# The Frame Method and the Structural Congruence Hypothesis (STC) between Early Childhood Memories and Dreams during Psychoanalytic Long Term Treatment[1].

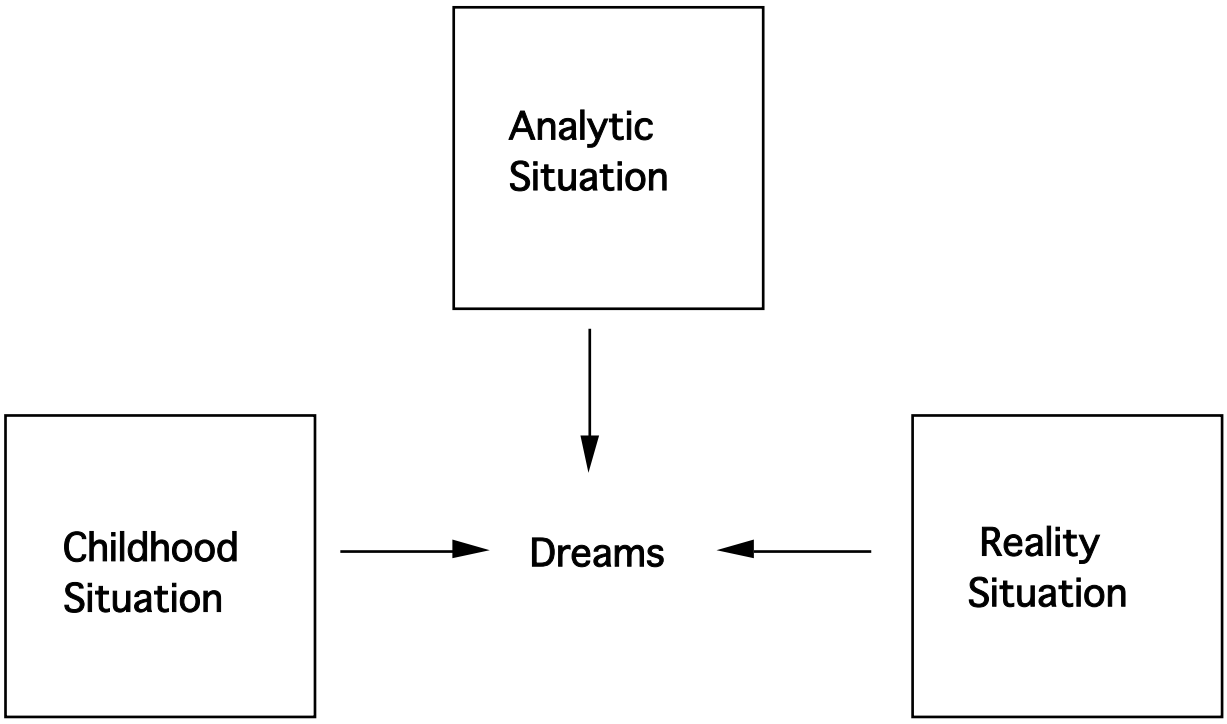
M. Hölzer, V. Zimmermann, H. Kächele
Department of Psychotherapy; University of Um.
Germany.

## 1. Introduction

In their once standard text on "Theory of psychoanalytic technique" Menninger (1958) differentiated three situations as main constituents of the patient´s "triple life" being in psychoanalytic treatment. 1. "Reality, i.e. the sum of ongoing relationships to his present family, his friends, colleques, employers and so on. 2: The childhood situation, which reflects the fact that "a portion of his personality is a continuance of his infancy and represents an unjustifiably prolonged extension of his infantile period", and 3. The analytic situation itself. According to Menninger "as the analytic treatment proceeds the analytic situation enlarges, memories of days long gone are recalled and related to contemporary events, feelings, and emotional reactions within the treatment situation" (p. 149).

Table 1.

[1] Presentation at SPR 1992 in Berkeley




The graphic shows the components of the Menninger treatment modell and the influences that operate on dreams ( or related phantasies as on any other symptomatic phenomena) representing and processing information from all three situations mentioned above. This model thus marks also an extension of French´s modell of dream formation (French 1952, 1970).

Menninger referring to the "orderly sequence of material", (i.e. the regularity to be expected in the emergence of childhood memories and dreams, depending on the quality of experiences the patient is making in the treatment situation), emphasizes, that along with a progressive regression "in the recall of the forgotten and repressed, the correlation process continues, so that the patient is, so to speak, at the one moment recalling something from the past, the next moment reporting an attitude toward the doctor and, the next moment, a phantasy (or dream) which identifies the similarites of the three areas" (p. 150).

This study uses the frame method (Dahl 1988) for the identification of exactly these similarities. To begin with we focus on structural similarities between childhood memories and dreams. They occur in all kinds of dynamic psychotherapies (long term psychoanalytic treatments probably is the most likely place to observe them).

Reflecting on "early memories as expressions of relationship paradigms" Mayman and Faris (1960) concluded that "one remembers selectively from

the moment an event enters awareness to the moment of its recall. Events are sifted through an apperceptive screen, so to speak, so that some facets of the experience are accentuated and others minimized or ignored, according to the individuals unique perceptual biases. Recollections bear the stamp of an individual´s selective recall, and represent his often highly personalized reconstructions of his experiences"(p. 508). They consider childhood memories as 1 surprisingly limited in number 2. stable in composition and 3. offered by the persons asked as if they were "peculiarly self-representative". The last mentioned aspect is of particular interest since patterns that are "particularly self-representative" are the target the frame method aims at: Regularity of personal behavior and emotional experience which accounts for repetition in a persons life. Childhood memories, according to Maymen and Faris " can be used as a source of inrferences regarding tacid, ingrained preconceptions of self and others; one´s incorporated repertoire of transference paradigms; and some of the determinants which may have led to the development of these character patterns" (p. 509)[1].
Some years ago investigating a dream series of the psychoanalytic treatment of patient Christain Y (Thomä H, Kächele H (1991) we found in accordance with clinical wisdom that dreams reflect important aspects of the patients unconcious processing of the transference situation (Geist & Kächele 1979).The former investigation was based on guidelines of Erikson (1952) as to the analysis of dreams, according to which four different areas should be differentiated:

1. the manifest configurations of the dream
2. links between manifest and latent dream content
3. the analysis of the latent content
4. the reconstruction of childhood aspects

In the present study we focused on the analysis of the manifest configurations of the dream, such as occurring objects and emotional relations between them.

Since striking similarities could be found between treatment process and changes in "dream space", a term suggested by Khan referring to the very personal area, in which "experiences might be initiated, affirmed or negated" (1962), our conclusion was that dreams can be assigned a monitoring function as to what goes on between patient and therapist in terms of emotional experience.

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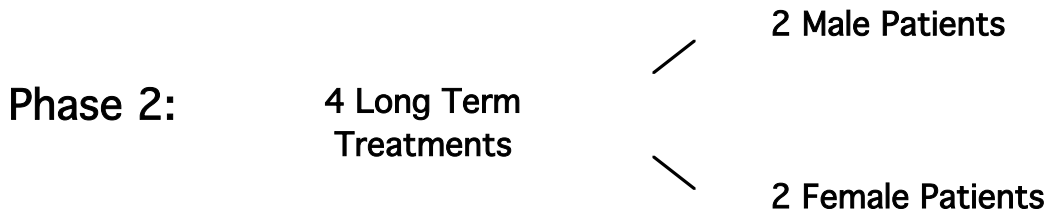
[1]Some years ago a German psychoanalyst collected a few thousand (N = 2300 !) earliest memories from analytic patients; they then were classified into the categoreixcal scheme of neo-psychoanalytic theorizing (Stiermerling 1974).

Summarizing the rationale for the study childhood memories are regarded as a guide to identify patient relationship patterns. On the other hand dreams function as a monitoring device of what is the actual personal experience at a certain point of time in treatment.

In presenting some preliminary findings of this study, our purpose is neither to establish validity or reliability of the method suggested Dahl H (1992). Instead we want to illustrate the potential richness and value of such a procedure Dahl H (1992).

2. Design
Our investigation consists of two subsequent phases,

Table 2.


The first phase serves to develop and sharpen hypotheses, the second to test them.
The material used in the first phase consists of a sample of 32 case reports written by psychoanalytic trainees for their final exams. By summarizing his work with a patient the trainee tries to prove his knowlegde of basic theoretical assumptions and his capability of bringing them to bear in a long term treatment. Besides descriptions of the analytic process in terms of changes in transference and countertransference,one can expect that childhood memories and dreams play an important role in such reports.

The case reports are archived with the Ulm Textbank; the derive from the

years 1980-1990. The sampling from a total of 350 reports was accomplished so that:

1. all patients were female
2. each patient would belong either to the diagnosis group of depression or hysteria (ICD classification)
3: in each group the same number of female and male therapist was found.

The following table shows the total number of dreams from 8 case reports.

Table 3
D = Depression; H = Hysteria; m/w = sex of therapist

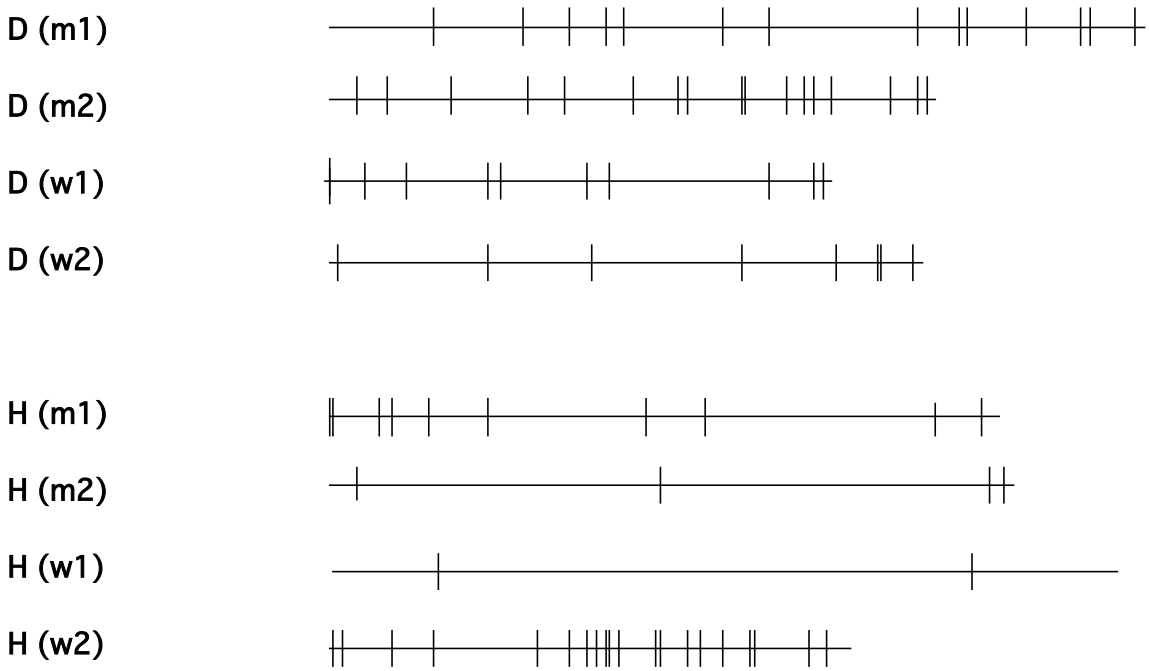
| 4/16 | Dreams |
|---|---|
| D (m1) | 14 |
| D (m2) | 17 |
| D (w1) | 10 |
| D (w2) | 8 |
| | = 49 |

| 4/16 | |
|---|---|
| H (m1) | 10 |
| H (m2) | 4 |
| H (w1) | 2 |
| H (w2) | 20 |
| | = 36 |

The distribution of dreams over the course of treatment is depicted in table 4:

Table 4.
There is some variation in the number of dreams of each report as well as in points of occurence during treatment (The shortest line - D(w1)- indicates about 300 hours of treatment, the longest - D(m1)- about 460 hours).

**Patient:**




In 4 out of these 8 patient-reports we find what´s known in psychoanalysis under the heading "initial dream". The graphic does not reflect what actually happend in therapy, only what is reported by the therapist about the treatment.

While the patient-dreams are usually quoted literally by the therapists, childhood memories of the patients are more or less organized to a sort of brief biography, a description of the patients´ live which consists of a mixture of patients´ quotations of patients speech and therapists inferences in varying proportions. We tried to exclude obvious therapist inferences as far as possible, although by the very nature of the material this was not feasible in precise ways. For this reason we rather use the term childhood material (than "memory").

First step:
The first step consist of rating the emotions according to the manual "How to classify emotions for psychotherapy research" by Dahl, Hölzer and Berry (1992); it gives precise guidelines for the rating of the emotional content of the textual material. The rating itself was performed by two independent judges. The inter-rater reliability turns out quite satisfactorily.

Second step:

In a second step, object maps for the childhood material as well as for the dreams were prepared to represent the important (or as we call them "significant") objects turning up in the two kinds of patient-communications. The criterion of significance in the childhood material was that some emotion had to be coded according to the manual in connection with the object in question. In dreams, the occurrence of the object as such was regarded as a valid sign of emotional significance. The object maps and the following steps of the identification/construction of frames are demonstrated by means of the report on a particular case, Mrs. D a 35 year old woman, who came into treatment because of severe depressive symptoms.

The object map for her childhood material looks like this:

Table 5

| Sister | Parents | Singing Teacher | Brother | Mother and Sister | Mother | Father | Mother and Father | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 CA parents | 1 CA son/pat. | 2 P/S patient | E | 5 CA patient | 1P, N1CA painter | 6 CA "duty" | 4/5 patient | | |
| 1 CA, 6P | N 4 patient | 5 CA patient | | 1CA,5CA patient | 1 CA, 8 father | 3/4 | | | |
| | | | | | 7/8 father | 1/2 CA | | | |
| | | | | | 6P/7 father | 4/5,1/2 patient | | | |
| | | | | | 1 P son/ patient | 1 N, 5CA patient | | | |
| | | | | | 6/7 patient | 5 CA mother | | | |
| | | | | | 6 CA father | | | | |
| | | | | | 8, 2 art, religion | | | | |
| | | | | | 1 W, 3 children | | | | |
| | | | | | ↓ | | | | |

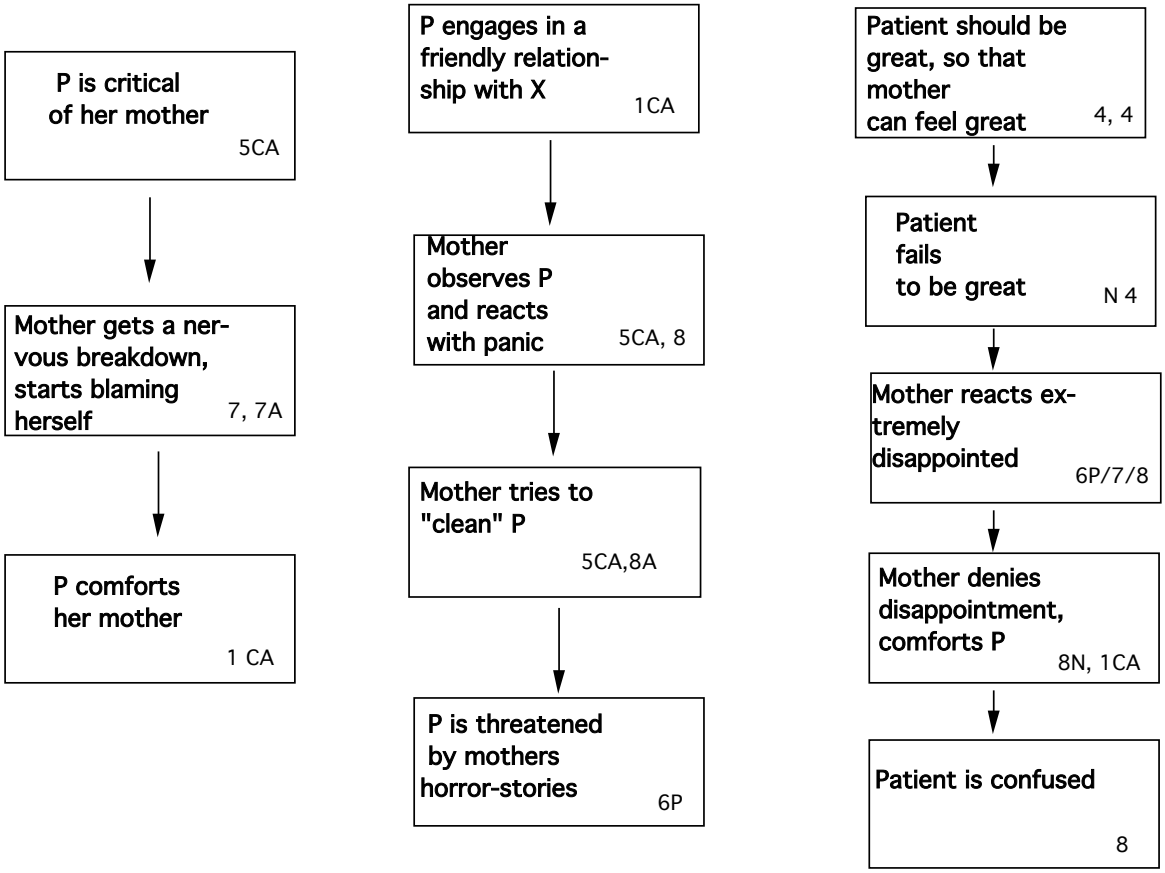
Remembering her childhood for Mrs. D with her female therapist means above all remembering her mother. The emotional codings in the object-category "mother" hint at a highly conflictual relationship. The coded manifest statements lead to a clear picture of how the patient experienced her mother and where the main points of conflict in this relationship were.

Table 6.

| | |
|---|---|
| 1P, N1CA, N5CA | She could not get married to the man she loved, since he would not leave his family |
| 1CA, 8 | Instead in panic she got married to her husband |
| 7/8 | She was always unlucky with him, since he was unmusical |
| 6P/7 | By being a girl the patient disappointed her mother |
| 6P/7 | The disappointment about the husband should be relieved by her children |
| 1W | The patient should have been the longed for son |
| 5CA | Father reacted reproachful towards mother |
| 6CA | She had to submit to the wishes of her husband |
| 8, 2 | She was instable, but interested in art and religion |
| 1W, 3 | She wanted children to become more stable |
| 4, 4 | Her children had to be great, so that she could be great |
| 5CA, 7, 7A | Slight criticism would cause a breakdown, she would cry and blame herself |
| 5CA-6 | She would confuse the patient with contradictory statements |
| 5CA, 5CA | She betrayed the patient to the father, she devalued the father before the children |
| 5CA, 5CA, 1CA<br>8, 5CA(8), 5CA(6) | She observed P, disrupted her relationships with boys reacted with panic, tried to "clean" P and told her sexual horror stories |
| 6P/7 | When the patient failed in singing, she reacted extremely disappointed, denied disappointment, comforted P |
| 5CA | She always tried to influence P |
| 5CA, 7, 7A,<br>5CAS, 5CAS-7, 1CA | "Whenever I was critical of my mothjer she got a total breakdown. She just cried and said: I did everything wrong, it´s all my guilt. And then I had to comfort her" |

Three sequences of emotional events were derived from this material shown in the following table:

Table 7




Since consummatory acts like "comforting mother" in sequence 1 should be motivated by some wish or feeling, which is not yet represented in the sequence, we call those incomplete sequences "incomplete instantitions" of frames. In addition, it should be emphazised that according to Dahl´s recommendations generalizing statements (like the last one in the list of statements) of a patient about a special relationship she or he had, are particularly important sources for the identification of frames. Two of the mother sequences stem from such generalizing statements, one from a memory of an incident, where the mother reacts to a harmless flirt of the patient with telling her sexual horror stories and putting her into a bath tub.

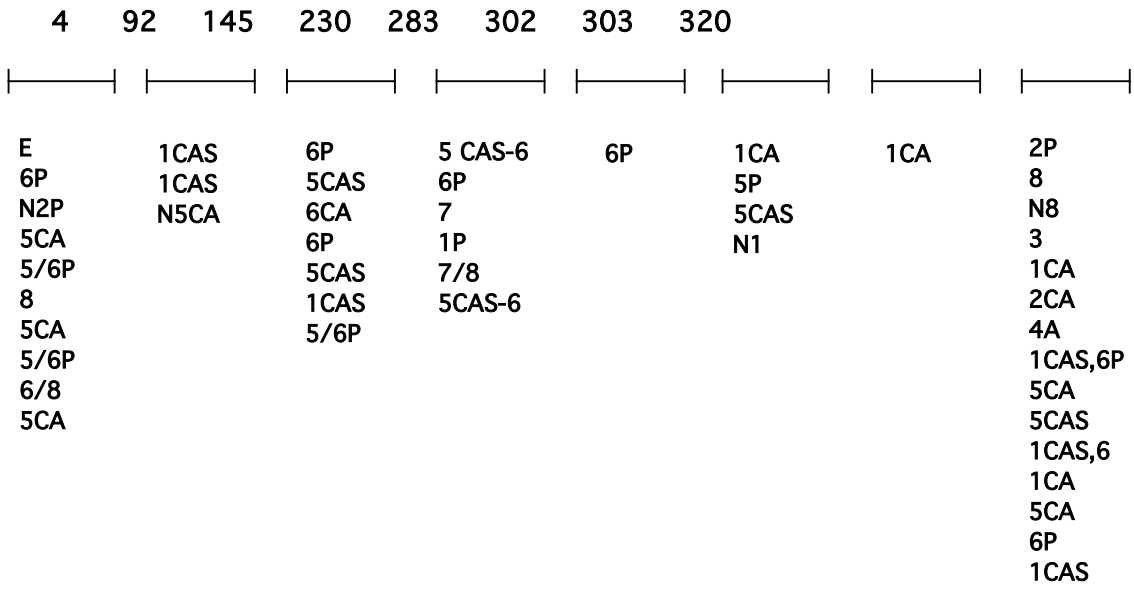
A map representing the objects of the 8 reported dreams of the patient during treatment was prepared in a similar way.

Table 8

| Dream | Thera-pist | Daugh-ter 1 | Daugh-ter 2 | H. | Mo-ther | Sis-ter | Cou-sin | Fanny | 2 wo-men | 2 wo-men | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | x | x | x | | | | | | | | | |
| 2 | x | | | x | | | | | | | | |
| 3 | x | | | | x | x | x | x | | | | |
| 4 | | | | x | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | x | | | | | x | | | |
| 7 | | | | | | | | | | x | | |
| 8 | x | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Dreaming for this patient in this therapy meant particularly dreaming about the therapist and dreaming about H., her actual partner, with whom she lives. Although these dreams were selected by the therapist for a special purpose they seem to bolster our hypothesis that dreams can be used in their monitoring function of the experiences of the patient in her or his present relationships, his first and third situations of his "triple life", to speak with Meninger.

Table 9
first line: session number
columns: Emotion codings for each dream
E emotional; N Negation, P Percept, CA Consummatory Act, S directed against Self




The most frequent categories are 6= fear and "5 CAS = a hostile consumatory act directed against the patient herself". In her dreams the patient mainly feels persecuted; this seems to be the leading affect in 5 out of 8 dreams. In her dreams the patient reacts to it either by feeling upset and criticizing (dream 1) or with feelings of fear (dream 3), or helplessness (dream 4), disgust (dream 5) or threat (dream 8). The therapist as the subject and the patient as the object of persecution seem to dominate the dreams, although in some persecution-sequences the persecuting subject does not become obvious.

To make these abstract results miokre vivid we now present three out of the eight dreams

Table 10 : Dreams 1

Dream 1 (Hour 4)
I came to the hour, it was a funny situation (E). It was a larger room. I was sitting next to the window. You were sick and laying down in your bed. Then you put on a record with a voice talking nonsense on it and I had to listen to it (6P). I thought by myself, why do I have to do this. I am not interested in it at all (N2P). Then you started to speak the text, which had nothing to do with this world (5CA), as well. I was terribly upset (5/6P). I was restless (8) and thought: rubbish! (5CA). Then, in the middle of the hour, your daughter came in, which was bothering (5/6P), then another one: tanned, very fashionable, a real beauty. I thought, I won´t bear it (6/8). When I woke up, I thought: Gee, I´ve got to look for a new therapist again (5CA).

Table 11: Dream 3

Dream 3 (Hour 145)
You were sitting on the couch, all fat, really heavy and you always talked about yourself. I said, you are totally different today and you just said: Yes. Then I got anxious (6), you would rape me (5CAS). Then I dreamt of my family: In the kitchen, my mother, my sister and my cousin were there, and I waited to get something to eat. The kitchen was a real mess. I said to my mother, why don´t you call Fanny, but she said she would manage it on her own. Then she put the light out, so that nobody could see how chaotic it was (6CA). All above I was astouned (6P), how you took advantage out of me (5CAS). On the other hand you´ve got a friendly voice (1CAS), but that was a fraud (5/6P).

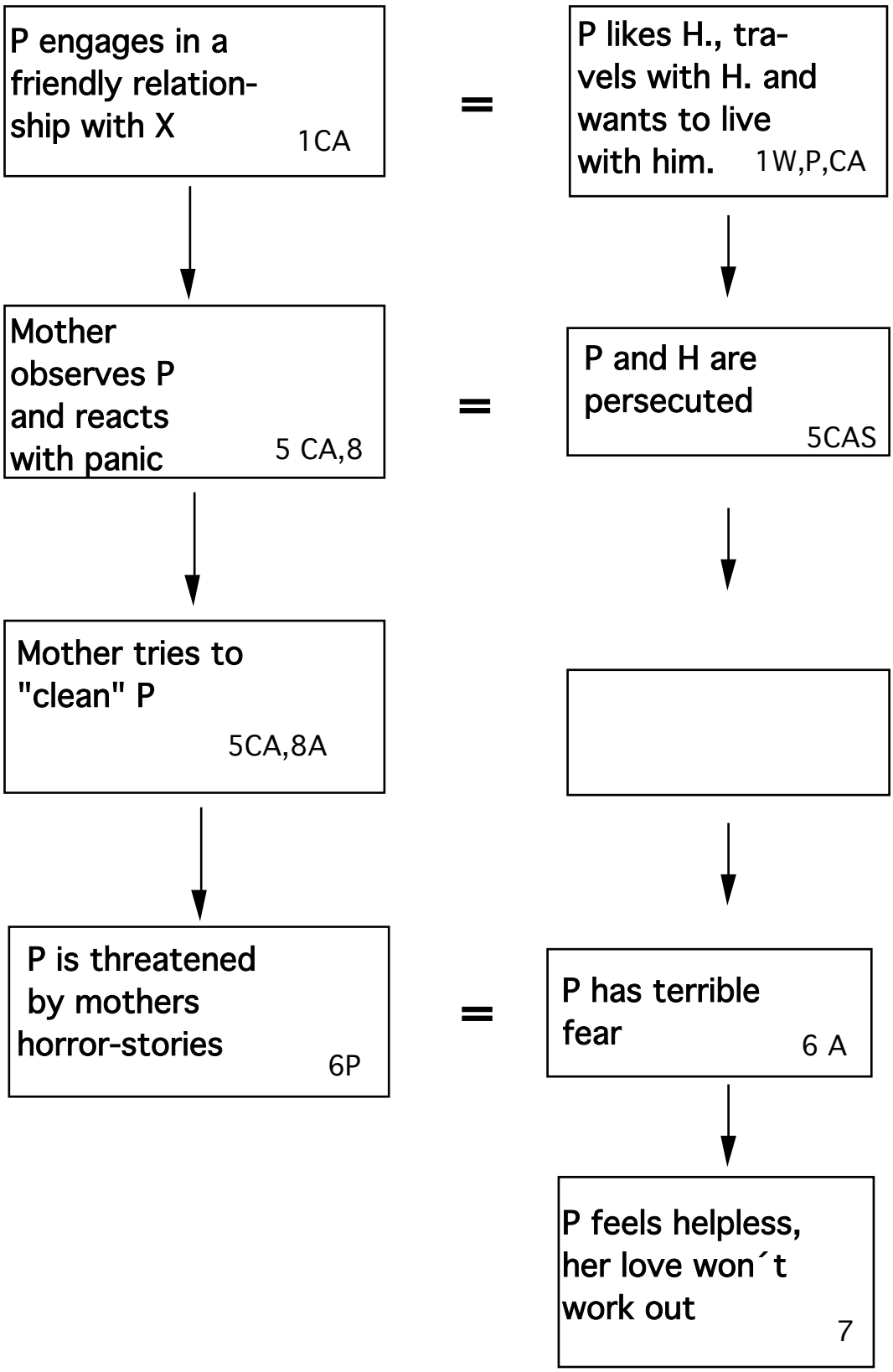
Table 12: Dream 4

Dream 4 (Hour 230)
I was going by train with H., during the Third Reich. We were persecuted (5 CAS - 6) and I had terrible fear (6P), it was a helpless situation (7). I realized, I like to live with him (1P) and that it won´t work out (7/8), since people are behind us (5CAS - 6) and that´ll go on for years. It was only ´39 and I knew it´ll last till ´45.

From dream 1 to dream 4 an tendency of "intensification of affect" seems to characterize the dream space of the patient: in the first dream the patient has just to listen to a nonsense-record or nonsense-text spoken by the therapist (the patient reacts upset and bothered), in the third dream it is already a therapist, who might rape her (the patient reacts anxious) and in dream 4 it becomes a story of life and death, some Third Reich people persecute the patient who feels to be in an helpless situation. This tendency of affect intensification seems to correlate to a tendency of a "defensive blurring of the object": Dream 1 shows the therapist as she is in a persecutory role, in dream 3 the therapist is already "totally different today" and in dream 4 it´s just people from the Third Reich, who are behind the patient.

"Unmasking (= intensifying) the affect in dreams is concomittant to masking (=blurring) the object" is one of the hypotheses further to be tested in subsequent phases of our investigation. At least, this might explain, why dream 4 in hour 230 not only reveal stronger affects but also more overlap with one of the childhood sequences (2) shown above: The mother who seems to interfere with everything the patient triesto accomplish in her own "true" interests: The dream 4 instantiates this childhood sequence (2) in three emotional events.

Table 11


P engages in a friendly relation-ship with X 1CA
=
P likes H., tra-vels with H. and wants to live with him. 1W,P,CA
Mother observes P and reacts with panic 5 CA,8
=
P and H are persecuted 5CAS
Mother tries to "clean" P 5CA,8A
P is threatened by mothers horror-stories 6P
=
P has terrible fear 6 A
P feels helpless, her love won´t work out 7

## Conclusion

Although there is no straightforward, complete congruence between emotional sequences derived from childhood material and dream episodes, the partial overlap we found, such as the occurrence of persecuting subjects (here especially the therapist) and of the patient as being the victim of hostility and dominance as well as the above described tendencies are promising findings and encourage to gather more data on these phenomena. The frame method with it´s emotion rating, object map and the identification of emotional sequences chracteristic for relationships to significant others provides basic methodolocical tools with which investigations like this can be carried out.