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## Dreaming in a Traumatized World-

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The study of dreams has fascinated humans since ancient times. People once traveled to holy places to receive signs from God, a priest, or another divine being. In ancient Greece, seekers would journey to holy sites in the hope of “receiving” a special dream—one that would grant them wisdom, clarity of mind, and emotional sustenance. This line of thought held that dreams could serve as premonitions or predictions. One might speculate that the Greek Oracle was, in fact, a precursor to our contemporary analytic interpretation of dreams.

In his early 20th-century work *The Interpretation of Dreams*, Freud (1953) proposed that dreams are the "royal road to the unconscious," as they reflect the patient's inner experience. Today, as we have also heard recently from Daniel Goldin, we understand that dreams consist of metaphors that cultivate new narratives and meanings. Dreams not only depict internal psychic content but also reflect the broader human circumstances in which these inner experiences arise. Certainly, a dream derives its meaning from the dynamic within the analytic couple.

In this paper, I will present a series of dreams that tell the story of an Israeli man but could resonate with anyone who has experienced massive trauma. Five dreams, drawn from different phases of treatment, illustrate the transformations that occurred in the patient's psyche over time.

Ami grew up in an emotionally deprived environment. Later in life, he suffered a horrific trauma during his military service, when he was seriously wounded by friendly fire. This injury disrupted the continuity of his life, the cohesion of the self, its vitality and the capacity to realize his ambitions.

In this case, psychoanalysis centered on the analyst's creative engagement with the patient's subjective experience and her willingness to be used by the patient in the

most constructive way. Ami brought numerous dreams to the sessions—initially filled with shared, nightmarish imagery, and later, more lucid and symbolic material. I felt these dreams were not simply the product of his exceptional capacity to recall dream content, but also served as compensation for his physical paralysis and confinement to a wheelchair—for the loss of his ability to express himself physically in a normal way. In his situation, he remunerated himself by immersing himself in zones of imagination and visualization. Furthermore, in many of his dreams, it was possible to identify a transference relation that demonstrated the changing functions of the analyst throughout the different stages of treatment.

The early dreams contained bizarre and concrete imagery, but gradually these were replaced by images that reflected a broader perspective—one that transcended his particular trauma.

### **The First Dream**

The first dream was narrated three months after we began the analysis. It marked the beginning of Ami's detailed disclosures about the catastrophic event and the irreversible damage he had suffered. He spoke of his yearning for the everyday activities he once enjoyed before the injury—running in the fields, for example. He recalled the last time he had left his parents' house in his way to the army, walking on two healthy legs—and the painful reunion with them in the hospital after his surgery. Since the injury, it seemed as though everything had gone wrong : his sex life, his capacity for intimacy, and his ability to express rage and frustration.

In this dream, Ami is standing in front of a large video screen playing a war game in which he must fire at enemies:

*It feels as though the event is happening in real life. People stand around him, giving advice on where to aim. Suddenly, he notices a narrow opening and enters it, emerging onto a street. Hearing an alarm, he runs into a demolished building to take cover. Inside, he sees a huge poster of a menstruating woman. From the poster, a strange creature emerges—it looks like a predator. A girl he once loved appears, and he tries to get closer to her by pushing the creature out of the room and locking the door. But then he realizes the lock is broken. Finally, he arrives at my clinic and finds*

*me sitting behind a large table, absorbed in cleaning it. He begins to help me with the cleaning, and I ask why he won't let me do it for him.*

In discussing his associations with the dream, Ami said that since his injury, he has had similar dreams that disrupt his connection to reality. He recalled playing such video games over the past year. That year, he had traveled to Eilat (a town in southern Israel) with his family, and they were involved in an accident. In the clinic where he was hospitalized at the time, there were games like these. Before joining the army, he believed these games created an artificial experience of danger—something that hardly existed in real life. But since his injury, he has come to realize that such dangers do, in fact, exist in reality.

Ami noted that there is no dialogue in the dream; all the objects are lifeless and unfamiliar. He cannot communicate with the creature that appears, nor with his ex-girlfriend. He struggles alone, without help, and experiences mainly fear and restlessness in the dream. The dream saddened and distressed me. I felt that Ami was trapped in his loneliness and fragmentary fantasies, unable to create a link between them. His mind seemed to be formed by a mixture of internal and external realities. The injury has brought forth a passive and castrated self, which has become the central focus of his subjective experience.

The menstruating woman, the creature, and the broken lock—all are images of the wounded self. The therapist appears, attempting to wipe away the dripping blood, but Ami cannot believe she is capable of helping him at that moment.

As he continued to reflect on the dream, and here we see how the story develops—he said that the accident in Eilat occurred after a period of intense tension between his parents. The internal tension he felt, had manifested in external reality. A similar situation occurred before his injury in the army. In fact, he had warned his commander that they were in danger, but the officer reassured him that there was no risk. Immediately after this exchange, the explosion happened. Ami ran until he collapsed. While lying on the ground, he realized that although his hands could move, the rest of his body was paralyzed. It was clear that he was referring to the commander—the one meant to protect him—who had failed in his duty. Naturally,

this failure led to a series of questions: Who could protect him properly? Would our therapeutic relationship be able to provide a sense of security? Would he eventually allow me to “clean the table” for him—or with him?

Ami remarked that I probably had a hidden plan about what needed to be done, much like his parents, who always claimed to know “what was best” for him. He didn’t want our relationship to mirror that dynamic. Instead, he wanted us to pave the way together.

After a few more sessions, he said he wanted to further explore the roots of his restlessness. He knew that his mother had difficulty becoming pregnant and that after his birth, she had fought the kibbutz to allow him to sleep in his parents’ house. Apparently, his parents did care for him at night and took him to the children's home only during the day. The caregivers at the children's home were likely angry with his mother for this arrangement and, in turn, may have avoided caring for him during the day. These were his early experiences during his first year of life. Ami rightly noted that this situation was likely distressing for the infant and had probably laid the foundation for his lack of trust in his environment. The infant could not know whether those responsible for his care were truly caring for him or not. Positive experiences at home were repeatedly interrupted, echoing the ruptures that would recur throughout his life.

Another memory that surfaced in this context was of an accident that occurred when Ami was four years old. For many months, his mother lay in a hammock with a neck brace, unable to see her young child. He recalled being able to see only the hammock from below, but not his mother's face. In these circumstances, too, no one thought of lifting him up. This experience of not being picked up eventually crystallized into an intuitive sense of being invisible, of his presence being transparent and meaningless.

### **The Second Dream: Six Months After the Beginning of Treatment**

This dream occurred during a period in which we were discussing the emotional boundaries Ami imposed on himself within our relationship, and the question of what might happen if he allowed himself greater freedom to express his longing for

me. These reflections emerged following the summer break, which he experienced as a frustrating disruption of our connection.

The dream took place in the clinic. The atmosphere was relaxed, but unusual:

*I am observing the analysis of another patient, a friend from the past. I couldn't understand why this friend was in your clinic, which made me feel uneasy. Then the friend left and asked me to stay in touch. The discomfort remained. In fact, another woman was present in the room—perhaps a patient or a student of yours. I felt unable to speak freely. There was a couch in the corner of the room, and you were lying on it. The student said that you were not in a good state, and you nodded your head at me to confirm her words. Later, someone else entered, probably your husband. He shook my hand and guessed my age. His estimate concluded that I was much older than I actually am, and I was surprised that your husband thought I looked that old.*

In his associations, Ami expressed two simultaneous feelings. On the one hand, he felt unable to speak freely because of the presence of others. On the other hand, he was curious about those others but sensed that this curiosity had a quality of forbidden voyeurism. I linked these associations to my recent absence on vacation—an interruption to our shared time—and to Ami's wondering about the people I had been with during that break.

This conversation allowed the patient to express more openly his interest in the “others” who appeared in the dream. I suggested that they might represent different parts of his self: for example, the friend from the past could be a representation of his pre-traumatic self, carrying with it a longing to preserve that wholesome essence. The girl in the dream could represent feminine elements within his self. I pointed out that these self-representations appeared dissociated from one another, and that this disconnection in itself could create unease. At the same time, the very possibility of gathering these fragmented parts of the self in one room—within the clinic—might mark the beginning of a process of integration and restoration.

I further suggested that the image of the analyst lying lifeless on the couch was carrying his illness, deadness, his wounded self. In her maternal preoccupation, the analyst cannot remain unaffected by the severe trauma of her analytic child. This idea that she, like him, was wounded, perhaps evoked the idea of substitution in the Levinasian sense: she is wounded instead of him, now occupying his state.

Continuing to explore the dream, Ami noted that many of his current dreams were linked to his pre-injury self. He reflected that he might have suffered from a sense of basic insecurity even without the injury, due to the accumulation of empathic failures in his environment. However, he also felt that the trauma of the injury had erased all pre-traumatic experiences; in the face of such a colossal wound, earlier events seemed to have lost their meaning. Our dream work, he said, enabled him to create a new potential space—one in which all previously painful experiences could be gathered and reassembled. In this space, there is room for both the pre-traumatic little boy and the presently wounded adult son.

Since the injury, Ami felt he had been required to act “big”—to take on the burdens and responsibilities associated with adulthood. He connected this to my partner’s guess at his age, which imagined him as older than he actually is.

Later, we came to see that this dream presented a particularly interesting dual use of the analyst. On one level, she is lying lifeless on the couch, carrying the patient’s illness and sense of deadness. As a maternal selfobject, she cannot remain untouched by the trauma of her analytic child. At the same time, the image of the analyst echoes the memory of his mother—injured, lying in a hammock, cut off from him. The dream thus evokes both the current situation and a past memory. Although the image is nearly identical in both cases, there is a significant difference: the analytic object is not the archaic one. The analyst responds to him with subtle signs that only he can decode—something akin to the private language shared between a mother and her baby. These gestures communicate that she sees him, and that her attention is attuned to him.

In response to this interpretation, Ami spoke of longing—to be with me exclusively, continuously, and without interruption. He expressed a desire not to be forced into

premature maturity within the context of our work. This expressed his deep yearning to relive what he had been deprived of in the past: a secure, uninterrupted bond between child and mother.

Ami also noted his surprise at the appearance of my partner as a possible paternal figure. This comment pointed to a new possibility: the expansion of psychic space, and the inclusion of a third figure in the mother–child dyad.

### **The Third Dream: The Beginning of the Third Year**

During this phase, Ami was preoccupied with photographs from his childhood and with feelings of anger toward his parents, who had always seemed mostly absorbed in their own lives—particularly his emotionally reserved mother and detached father. At this time, he experienced the relationship with me as dependable and stable. He was eager to relinquish what he referred to as his “emotional disability.”

In this context, an intense erotic infatuation developed in the transference, accompanied by various fantasies about what might occur between us. I was struck by his ability to speak so openly about his physical longing for bodily intimacy with me:

*In the dream, I see you sitting with your back against the wall. We get physically close and almost touch. In my thoughts, I worry that your husband might see or hear us. I begin to undress you and wonder how you can continue to be my analyst. But at the same time, I see that you are signaling that everything will be fine. Suddenly, I look at your legs and am surprised to see how thin they are. Concerned, I wonder what happened to them—why they are so thin. You respond that they are thin but strong. I relax, knowing that the legs are strong.*

In his associations, Ami reflected on the obstacles standing in the way of closeness with me. He noted that, this time, the obstacle was not external but internal. The thought of my husband had become a kind of signifier for an internalized fear of disruption—a potential interruption, rather than an actual one. Alongside the worry,

however, there was also a sense of legitimacy and a positive anticipation regarding touch. The Oedipal connotations of the dream are evident.

Perhaps the deeper meaning of the dream lies in the transformation in the way Ami used the space of the clinic, the space in which our relationship takes place. Where it had once served primarily as a container for the evacuation of terrifying experiences, it now became a place in which obstacles could be held and needs could be met by a selfobject. The analyst was no longer a bearer of illness and death. Rather, at this point, she functioned as a source of vitality and support for the patient's emerging needs. Still, anxiety lingered; the legs appeared "too thin"—perhaps too weak to offer sufficient support. The analyst understood the concern and responded reassuringly: the legs are "thin but strong."

Later, I suggested that the "legs" in the dream might symbolize the analytic process itself. Through this metaphor, Ami was reactivating and reclaiming his own "inner legs"—his capacity to move forward, in every sense of the word. When my legs are present and can sustain him, a transmuting internalization occurs: the stability of my legs becomes the stability of his own. My presence and communication nourish his faith in his capabilities and offer mirroring and validation for his sense that he is entitled to stand firmly. Disintegration begins to give way to integration.

#### **The Fourth Dream: The End of the Third Year**

This dream, later referred to as the "umbilical cord dream," marked a significant transformation in the transference relationship. The therapist no longer appeared in a concrete form; her function as a selfobject had been sufficiently internalized.

Ami recounted the dream at a time when he had begun a new romantic relationship. He was enjoying physical intimacy with his new girlfriend, who demonstrated considerable empathic attunement and patience. She consistently supported him in managing the physical challenges of their intimate connection.

A parallel change took place in the transference. The intense preoccupation with me, and the fantasies of intimacy and sexuality, were replaced by a sense of unconditional trust in me. At this stage, Ami was immersed in the new possibilities



opening up for him—discovering his own vitality and excitement from these innovations. He even began contemplating the possibility of ending treatment. However, this prospect also triggered concerns that, without analysis, he might regress to the earlier states of disintegration.

In this context, he narrated the following dream:

*I am standing on the edge of a cliff—a place I remember from my childhood. In front of me lies a deep gorge. Next to me stands a boy I knew from school. I suggest to him that we go down the cliff using ropes. He refuses, saying he is afraid, and suggests I go alone while he watches from above. I am also afraid—wondering if the nail I’ve pinned into the rock will hold the rope and whether the rope is long enough to reach the bottom. I begin to descend, and the friend follows me. I feel a sense of surprise when I discover that the gorge is much deeper than I had initially thought. I hadn’t realized the path would be so long. Then I remember the miracle of the jug of oil—as the rope seemed to get longer and longer and, unexpectedly, reached the bottom of the abyss. I finally get there and meet a man who tells me I am brave and .resourceful. I confess that I had been scared*

I have to explain this: The miracle of the jug of oil is a Jewish legend related to the uprising of the Hasmoneans, in 165 BC. There was a jug of oil in the holly temple that should have had enough oil to burn a lamp for one day. Unexpectedly, the oil lasted for eight days. Therefore, Jewish people have a holiday, Hanukkah, and light candles for eight days during this holiday

Ami said he woke up with a positive feeling, no longer restless or consumed by fears of losing control, as in his earlier dreams. In this dream, he was actually able to organize his environment, maintain control, and still acknowledge his fear. He felt he was making progress, taking responsibility for what was happening to him, and trusting himself more and more. This time, he had something to lean on: an umbilical cord, and someone to trust.

Deciphering the multiple layers of self-experience in this dream took many hours. On one hand, a skeptical aspect emerged—one that tended to preserve the tendency to withdraw from new experiences. Ami recalled how his parents rarely encouraged him to take risks or “move forward.” On the other hand, there was another aspect that

now pushed ahead despite the fear. He began wondering: should he marry his girlfriend? Would he ever be able to have children? These thoughts once seemed unimaginable. I understood that the transformations he was undergoing were accompanied by both anxiety and anticipation.

In our relationship, too, concerns arose about the depth of our connection, along with a feeling that as long as he remained attached to the umbilical cord, he could dare to move forward. He feared that the cord connecting us might be cut prematurely, and the danger of falling still lingered. I suggested that, unlike in the past, the umbilical cord now belonged to him, and he could carry it with him wherever he went. The image of the cord symbolized a transmuting internalization of the selfobject function—a different kind of maternal presence, one that provided him with competence, confidence, and faith. The dream became a significant moment in our shared process and marked the beginning of our separation.

### **The Fifth Dream: The End of the Fifth Year**

For many months prior to this dream, Ami had been preoccupied with the idea of ending our shared journey. In several dreams, he found himself walking on an unmarked path or encountering unexpected obstacles—often at the very end of a road, just when he believed he had completed the course. We understood these obstacles as signs of separation anxiety and the difficulty of letting go.

Amidst this process, Ami decided to get married. The following dream was shared six months after his wedding, at a time when fantasies arose regarding the expected termination:

*We are sitting side by side on a low wall on the Mount of Olives, looking out at the Old City of Jerusalem. You point out the spectacular view, including the Dome of the Rock glistening in the sun, and I comment on its beauty. I then look in another direction; my gaze intersects with yours. I show you a sight that resembles an abstract painting. The appearance of the painting is not as clear as the view you show me. You look pleased and comment that what I'm showing you is beautiful.*

In his associations, Ami recalled a place in East Jerusalem where he used to sit with girlfriends on a low wall, his legs dangling over the edge—a setting suitable for intimate conversations. I thought he was alluding to our conversations in the clinic. Ami confirmed this and noted that this time, he had taken us outside—to a boundless expanse landscape, a place with special points of light, the Dome of the Rock. In this setting, **he** could show **me** something of his own.

Upon further reflection, he explained that what he had shown me in the dream might have been a reflection of what I had shown him. He remembered the windows of the Intercontinental Hotel on the Mount of Olives, in which the view of the Old City is reflected. Thus, he concluded that I had shown him the view, and he had shown me its reflection.

I pointed out the deep resonance between his vision and mine—we see the same things, each in his own version. This, I suggested, would remain true even after we part ways. He would carry with him the images we had seen together, but they would now belong to him, shaped by his subjective experience.

Unlike earlier dreams, especially the first—this one unfolded freely. It allowed space for both our gazes without interference. His inner imagery now emerged without disruption, forming an interconnected and harmonious relationship with his environment.

Looking back, I realized that the dream was located symbolically in front of the Gate of Mercy, in the Old City, and above the cemetery, as if asking for rebirth, as do the dead who expect to be resurrected with the coming of the Messiah. The dream portrayed Ami sitting securely on the wall, supported by the **inner** legs that had developed during the analytic process. He no longer needed my legs or feared their thinness; but rather relied on his own strong inner legs, legs that could be leaned on, like a virtual self that came into being during the analysis. He was dreaming of his pre-traumatic self, the man he was before the injury, integrated with his post-analytic self.

## **Epilogue**

Ami started a family and had children. Fatherhood became a deeply meaningful experience for him. Years later, he fell ill with a disease that gradually spread through his body. He was hospitalized and requested to resume our conversations—this time over the phone. When his condition worsened, I offered to visit him in the hospital. I knew it would be our last meeting.

While we sat in the visitors' area, he told me about recurring dreams that had plagued him during his hospitalization: dreams filled with large and small containers. He explained that these containers related to our relationship and my enduring presence ingrained in his mind. I understood that Ami was telling me that he is sustained through such a presence which is necessary to preserve his vitality; His existence depended on those who truly see him, contain him, and even inspire him.

This man, wounded by those who were supposed to protect him, could have collapsed into endless rage and bitterness. Instead, he achieved an admirable transformation—he was able to believe in life and to hold on to it with renewed faith.

Shortly after our last meeting, I received a message that Ami had passed away.

I visited the family during the seven-day mourning period (Shiva). His wife asked me to tell her and the children about Ami. I spoke with them about his special personality—about his courage, the integrity that defined him, his determination to live, to have children, and to fulfill the ideals that had guided his life. I told them that although Ami was no longer physically with them, his ideals would continue to live on. I tried to speak to them about the enduring nature of these values, and the possibility that these ideals could continue to sustain and inspire their lives.

These ideals continue to live within me as well. He was one of the dearest people I have ever known.

May his memory be blessed

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## **The Wisdom of Dream Work**

This work has focused on cultivating an area of faith in the mind (Eigen, 1981), a space that contributed to the restoration of the patient's suffering. Eigen defined the area of faith as a zone of total devotion and surrender—emotionally, spiritually, and beyond. It involves mutual exploration and creative collaboration between analyst and patient. Each is both an active agent and a receptive participant in the interplay of thoughts and feelings. Within this fabric, new meanings and possibilities can emerge.

Trauma restricts this area of faith and narrows the mindset. The wounded self develops complex defense mechanisms and strategies that block the spontaneous emergence of the self's full potential. In its wounded state, the self is fragmented, frozen, distorted, and dissociated.

Our work offered the possibility of **transcending** this constricted, injured mindset and cultivating a broader, more compassionate perspective—one that acknowledges interconnectedness with the environment, even with a universe. This transformation enabled the patient to unburden himself, at least mentally, from the weight of past trauma.

The “thin but strong legs” dream, the “umbilical cord dream,” and the final dream on the Mount of Olives, illustrate the development of idealized selfobjects that extend beyond human relations toward a wider perspective on life. Experiences of castration and fragmentation are gradually transformed into a sustained experience of hope and faith.

### **A Few Words About Dreaming and Meditation**

In concluding, I would like to offer one final reflection.

We often assume that dreams illuminate the darker, hidden, or neglected regions of the psyche, turning them into meaningful elements in the mind. The visual imagery of dreams conveys associations that are not easily deciphered; they do not arise from learned knowledge, but from intuitive understandings of subjective, often pre-verbal, experiences.

In this sense, dreaming is similar to meditative states. Both are designed to face inner reality, to make peace with it, and to transform haunting or painful experiences by intuiting new possibilities. The meditator enters a spiritual state of mind, exploring repetitive attachments that produce suffering. Meditation focuses on internal states, when the dreamer brings into focus the images of the internal theater of the mind.

In both cases, a bridge is formed between the deceptive immediacy of surface reality and a deeper, expansive awareness—an ultimate reality that facilitates mental growth.

Of course, dreaming and meditation are not identical. Yet both involve imagery, whether spontaneous or intentionally visualized. These imagined images serve as metaphors for the unknown, opening pathways to associations with hidden parts of the self. In other words, images are a medium through which states of mind can be explored and expanded.

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