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**DREAMING AS A SOURCE OF TRANSFORMATIVE PROCESSES
ACCORDING TO WILFRED R. BION.
THE ANALYSIS OF MS.
INES' PSYCHOTHERAPEUTIC STRUGGLES
IN ACHIEVING INDIVIDUATION**

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**Bion
transformations
dreams**

Summary

This article aims to analyse, based on dream interpretation, the transformation in the psychotherapeutic process. The selected dreams illustrate transformative thinking according to Bion's theory, which ultimately serves to achieve the required separation and individuation. The initial material, subjected to psychotherapeutic treatment, came from three sources defined as: i/ introspective (memories), ii/ dreamed (daydreams) and iii/ fantasised (waking dreams). Eight of the patient's dreams, dreamt between session one and session fifty, during the two years of psychotherapeutic work (involving a total of 102 sessions), became the principal subject of therapeutic analysis. The descriptions of the dreams were written by the patient herself when the therapy process had been completed, based on the transcriptions of the sessions. The comments from the psychotherapist have been made analogously from the transcript material. By using a unique method — a parallel, independent description of: 1/ the patient's relevant experiences together with her understanding of them from her perspective, and 2/ the analysis of the psychic material (memories, daydreams, etc.) made by the psychotherapist's perspective, it became possible to trace part of a complex transformative process. The understanding and presentation of the complex task of seeking the truth, the most important effect of transformative thinking, has been rooted in Bion's concept and Jung's theory. It is an attempt to answer an important and intriguing question: what is the significance of the activity of dreaming in transforming the patient's experience, leading her to psychological maturity – individuation?

Introduction

The pivotal concept in Bion's theory [1-5] is the phenomenon of transformation. Its essence is realised in transitioning from source data towards absolute truth. These

source data constitute the matter that undergoes processing, that is, transformation. Bion has labelled it with the letter 'K'. An example of a 'K' could be a subject brought by a patient to a therapy session, which is then analysed and worked on until the precious ore, which is the truth of his or her life, is extracted. To achieve this transformation, a decisive condition must be met. Both the analyst and the patient must "survive the loss of the protective layer of lies, evasions and hallucinations, and may even be strengthened and enriched as a result of this loss" [3, p. 197]. Thus, both sides of the process must shed their prejudices and face the truth.

Absolute truth, which escapes direct definition, is understood in Bion's theory as 'O'. An equally accurate term for 'O' might be an ideal Platonic entity or an element of divinity. According to Bion [3], man cannot know this truth in its entirety, but in the process of transformation, he can move closer to it, gradually becoming one with it. Completely understanding the truth, however improbable, does not exclude experiencing its presence.

The function of transformation, then, is to transform the 'O', which in its essence is neutral and impersonal, into a personalised and subjective truth of reality – a shift from knowing the reality of one's own experience (K) to becoming the truth of one's own experience (O) [3]. The process of approaching 'O' is not only based on observation and the use of all the senses but primarily through communing with 'O'. This work is more about intuitively uniting with 'O' than scientifically observing reality. The act of transformation is thus a transition from 'K' to 'O' (K→O).

Ogden [6] introduces the concept of transformative thinking and points out that it is a type of dream thinking, involving the reformulation of categories of meaning. New, completely different meanings are placed in place of previously existing ones, which enable experience to be organised in a completely different way. Dream thinking is unconscious mental work experienced and performed partly during dreaming. As Ogden [6] argues, the process of dream thinking also takes place on waking.

The author also emphasises that not every type of mental activity (e.g., dreaming with a plot or recurring nightmares) manifests dream thinking. The determinants of its recognition are the effects – the changes that dreaming brings about in the dreamer. According to Jung [9], dreams contribute to developing a person's potential. Meandering dream patterns promote psychic maturation – individuation [9].

The main goal of the individuation process is to bring out a person's potential and make his or her uniqueness explicit [8]. This process occurs when a person becomes aware of his or her innate nature, tries to follow it and form a relationship with it. Usually, individuation is initiated by the experience of personal injury and is not infrequently disturbed by the ego, which projects the experienced problem into an external object, such as a contact partner. Repetitions of projection do not lead to effective coping with difficulties. According to Jung, only by directing a person's attention to the meaning of his or her suffering and its role in his or her own life can an effective solution to inner problems be achieved. The process of individuation, therefore, follows the path of working through one's own difficulties (conflicts) and discovering and realising one's own potential.

This becomes possible when the subject, through dream analysis, becomes aware of the existence of his or her self and decides to trust it. Dreams source their origin from the dreamer's self. It is the natural guiding factor, revealing itself as an inner potential. However, the self has limited access to communication with the ego. The only possible way for the self to transmit information to the ego is through its revealed dreams. As Jung [9] describes, following the self is often accompanied by a sense of an overarching and guiding force that, through the subject's actions, implements some preconceived plan. Crucial in the individuation process, therefore, is the ego's attitude. Its main developmental task is to form the ability to listen and significantly weaken the defence mechanism of rationalisation. Through the cooperation between the self and the ego, the proper potential of the human being can be revealed, which is the main source of the drive to develop a mature personality. This is why Jung [8] believed that the subject who pays close attention to his dreams is in the process of becoming a complete person.

Different to Jung's theory, the separation-individuation theory was proposed by Margaret Mahler [7]. According to the author, the process of separation of the Self, takes place in three phases (1/ autism, 2/ symbiosis and 3/ separation-individuation); it lasts three years and is crucial for the development of a mature personality. Mahler sees the process of the formation of the individual Self in the relationship to the other person. Finding a specific point of reference in others leads gradually to the internalisation of the interpersonal processes necessary for the formation of the personality. The developmental task of the subject (child) is therefore to separate from the mother (separation from her), to become aware of oneself, of one's abilities, as well as to acquire the ability to exist and function independently (individuation) [7].

Mahler's approach to the separation-individuation process seems to complement Jung's previously developed understanding of this phenomenon. Likewise, Jung's way of analysing dreams provides the basis for the development of Bion's concept of dreaming. The two propositions are not mutually exclusive but, on the contrary, complementary and thus broaden the perspectives of dream work as a meaningful method for achieving separation and individuation.

Method

The aim of this article is to analyse dreaming in the psychotherapeutic process, based mainly on the interpretation of the patient's (Ms Ines) dreams. The selected dreams are intended to illustrate the transformation process that ultimately achieved Ms Ines' desired separation and individuation. The initial material, subjected to psychotherapeutic treatment, came from three sources defined as: i/introspective (memories), ii/ – dreamed (daydreams) and iii/ fantasised (waking dreams). Eight of Ms Ines' dreams, dreamt between session one and session fifty during the two-year psychotherapeutic work (102 sessions in total), became the principal object of therapeutic analysis. The patient herself made

the dream descriptions based on the transcriptions of the sessions already written down after the whole therapy process had been completed. The accompanying commentary by the psychotherapist was created analogously from the transcript material. Using a unique method – a parallel, independent description of: 1/ Ms Ines' psychotherapeutic experience by herself and 2/ the psychotherapist's understanding of the patient's dreamed content – it became possible to trace part of a complex transformative process. Importantly, the reflection on it and its description were done from two different perspectives: that of the patient and that of the psychotherapist, which were then mutually revealed and merged into a single whole. A not insignificant fact is the timing of both descriptions. Firstly, the patient and the psychotherapist wrote their excerpts in the same selected week, and secondly, one year after the psychotherapeutic process, on the unusual initiative of the patient and the psychotherapist¹. Ms Ines, coming to the first session, initiated the recording of each of the meetings. During session 69, she furthermore suggested making a transcript of the recordings. The subsequent concept of compiling the resulting material was the result of a joint reflection and decision by the patient and the psychotherapist. Importantly, the reflection on the sessions and its description were combined under one title, given by the patient. The understanding and presentation of the complex task of arriving at truth, the most important outcome of transformative processes, was rooted in Bion's conception, while understanding the importance of the separation-individuation process for personality development in the theories of Carl Gustav Jung and Margaret Mahler. The article is an attempt to answer an important and, at the same time, intriguing question: what is the significance of the activity of dreaming in the process of transforming the patient's experience, leading her to psychological maturity – individuation.

Case description

Ms Ines (44 years old), entered individual therapy at the beginning of 2020. She decided to start psychotherapeutic work because of the persistence of her depressive symptoms, which had been treated pharmacologically for a long time. The entire process, lasting two and a half years (until the end of June 2023), involved a total of 102 sessions. As a result of the therapy, Ms Ines achieved the goals she had set for herself, as indicated by her contract (including: getting out of her depression, improving her relationship with her husband, children and parents, strengthening her self-esteem) and those resulting from a deeper analysis of her experiences (including: completing the mourning process after the tragic death of her brother and working through the traumatic experience of being sexually abused). Over the course of the therapeutic work, the depressive symptoms gradually subsided and the patient, in consultation with her attending psychiatrist, discontinued pharmacotherapy.

¹⁾ The article is based on excerpts from the forthcoming book: "Ms. Ines. The psychotherapeutic process from two perspectives". The patient's details have been changed, so she cannot be identified. The material described has received the patient's full consent for publication.

The patient comes from a small town where she works as a teacher in a secondary school. She was born into a large family as the last child among eight siblings. The patient's father has "always" been addicted to alcohol. Ms Ines recalls that she was terrified of him – especially when he would get into fights and behave aggressively towards household members. During therapy, Ms Ines revealed that the fear towards her father is still alive in her and that some of his actions fill her with terror. The patient's mother did not work professionally and cared for the house and children. From an early age, Ms Ines was delegated by her to look after her brother, Jacek, who was one year older. According to her mother, the youngest son was in poor health and therefore needed special care. For this reason, the patient was sent to school a year early to study with Jacek in the same class and care for him simultaneously. The patient's brother, contrary to his mother's fears, was not chronically ill, and his development was normal. Ms Ines formed a solid relationship with Jacek, which was also a source of support for her. The patient's brother was tragically killed in a motorbike accident at the age of 19, the day before their older sister's wedding. The family chose not to disclose the tragedy during the wedding ceremony. The loss of Jacek and, above all, the guilt over his death cast a shadow over the patient's choices and her relationships with her siblings and parents.

At the age of 7-9 years, the patient was sexually abused three times by a male stranger. The parents did not follow up on these events. In response to their daughter's tragedy, they only shared a reflection: it is good that this happened to you and not to your cousin. After finishing high school, Ms. Ines initially saw her future in a religious order, which she left after her brother's death. The patient is a person of faith and actively participates in church life. She declared that faith is a significant value for her. After leaving the convent, the woman pursued higher education and, a few years later, at the age of 24, got married. Following her marriage, she and her husband lived in her parents' house. Only after a few years did they move to their home in another, nearby town. The period of relocation was intertwined with the beginning of her therapeutic work. The patient's parents disapproved of her decision to move out; they hoped that she would take care of them until their death. Although Ms Ines has many siblings, she has primarily cared for her parents until now.

A multitude of turbulent conflicts and arguments characterised Ms Ines' marriage. The couple's problems led Ms Ines to start family therapy. She persuaded her husband to join her. When she began individual therapy, she attended family sessions once a month (she had four such meetings). The patient completed family therapy halfway through her psychotherapeutic process.

Stages of the transformative process revealed in the patient's dreams

One of the main topics addressed by Ms Ines throughout the psychotherapeutic process concerned her relationship with her parents. Despite reaching the period (age 44) known as the mid-life turning point [7], the patient showed several signs of an unfulfilled

developmental task – separation from her family of origin and thus not reaching full maturity. The dreams of Ms Ines selected and presented here – dreamt during the first half of psychotherapy (between the first and fiftieth session) – are intended to illustrate the transformative process for the realisation of separation and individuation.

This article presents those parts of the texts that seemed relevant to the transformative phenomenon being analysed. Italics indicate patient excerpts taken from the developed sessions.

The article includes eight dreams in total: two dreams from session 1 (1-2); one dream from session 33 (3); another dream from session 35 (4); two dreams from session 42 (5-6); the penultimate dream from session 46 (7); and the final dream from session 49 (8). Each dream of the patient is described, annotated with comments from the patient's and therapist's texts, and completed with an analysis of the transformative phenomenon revealed in the session in question.

DREAM 1, SESSION 1

I've been dreaming intensely recently that I'm tidying up my grandparents' house, which is a complete mess so far. I left something in my grandmother's pantry that I shouldn't have left. I returned in another daydream to do just that, to tidy up. A dark, unpleasant place where all the furniture is rearranged by my mother. She had arranged everything in her way. I came back because I wasn't happy with what she had done. I wanted to do it my way again. It's so hopeful that there are important things after all and that you can finally introduce this order.

DREAM 2, SESSION 1

I dreamt that I was. I felt like such a little self. It was some little sheep with a huge chain attached to it, just unimaginably huge.

Both dreams are dreamt by Ms Ines at an extraordinary moment in her life, simultaneously at the beginning of her psychotherapy. The patient herself comments on this situation: "I recently accomplished a feat as an adult woman – I moved out of the family home. This decision did not meet with my parents' approval. They were unhappy that I was becoming independent and starting to lead an independent life with my own family. They constantly have expectations of me. They consider it my mission in life to fulfil them. I wonder if these perpetual demands were not the only way to create a relationship between me and my mother. It felt as though assigning me to special tasks was the glue that bound us together".

The first dream contains several symbols and metaphors. At the beginning of the psychotherapeutic work, the patient has a sense of chaos that seemingly annexes an integral part of her life space. At the same time, she is aware of the possibility of cleaning up the mess despite her mother's earlier interference. The woman does not like the tidiness

introduced by her parent, as Ms Ines is supposed to be the person who makes the changes. The analysis during the session reveals further meanings of the clutter: the patient presents her grandparents' house as dark and unpleasant, requiring a complete overhaul in the first scene and only rearranging the furniture in the next. The combination of a full renovation with the relatively uncomplicated task of introducing a new layout – order to the existing furnishings – highlights a certain ambivalence of the patient towards the psychotherapy she has begun. Most likely, she is frightened by the enormity of the work involved in discovering herself and constructing her identity. Or perhaps she is more concerned by the already intuitively felt need to abandon her hitherto familiar way of defining herself according to the criterion of helping others – ‘I am, as long as I help’. The role of ‘carer’ seems to be Ms Ines’ second name. “I became his [her brother’s] carer, i.e. a person for special tasks. First, I looked after my brother, then my siblings’ children and now my parents”. The role given to the patient by other family members became burdensome as the years passed. Even as a girl, Ms Ines was forced to face responsibilities that overburdened her as a child.

During therapy, she allows herself to see herself as an overburdened person for the first time, symbolised by a small sheep tethered to a powerful chain. Later in the same session, the patient looks at the psychological meaning of the “powerful chain”. It is a strong bond with her parents, especially her mother. The choice of animal is additionally exciting. The patient finds herself in the metaphor of the lamb, just as Jesus is compared to the Passover lamb. Christ bears the world’s sins and ultimately gives his life for humanity. Such a far-reaching association, on the one hand, reveals the scale of Ms Ines’ suffering and, on the other, the inadequacy of her perception of her role.

The first session shows the image of a patient entangled and still not separated from her family of origin. By starting therapy, Ms Ines allows herself the prospect of a different life. On her own, she wants to solve and arrange issues and problems that are difficult for her. The patient makes a change in her thinking. She no longer wants to carry an imposed responsibility, agreeing to the rules her mother set, but prefers to grab the reins of her life. She courageously gives up her evasions and hallucinations in the session [3], confronting the truth that the current functioning does not suit her because it significantly limits the process of her personal development – the acquisition of greater maturity.

DREAM 3, SESSION 33

I dreamt that I was at home – I mean my family home. My whole family accompanies me: Tomek and the girls. At some point, I realized: “God, we have our own house! Why haven’t we been there for so long?”. I start gathering everything and organizing to transport things to my house, which stands empty. Then, when we get there, it turns out that it is not our house, but as if it were someone else’s – moreover, unfinished. Paradoxically, despite the physical distance travelled in the dream, I still find myself close to my parents’ house.

The dreamer seems to be on her way to her own home. She allows herself to “fly out of the family nest” but is still stuck very close to her parents’ home. The patient is very keen on emotional separation from her family of origin and, at the same time, is not quite ready for it. The progress, relative to the previous session, seems to be the ability to allow separation thoughts. Ms Ines, on the one hand, says of herself: I am still accompanied by a sense of dissatisfaction with myself (...) I lack a reference point by which I can tell myself that I have done well. (...) I am constantly hearing the voice of the critic in me, shaped by the judgments: of my siblings, parents and the people placed in the path of my life. She immediately contrasts with a statement: “My perception of myself in my family of origin is changing (...). I am convinced that I am needed, that for me as a person, there is, was, and will be a place in it, and that I no longer need to deserve acceptance. (...) I experience a truly profound joy in everyday life. I’m happy to have my home, finally, live my life, and draw a line between my life and that of my parents and siblings”. The patient persists in the conflicting rift, a natural part of separation. On the one hand, Ms Ines delights in her freedom from a life that is not her own, while on the other, she fears the growing responsibility for the choices she makes and her actions. This may be why, in moments of wavering of her maturing independence, she turns on the critic mode. More quickly, however, she recognises familiar voices and messages – once from her mother, other times from her father or siblings. She increasingly realises that her strenuous search for a point of reference, or rather justification, for her states and acts is just another – more sublime – form of the “old” dependence. Ms Ines realistically lives in her own home, which brings her much satisfaction and gives her a substitute for what the future may appear like. In mental reality, however, she still resides in her parents’ home, as her own is not yet adapted to her needs. Although she wants to be at home already – to live her own life – the path she is taking, as if against her will, keeps leading her back to her starting point – a familiar dependency – with her own but empty place in the background.

DREAM 4, SESSION 35

I was driving to this new house of mine. This house was already outside the place of my current home. I think it was about 3 km away, but it was still close to the family home.

Almost the entire session analyses the complexity of meanings in the symbolic image of Ms Ines as a small, docile lamb. Using the lamb symbol, the patient emphatically highlights her qualities of submissiveness and compliance. They seem to dominate her overall portrayal of herself, especially when she strenuously tries to silence or even cancel her experience of anger. The counterbalance to the calm, submissive lamb seems to be a wild animal, threatening with its unpredictable acts of aggression. Her acquiescence to her “humble acceptance of the cross of insults and wickedness,” consistent with her mother’s religious narrative, straightforwardly leads her to experience internal tension now and then – triggered by repressed and unexpressed emotions. Its intensity seems to

increase the more Ms Ines is willing to let her anger frighten her. Fearing it – just as she feared her father’s aggressive acts – she does not so much imagine herself in the creative expression of anger as she sees him in the familiar memories of frightening scenes: an uncontrolled, emotional outburst. As if involuntarily and unconsciously, she then blurs the existing boundaries of dissimilarity between herself and her father, glueing his violent traits to herself. The session illustrates the successive stages of working on a newly forming relationship with her parents.

The dreamer, experiencing difficult emotions, continues to remain on the journey to her dream home: I am waiting with impatience and hope to finally arrive at my home in the right place. Home acquires overtones of freedom, which is not only a personal space but also symbolizes a changed emotional response to the newly formed relationship with her parents. The longer and longer distance travelled towards herself, symbolically revealed in the dream, seemed like a sign of hope, which now resounded even more clearly in Ms Ines’ inner world with the musical phrase: “I will finally reach the right home.” This inner dwelling is a source of personal strength and security that will allow her to re-arrange the relationship between her and her parents.

DREAM 5, SESSION 42

I was teaching a class and lying in bed at the same time, just like my aunt, whom I told about in previous sessions. I was shocked that the students came in, waiting for the lesson. At one point, my sister appeared and said that our mother had died. I started crying a lot then, despite the presence of the students and the awkward situation I was in. And so, I cried, I cried, I cried a lot... I felt such real grief over the death of my mother. Later, the action moved to my parents’ house. I went to the bathroom and took a bowl because I was going to wash her. When I approached my mother, she opened her eyes unexpectedly. She opened her eyes and said, “life escaped from me, but it came back.” That’s how it ended. And still, in the meantime, I saw in the background my dad, who was so moved by this death, crying, but as if he was more worried about what would happen to him now. He will be left alone, and what will happen to him now?

Dream five shows the unacceptable qualities of the mother that the patient identifies in herself. Ms Ines, in a dream weeping over herself, reaches a dead area in herself. She recognises the image of a neglected self because she is the one not accepting herself in her neediness and angst, the one craving comfort and acceptance. After all, she was “always” supposed to be clothed in the armour of resourcefulness and self-sufficiency to become a missionary for special tasks. Like her mother, she could not betray signs of gentleness towards herself, much less leniency towards her stumbles and omissions. Her flagship slogan most likely was: “Only demands and solely demands.” And it was precisely the necessity of death, such an unmerciful attitude towards herself, that Ms Ines recognised in the face of her dead mother. The patient reaches a point where she honestly begins to feel

sorry for herself. Increasingly, she wants to shed those qualities of herself that have kept her in a corset of duty that has defined her worth over the years. Ms Ines does not want to be like her mother – a copy of her. She weeps, undergoes mourning, and then revives a new function of compassion for herself. The mother in the dream becomes a symbol from which the patient wants to separate herself. The symbol, however, draws its source from reality – from the real-life person of Ms Ines' mother. The dream thus represents both a strong criticism of and disagreement with the attitudes presented by the mother.

DREAM 6, SESSION 42

In the second dream, I was with a friend in the attic of my parents' house. I was showing her how carefully I had organized everything. Previously there were all sorts of things that belonged to me, but not yet taken. I showed her that I had thrown some away or arranged some and what still needed to be thrown away. I was so happy that I had finally dealt with the mess. There were various things in the attic, such as: the closet I once mentioned and items that belonged to me or were left by others. Each of them had its purpose. My order in the dream is far from the order as a goal I created in my head. In my plans, everything must be cleaned up literally to the last crumb so that only emptiness is left. In the dream, I experienced inner permission to leave so many things... At the same time, I was satisfied that I had cleaned it up and that there would still be time to complete the task. I did not feel an inner compulsion to do it immediately. One more theme appeared in this dream – close to the stairs, and therefore, in the first place waiting to be taken, there was a small pile of my private belongings: old diaries, calendars, letters, books, etc. The strangest thing was that they were covered by my dad's jacket, more specifically, its lining of brown synthetic teddy bear fabric.

In another daydream, the motif of cleaning returns. This time, the space of the house is already characterised by a new order introduced by Ms Ines. Ms Ines' new way of putting herself in order most likely first concerns accepting the difficult and, at the same time, tragic events of her life. Accepting them with all the ballast of mental suffering. Dream six additionally contains one detail. Ms Ines mentions intimate things – books, letters, diaries wrapped in her father's jacket – her inner soft part. The patient, deciding to remember her wrongs, reaches precious memories, wraps herself in them, and finally experiences her existence consciously. With the astonishment of a novice of the good life, she states: "for it is I who am... close to myself". The metaphor of the jacket probably also reveals the duality of the father's nature. The soft part, called a teddy bear by the patient, is the positive side of the father, who was sometimes protective and made sure the patient didn't get cold lying on the floor. Ms Ines, although still in great anger, can see the good sides of her parents: her father taking care of the warmth in the house or her mother bringing her a bouquet of flowers. "Since I've moved out and my mother is getting older, she shows me sympathy more often and asks about my health. I feel her greater concern and empathy" (Session 23).

Ms Ines allows herself to experience grief. What is she losing? It seems that she is beginning to accept the possibility of living independently without the ever-present interference of her parents. At the same time, she weeps over the lost time devoted to her role as a caregiver. She develops the ability to look empathetically at herself and recognise her hurt. She sees the possibility of changing her previous patterns but with the possibility of preserving what was valuable. The patient notes that her childhood was difficult but had bright sides. By re-forming her relationship with her parents, Ms Ines can build a bridge of understanding. Before this can happen, however, Ms Ines must bring together the conflicting aspects of her parents' internal images and understand their human dimension – as weak and fallible human beings.

DREAM 7, SESSION 46

I dreamt that I was at my parents' house. Behind the house is a well. And sticking out of this well was such a funny little ladder, on which a giant black spider climbed. I watched it together with my mother. I first felt disgust and fear because I'm afraid of spiders and disgusted by them. To my surprise, this spider turned out to be fluffy and nice. I began to look at him and saw that he was not so hideous at all... He was all black, and his fur seemed nicer to me than the lining of my father's attic jacket. I think he was about 60 years old. It was also bizarre that I was looking at him from those stairs and seeing him up close. I observed his legs – hairy, black, his shape.... and I was saying to myself, "God, he's not that awful. He's not so hideous." Finally, the spider took off and left – he hid.

Dream seven captures the patient's emotional ambivalence towards her father. Ms Ines quickly identifies the spider as a symbol of the parent. She reassures herself of this identification when the fur on the legs and abdomen of the creature in the dream evokes clear associations with the fluffy undercoat of her parent's jacket (from the attic). In addition, she recalls that her father also appeared in previous dreams in the form of a rat. So, he reveals himself in images of unpleasant animals – insects and rodents – surprisingly revealing their good side. Disgust is mixed in Ms Ines with sympathy towards them: "Something that until now has been a source of revulsion, disgust and horror can awaken unexpected and suddenly pleasant feelings? (...)" Looking at him and experiencing qualitatively new feelings highlights the unusual process of combining extreme aspects – pleasant with unpleasant, hateful with loving – in the inner image of the father. Love and hate towards a parent are two sides of the same medal, the integration of which is very difficult for the patient ("This love appears as something impossible"). The new condition appears as an innovation, which arouses fear in the patient and a desire to escape ("Let him go and hide already..."). However, this is an avalanche of change that cannot be stopped. Subsequent sessions reveal the difficult process of integrating the internal images of the parents.

Ms Ines begins to see her father simultaneously as a tyrant and a confused, sickly man. Evil and good, obnoxious and pleasant, hurting and loving at the same time. The patient

must reconcile these ambivalent aspects of her father's internal image. She awakens a lot of anger but also empathetic reactions. Despite her confusion, she notices that her parents possess a sensitive side that they once hid somewhere deep. This does not excuse their choices but sheds light on a deeper understanding of family functioning.

DREAM 8, SESSION 49

I dreamt that I was in our new house, which was finally no longer close to my hometown but in the place where we live now. It seemed slightly different than it looked in reality. (...) However, I know that inside, I was in this house of my own – the most important thing is that I was in it.

Ms Ines finally arrives at the coveted house: "at last, I dreamed of the house. Emerging from a daydream, for the first time, it had the authentic hallmarks of my own, rather than the pusillanimous one I dreamed before – associated with my parents and siblings. When I looked out the window – it was as if the old buildings were still visible (...). However, I know that inside, I was in this house of my own. I had finally moved out of the family home". It seems that Ms Ines is moving from a sense of the emptiness of her existence into the regions of her identity.

With the arrival to her own home, the patient discovers that she has the inner strength to be independent. She separates herself from her parents on a psychological level, which becomes a source of her happiness and pride. She gains the strength and ability to create closeness with her parents while respecting her boundaries. The differentness of the situation appears to her as a complete novelty. The old buildings (ruins?), although still present outside the windows of the new house, remind her of her previous way of life.

Conclusion

During the therapeutic work, the patient underwent a peculiar process of separation from her family of origin – both on a physical and emotional level. Thanks to the dreaming, which from session to session revealed the intense activity of the self, providing deep unconscious content in the form of metaphors and symbols, the patient's individuation – her maturation and the development of her inner potential – became possible. At the beginning of her therapeutic work, Ms Ines' family experience was characterised by having to make sacrifices for her parents and siblings, as well as agreeing to bear family traumas and feeling guilty about them. Therapeutic work with the explicit use of dream thinking was directed towards successfully separating the patient, defined by her new tasks and functions.

The patient's change was also made possible by the establishment of a satisfying therapeutic relationship. The collaboration between Ms Ines and the therapist was preceded by resistance and the patient's desire to end the therapeutic meetings. Working on the meaning of the idea of ending therapy and analysing the patient's current difficulties

made it possible to maintain regular meetings, deepen the relationship and achieve the set goals. The initiative to create session records was a joint idea of the participants of the therapeutic exchange. The patient presented a rather unusual behaviour at the very first meeting. She made a request to record each subsequent session, justifying it by the need to record – as she claimed – not only in her imperfect memory, but also in a reliable audio recorder of her psychotherapeutic experience. Presumably, having the recorded sessions in the dictaphone was a form of ensuring that she had unlimited access to the psychotherapist.

The patient could listen to the sessions when she wanted and as much as she wanted. It is very possible that she was thus realising a transference desire for unlimited contact with her mother, in which the dictaphone became the equivalent of a transference object. The psychotherapist's agreement to record the sessions, as well as, after the therapy, accepting the patient's offer to co-author the elaboration of the sessions, was dictated at a conscious level by cognitive curiosity, but also by uncertainty as to the sustainability of the therapeutic alliance. The patient's painful experience of being excluded from her family group, through the route of projective identification, was reflected in the psychotherapist's feelings – it seemed that both her agreement to and refusal of an unusual form of therapeutic co-operation would be part of playing these feelings of the patient together in action. The change in the usual working technique offered a chance to develop the therapeutic relationship – and to include reflection of this playing out.

During the patient's first session, she shared two dreams and admitted that she had started dreaming more intensely since starting individual therapy. Relatively quickly, she also recognised the role and importance of her daydreams: *in a dream, it is easier for me to contact myself – faster through dreams than directly*. By activating dream thinking in the patient's inner world, the Self could “display” those unconscious contents that were too difficult to take in on waking without symbolic form. The elaboration of the dreams facilitated Ms Ines' reflection on her life experience and, thus, the gradual and painstaking extraction of the truth of her life from them.

The presented eight dreams illustrate a specific sequence of separation changes. At the beginning of her psychotherapeutic work, Ms Ines' axial experience was a sense of overload and overwhelm. The closest comparison for the patient then became that of a little lamb with a chain of obligations to her parents hanging on. She experienced her situation in her family of origin as highly inconvenient because it involved her having to combine the needs of caring for her parents and siblings with caring for her own family – her husband and children. Although Ms Ines was accompanied by constant anxiety (mess, chaos), she did not choose to set a clear boundary on her mother's demands and to oppose the expectations of giving priority to her family of origin.

In subsequent dreams, with the dominant theme of home, Ms Ines was already experiencing the possibility of “flying out of the family nest.” She allowed herself the prospect of separation but discovered that she was not yet ready for it (the house was unfinished and still did not belong to her but to someone else). Presumably, the patient still could not permit herself to “leave” because she viewed the separation in terms of losing the

relationship. At the same time, the patient was beginning to experience anger toward her parents, which could be seen as an expression of her courage in separating from her relatives. In the fifth dream, the patient identified differences between herself and her mother. She was discovering that to define her identity – who she really is – she no longer needed to copy her parent by cultivating her qualities in herself. Increasingly, the theme of separation as a process of differentiation from significant others and individuation – of gaining independence and autonomy – became more prominent in the psychotherapeutic work.

In the next dream, revealed in the same session, Ms Ines would return to the tidying up, which she was already doing at her discretion and with permission to leave behind her mementoes – the memories and traumas that had shaped her. It was not insignificant that she wrapped her valuables in her father's jacket as if she wanted to also see a dimension of goodness and caring in him. The patient, however, in the next dream, whose main character is a black spider, was made clear of the difficulty involved in seeing the gentle side of her father. Along with the positive sides of the father, his extremely negative and, therefore, unacceptable qualities became apparent. It seems that Ms Ines faced an impossible task – to combine her parents' disparate dimensions and qualities into a coherent picture of them. The dreams present a transition from an almost complete entanglement in the relationship with her parents towards a greater awareness of her new role – that of an adult and independent daughter. The last dream seems to close a certain stage in Ms Ines' life. Although the patient has only begun to confront her painful memories of her parents, the processes of separation and individuation discussed seem to be bearing fruit. Thanks to the dream metaphor, the woman reached her own home and autonomy, through which she began to boldly put up boundaries with her parents. Ms Ines recognised in herself greater security and confidence in her decisions.

The article illustrates only part of the therapeutic work. In subsequent meetings (in the second half of the process), the patient continues to work on the topic of family traumas, confronting the pain provided by her childhood memories and her parents' inability to acknowledge her suffering. In parallel, Ms Ines continues her work related to the marital relationship and the related sexual sphere, the experience of her motherhood and the professional area.

Interpreting the presented part of the psychotherapeutic work with the help of Bion's theory of transformative thinking, one can observe a transition from the situation that the patient had accepted for years to function as a helpless and choiceless – oppressed sheep. Her experience – the starting material – presumably constitutes the bionic 'K,' while the therapeutic work is a transformative activity, that is, a strenuous attempt to understand what the transition from K→O might consist of. What has been achieved so far (between sessions 1 and 50) – increased separation and individuation – is the result of a change in Ms Ines' mindset or a new way of reading her experience. Overcoming the stubbornness of functioning, based on an inner compulsion to play the role of caregiver in her family of origin, toward achieving increasing autonomy and accepting a new way of forming relationships seems to be the most significant form of Ms Ines' psychotherapeutic transformation.

This transformation of the old way of doing things is not yet an 'O' but a stage in the process towards uniting in it, becoming the personal and subjective truth of one's existence.

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