abandoning me with her silences. She frequently vocalized puzzlement and concern about how I could stand doing the work. The confident child who is comfortable with analysis and the lost baby both also represent externalizations of how she currently sees herself. The following dream also provided insights into her relationship with Howard.

I dreamed about an eighteen-month-old-baby. It was mine I think. It looked really happy and well cared for. I was holding him. Seemed like he needed me so I had intercourse with him. He looked so contented. I was lying on the floor when my mother and father came over and looked down at me. I was frightened, but they did not disapprove and commented on how happy the baby was. The baby was a genius and started to talk, and it had a lot of wisdom. Then it told me

I was a slut. I felt really badly because the baby was so wise, but it didn't seem like he was angry with me.

She associated the baby to me and to not knowing how to relate to me. Her sexual relationship with Howard was motivated in part by not knowing how else to relate to him. She felt inferior in the relationship with Howard as she did at the time with me. To relate to the child in either of us was, in part, an act of depreciation designed to reverse her sense of inferiority and self-contempt—although for her, such relating was more often an act of caring, mothering, and self-affirmation. For this wish to depreciate, however, she in turn felt self-contempt, which was projected onto me in the transference. This dream raises some interesting issues in superego analysis. Why is the self-criticism projected onto me in the child transference instead of a parental transference? This question is answered, to some extent, by understanding that her child transference is partially a disguised father transference. She had, as a child, related to her father as a child, and was critical of him for making sexual advances to her. Part of the answer is, also, that the dream occurred after substantial work had been done with the transference to me as a critical parent. In the dream she is lying down and the parents are looking down on her. This positioning is an allusion to the analytic situation; the looking down on her also symbolizes her expectation of criticism. In the dream she recognizes that her anticipation of parent criticism on a transference basis is not realistic. Perhaps the most optimistic view is that the dream represents the therapeutic action. While I have accepted being seen as a critical parent or child, I have not allowed her to seduce me into actually behaving like a critical parent or a depreciated child.

At another level, it is also likely that the guilt expressed in the dream relates to the sexual feelings she had toward Mike since his birth—although, I have no confirmation for this interpretation through her associations. In this dream, the baby as sexual object is reminiscent of Freud's notion that the baby symbolizes the penis.

This dream is also reminiscent of the "clever baby" or "erudite nursling" theme observed by Ferenczi and reviewed by Lewin. According to Ferenczi (1923), "the superficial layer of dream-interpretation in many cases points to an ironical view of psychoanalysis, which, as is well known, attributes far more psychical value and permanent effect to the experiences of early childhood than people in general care to admit" [p. 349]. As Lewin (1968) puts it, patients "facetiously deride the analyst's way of attributing complicated states of mind to infants" (p. 400). In Liz's dream, the irony and derision are doubled by having the analyst turned into a child. It is unfortunate for our purposes that neither Ferenczi nor Lewin gave actual dream examples so that we might check to see if a similar doubling of irony could be found in their patients' dreams.

Ferenczi (1923) warns that the "clever baby" theme has a deeper and more universal meaning and should not be interpreted only as a reaction to the analyst's interpretation:

But as similar appearances in fairy tales, myths, and traditional religious history very often occur, and in the painter's art are also effectively represented ... I believe that here the irony serves only as a medium for deeper and graver

memories of their own childhood ... a reversal of the contrary situation of the child [pp. 349-350].

I suggest that the "clever baby" dream and mythic theme may also symbolize the wish to have a closer communion with the nonverbal infant. I suggest further that this wish for closer communion may be an essential level of meaning whether the infant represents an actual preverbal child, the unconscious and muted desires of the child self, the silent analyst in the child transference, or a religious symbol of the ineffable. A remark by Lewin (1968) is also suggestive: "The wish to put ourselves in the embryo's place and to discover what was going on there instituted a branching series of later events in human sciences" (p. 403).

Liz's next dream occurred the following night and was a reworking of the same material in light of my interpretations.

We were just moving into a house—not furnished yet. I was playing with the baby and it was really happy jumping up and down on the bed which had no sheets. It had gotten a lot stronger and it was able to stand and was really happy. I thought it would even be nice to have another baby.

Passing over without mentioning the probable references to phallic erection, I want to focus on the child transference. Although the baby's sex is not differentiated, she associated to this dream as a remade version of the dream she had the night before, reported above. She concluded the dream must relate to me but added that she also thought the baby was she. There were only a few dreams where the sex was undifferentiated, and these could be confidently categorized as maternal transference dreams with the exception of this one. The uncertainty of how to categorize this baby is instructive to one's understanding of the dream; to a large degree, I would argue that the baby is both of us in a healthy fusion as exists between mother and child at times. Because she is not able to depreciate me, she sees me as getting stronger; and the stronger I am, the stronger she can be. She associated the house with herself also; there is promise for the future, but the task is not complete—she was just moving in. The bed without sheets is possibly a reference to the couch and the desexualization of the relationship from the last dream. The baby is just gaining the use of its legs, which is an enormous step toward independence. One is reminded of Mahler's research with infants who are beginning locomotion and the exhilaration she reports they feel. Liz's thought at the end of the dream that "it would even be nice to have another baby" may relate to a fantasy of giving me a baby. To the extent that the baby represents herself, her thought of having another baby goes with her feeling that she can now assume more responsibility for the child in herself and manage her own dependency needs better. The next dream in this child transference series occurred 14 months later, during a period of transference resistance.

There was a war going on and I was a refugee living upstairs with several other refugees I didn't know very well in a small, stark apartment. I didn't like it or the people too much because I didn't know them. One of the rooms had a piano, and

a female refugee was playing it, and I admired her because she was playing for her own enjoyment and making the most of the situation. She had two children, one of each sex. The male was sitting beside her. He was handicapped. He only had a head. I liked him and thought he was handsome. I combed my hair and went to meet him. He was happy. He was talking to his sister. His mother was really happy too. We went somewhere and, coming back, there were two ways—one long and sunny, the other short but dark and dangerous. I wanted to go the shorter route. We passed lots of other refugee camps with some Asians cooking fish. There was a lake by our place that I thought was beautiful, but was only three feet deep and loaded with fish. But I was told on the way back that it was poisoned and polluted. We had to walk through it to get back. I wondered how all the fish could live. I looked down and there were hundreds of black shoes instead of fish, the kind of shoes Asians wear. I thought there must be a factory nearby and what a shame they have polluted the lake.

The war going on is her internal conflict. She talked of feeling like a refugee—glad to be away from the intense conflict, but still feeling uprooted and not at home and longing for a more peaceful time. She associated me with the boy who was only a head because I sit behind her and I relate to her only with my mind and not my body; she also likes me and sees me as a happy person. This dream consolidates some resolution of the erotized transference, but at the cost of denying I have a body. The sexual denial is not complete; my head is handsome and she pretties herself to meet me. It is progress that she can imagine a good sibling relationship with me. She felt the mother in the dream was the way she would like to be. This dream occurred during a period when she was internally working through some distorted negative images about females, and externally beginning to form her first real adult friendships with women. The fish and shoes in the dream are sexual symbols for the male and female genitalia, respectively. At the end of the dream, when she discovers that the fish are really shoes, her disappointment expresses some continuing unconscious devaluation of women in spite of her more conscious and manifest wish to see women in a more positive light, like the mother was seen at the beginning of the dream. This unconscious prejudice against women helps explain the increasingly severe depressions she had after the birth of her last two children, who were both female.

This dream also occurred during a period of preoccupation with termination, but I viewed it as a pseudo termination phase. She had made significant gains, but was over-evaluating these as a resistance to looking further into her unconscious. With this dream I was able to make crucial interpretations that helped her work through this pseudo termination resistance. The two ways to go in the dream represent the crossroads in her analysis. She chose the route which is "short but dark and dangerous" and what she sees along the way expresses her anxieties about her unconscious as foreign and impoverished. She is afraid that her positive images of the unconscious will be disappointed, that the beautiful lake loaded with fish will turn out to be shallow, polluted, unable to give life or nourishment. The shoes are female genitals, but they also represent her promiscuity with so many strangers. Her shame over the promiscuity is a motive for her strong resistance and fantasies of termination. I interpreted her feeling of not liking it

there because she did not know anybody as referring to the analysis also, and I suggested she was harboring a fantasy of an extra-analytic relationship with me after termination as represented by her plan to meet the little boy in the dream. She agreed and added, "I'm just mad that I don't know you better." Although the fantasy shows some emotional growth with the acceptance of a desexualized relationship, it was used primarily to support her wish to leave the analysis. We worked on this dream off and on for three sessions, and all of the above was eventually interpreted to her, though not as compactly. Her preoccupation with termination soon ceased and she settled down to the analytic work.

Discussion of the Clinical Material

Liz made some effort to act out the child transference with me, but this was not a prolonged resistance. On only two occasions did I feel a pressure or active manipulation coming from Liz for me to assume a child role. Both occasions were similar, so I will present the one that is the simplest to describe. I had good evidence that she was defending against feelings of narcissistic rage over an interpretation I had made the previous day. I asked whether she was angry at me for this interpretation, and I suggested that perhaps she experienced me as an unempathetic and critical parent. Her whole attitude, including her voice, which was usually so weak and childlike in tone, changed to that of a very confident mother. She asked if I was feeling guilty. I was puzzled by her question and I matter-of-factly said "No." She persisted for several minutes in her tone of a sweet and seductive, but powerful and all-knowing mother. She insisted that she knew I was feeling bad and that I would be better off talking about it. As I persisted in my analytic stance, she countered several times that I was being defensive and she could see through it; that she knew she must be making me anxious, but it was for my own good; and finally that she was disappointed in me because I could not open up to her. My major feeling while she was saying this was one of astonishment at the transformation in her. I calmly persisted in a matter-of-fact attitude with my original question, and I added that I was interested in her wish to see me as a guilty child. After several minutes she was able to pursue the latter question seriously.

This clinical material brings many questions to mind. Why was the child motif so dominant in Liz's emotional life? Or is she really so exceptional? All seven of the patients I have had in analysis have had frequent dreams of both children and babies. One might conjecture that the child theme is stronger in women or in those who have raised children like Liz. But three of my seven analytic cases have been male, so sex differences cannot provide an explanation for how common the theme is in my practice. One of the male analytic cases had never had children. Liz knew when she entered analysis that she would be my first analytic case, and I am sure that this knowledge influenced her tendency to see me as a child, especially her fantasy that the more I grew and the stronger I got, the stronger she could become also. Her knowledge of my level of training could be responsible for some of the strength of the child theme in her analysis, but it is not a total explanation. She had the baby dreams and very young lovers even before entering analysis. It is also noteworthy that none of my other seven analytic patients knew anything about my level of training and the child theme was still important

in their analyses, with their successive child dreams also mirroring their progress in analysis just as they had with Liz. One could also conjecture that Liz reported on so many dreams of children as a way of gratifying me in the transference because she had become aware of my interest in them. But she had these dreams a couple of times a week before entering analysis, and their frequency actually decreased markedly after I began to interpret them. Also, my interest in these dreams did not precede the analysis, but followed it.

Liz had only positive child transferences manifest in her dreams. The child transferences that I have seen develop in other patients have been more manifestly negative. In fact, it seems that depreciation to child status may be a common form of expressing contempt in the transference; therefore, one wonders why contempt was not more of an issue in Liz's child transference. Is her derision just more disguised? I doubt it. A child transference should not be automatically interpreted as contemptuous; children often reverse roles in play with adults without contempt. We see some evidence of what has happened with Liz's contempt in the dream in which she has intercourse with the baby and he later calls her a slut. The child transference may have been strongly positive because of the guilt and need for reparation Liz felt in relation to her son Mike. There is no doubt she wondered what part she had played in his psychosis. Perhaps there was also a splitting of the transference with Howard, with most of her contempt having been acted out with him. She was certainly conscious of a healthy contempt for him by the end of analysis. When a patient seduces the analyst, we often say that it is motivated by her desire to use sexuality as a vehicle to meet her pre-oedipal dependency needs. This study supports the view, but with a twist. Much of the dependency need may be met vicariously by mothering the child in the therapist. This possibility argues that unmet dependency needs in the therapist may be fundamental in some sexual acting out. The therapist is seeing his patient as a mother at one level.

Liz's wish for dependent babies not only raises questions about aspects of her mothering, but also about the depressions she had after the birth of her last two children. Her analysis took place 20 years after the last post-partum depression, so my information is not ideal; much of it comes from reconstructions in the transference. Liz had a growing awareness that childbirth and vicarious mothering did not, in reality, satisfy her dependency longings, and in many ways only added frustration. Her wishes for a baby as phallus, which we saw as more fulfilled by a male child, was increasingly disappointed when the last two children turned out to be female.

Understanding some of the genetics for this child transference helped resolve some of its compulsiveness. By history, during the first few months of her life, Liz had severe problems which included a feeding disorder. Later in childhood, her mother's controlling behavior had forcibly kept Liz a child in many ways. Liz also strongly identified with her father and took a maternal attitude toward him in her childhood for the neglect he suffered in his childhood. Liz reversed roles with her older sister during most of their childhood, with her sister playing the much more dependent child role. The relationship with her sister and father may well have been the model for vicariously fulfilling her

dependency needs later in life, but at the most fundamental level, the child she is attempting to mother is herself.

The analysis of the child transference helped clarify many other neurotic problem areas. As Liz's dependency conflicts were better understood and managed, she was able to realize that her promiscuity with very young men was motivated by her seeing them as children to be mothered. She projected her need to be indulged onto these young lovers and could never say no to them without feeling she had seriously neglected or harmed them. When she understood this pattern, the promiscuity ended.

In working through her sense of herself as a child, Liz's relations with friends and family changed profoundly. She developed a number of close female friendships for the first time in her life. She was also able to assertively stand up to her own mother, resist the mother's manipulations of guilt, and eventually experience the first feelings of genuinely mutual warmth with the mother.

Liz's relationship with Mike also improved dramatically. Six months before the end of her analysis, Mike was emotionally in bad shape. He was living in a religious commune that was fanatical. He was especially confused by the cult's attempts to control his thoughts. Liz reluctantly allowed Mike to move in with her, but was afraid she would again "feel his pain" and not be able to set firm limits with him. When she realized she was also seeing him as a helpless child to both their detriments, she was able to dramatically change her behavior toward Mike. She was able to be supportive while encouraging his greater responsibility and autonomy. Mike exerted pressure on her to regress in the relationship with him, even to the point of proposing sexual relations, but she remained firm in maintaining mature ego boundaries without excessively rejecting him. After living with Liz for a couple of months, Mike was more realistic and functioning at a higher level than he had since becoming an adult. He was able to successfully move out on his own and pursue his career. Eventually, Mike even began to date.

The child transference may help us better understand some aspects of the pathogenesis of psychosis. Arieti (1974) remarks that only one quarter of his sampling of mothers fit the description of the rejecting "schizophrenogenic" mother. The majority seem quite concerned for their schizophrenic children. One might conjecture that other mothers of schizophrenics also have a pathological concern for their offspring driven by a strong need, such as Liz had, to project the image of a helpless child.

Discussion of the Literature

There is very little literature to review concerning either the child transference of the child dream. I failed to find any papers that explore the transference to the analyst as a child, but Segal (1963) in a paper on promiscuity, clinically describes the same phenomena:

In analysis the transference assumes a symbiotic quality and the inter-identification manifests itself in a reversal of roles between the patient and the analyst, who is perceived as the feeding and maternal object. At times the roles seem to be reversed, so that the analyst becomes the needful infant, and the patient the gratifying object [p. 410].

Segal emphasizes the severe dependency problems and separation anxiety seen in these promiscuous patients.

Although recurrent dreams are well recognized in the analytic literature, baby dreams are ignored as a general type, and I could find no study of specific dreams in which the baby is neglected or in danger. This surprises me because I find them occurring in a majority of patients for whom dreams become an important part of treatment. In the *Interpretation of Dreams* (Freud, 1900), children are mentioned incidentally in a number of dreams including four of Freud's own reported dreams. All four have a similar structure in their treatment of children: first, the children are in some danger or have been neglected, and there is concern about their safety; secondly, the children are involved with some kind of separation or leave-taking. I shall not attempt to review Freud's dreams at this point. Freud's own associations to his dream "My Son the Myops" and Grinstein's (1980) recent review of this dream give a clear indication that the way children are treated in Freud's dreams relates to his family's move from Freiberg when he was three because the city was no longer considered safe for Jews. In general, Freud views children in dreams both as references to important childhood memories and as symbols. Freud mentions children as a frequent dream symbol, and he devotes more attention to the subject than any other psychoanalytic author. "Children in dreams often stand for the genitals; and, indeed, both men and women are in the habit of referring to their genitals affectionately as their 'little ones'" (p. 357). In his discussion of children as symbols in dreams, Freud gives us only one example:

Her mother sent her little daughter away, so that she had to go by herself. Then she went in a train with her mother and saw her little one walk straight on to the rails so that she was bound to be run over. She heard the cracking of her bones. (This produced an uncomfortable feeling in her but no real horror.) Then she looked round out of the window of the railway-carriage to see whether the parts could not be seen behind. Then she reproached her mother for having made the little one go by herself [p. 362].

Although this child dream is the only example Freud gives us, it is curiously very similar to my patient's recurrent dream with its neglected child theme. Freud reads the dream in terms of sexual symbolism and gives a convincing argument. Ever mindful of how far we are from Freud's consultation room, I shall play with a rereading of the dream along the lines developed earlier in this paper.

The manifest content of the dream and the patient's first associations suggest that frustrated dependency needs and separation problems supply another level of meaning. In the manifest content there is leave-taking. The child is sent away and the patient and

her mother are leaving on the train. Her mother is depicted as a neglectful caretaker to a child, not someone to be depended upon. The patient plays a curiously passive role in not taking any responsibility for the child, which is similar to Liz's behavior in her baby dreams. This passivity suggests that Freud's patient is in the role of dependent child to her mother. The danger of independence is shown in the fate of her child who is off by herself in the dream. Freud also tells us that his patient is agoraphobic; agoraphobics are notorious for their dependency and separation conflicts.

In the patient's first association to the dream we find further support for this additional level of meaning. "In the first place, the patient declared that the train journey was to be interpreted historically, as an allusion to a journey she had taken when she was leaving a sanatorium for nervous diseases, with whose director, needless to say, she had been in love. Her mother had fetched her away..." (p. 362). I think it reasonable to presume that patients hospitalized for mental disorders earlier in this century also became dependent on their doctor as they do today. The patient must have experienced her mother taking her from the hospital as destructive to the dependent child in her. Perhaps the muted feeling she has at the sound of bones cracking expresses how inhibited her mourning processes are.

Looking behind is a common and interesting dream action which can represent a number of things including a reference to anality, a possibility hinted at in Freud's interpretation of the dream; his patient recollected seeing her father naked and noting "that a man's genitals can be seen even from behind but a woman's cannot" (p. 363). At another level her looking behind can represent a looking at the past, a morbid preoccupation with what she has lost, including the doctor at the sanatorium. Looking behind also frequently refers to the analyst by reference to where he sits in relation to the patient. This was an analytic case, so Freud did sit behind her. The act of looking behind could, therefore, represent a turning to Freud as a transference projection of her dependent child self. The child in the dream contains transference references not only to Freud, but to the doctor at the sanatorium as well. Reference to the sanatorium doctor is given in her associations to the dream as referring to the train trip in which her mother separated her from him. In the dream the doctor she lost because of her mother is replaced by the baby. The baby, in addition to representing a part of herself, is also a condensation representation of the child transference to both Freud and the doctor at the sanatorium.

Conclusion

In this paper we have reviewed the child as a potent symbol in one analysand's dream life, transference, and neurotic behaviors. The patient was burdened with severe dependency and separation problems, which were greatly alleviated after they were analyzed through two major transference formations: a classical maternal transference and an unexpected child transference. The child transference was examined in depth for its clinical and theoretical interest. It was suggested that this child transference is most likely to occur in those individuals who played a parental role with one of their own parents during childhood.

I also examined the child as a dream symbol and concluded that primarily it represents the self—most especially the dependent and developing self. Since completing the analysis presented in this paper, I have noticed similar child dreams in all seven subsequent patients I have had in analysis. Three of these patients have been male and one had never fathered children, suggesting that sex and parenthood are not exclusive determinants of this symbol's importance for a given individual. In each of the seven cases, the progress of the child in successive dreams mirrored the patient's growth in analysis. The clinical material also raises questions that can only be answered through future research by myself and other analysts. If the child dream and the child transference turn out to be as common as I believe they might be, then this will be a very fruitful area for future analytic research.

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