

How dreams help us to accept death: A case study

Moslem Akbari

Department of Psychology, Roodehen Islamic Azad University, Tehran, Iran

Summary. The patient was referred to the psychologist due to recurring dreams related to threats and death. A few sessions after existential psychotherapy, the patient had seen a dream full of symbols. This dream was very strange and meaningful to the patient and she wanted to interpret it. Usually, when the dream is repeated over and over, it indicates that the unconscious mind of the person intends to transmit a message that the patient is not willing to accept or face with that specific issue in the real world, or rather, the resistance causes the unconscious mind to use the symbol to convey its message. The interpretation of the dream taken in this article is most similar to that of Professor Freud's approach, although it has religious and cultural implications related to the patient's background. In that dream, probably the most important unconscious mind message for the patient was that she could not run away from death and, if the patient did not accept death, she would have to endure more stress. Only by accepting that death may occur at any given moment, these recurring dreams would leave the patient. In Existential Therapy School, one of the essential things to be dealt with is death. The dream shows how the patient is slowly approaching death after several sessions of psychotherapy, and the unconscious mind, in a very indirect and symbolic way, tries to help the patient to accept death and reduce the patient's psychosocial pressure.

Keywords: Interpretation of dreams, death, existential therapy, PTSD

1. Introduction

Freud emphasized the importance of dreams in his famous book "The interpretation of Dreams (1899)". He used dreams and the interpretation of dreams to enter into the deepest parts of the unconscious mind as an important part in psychotherapy (Freud, 2013). The importance of interpreting dreams in psychotherapy is explained in the approaches to psychoanalysis (Freud) and analytical (Jung) and humanistic (Erich Fromm) and existential therapy (Ervin Yalom) and Gestalt Therapy (Fritz Perls), client-centered therapy (Barrineau), focusing (Gendlin), family therapy (Bynum), group therapy (Ullman), psychodrama (Verhofstadt-Denève) and Logotherapy (Frankl). (Barrineau, 1992; Bynum, 1993; Frankl, 1985; Freud, 2013; Fromm, 2013; Gendlin & Schoch, 1987; Jung, 1964; Perls & Andreas, 1969; Ullman, 1996; Verhofstadt-Deneve, 1995; Yalom, 2010). So dreams can be very helpful in understanding the patient's world and discovering their deepest emotions. Although existential therapists have little desire for working with dreams (Michael Schredl et al., 2000), working with dream is often used in Freudian and Jungian approaches (Keller et al., 1995). Therapists are more likely to work on dreams with clients who have troubling dreams or who are interested in working on dreams (Hill, Liu, Spangler, Sim, & Schottenbauer, 2008). Therapists who are more likely to work with dreams have more training, higher estimated dream recall frequency, more positive attitudes toward dreams and do more personal dream work than therapists who aren't likely to work with dreams (Crook

& Hill, 2003; Hill, Diemer, & Heaton, 1997; Hill et al., 2001; Zack & Hill, 1998). Repetitive dreams are also very important during treatment sessions. (Glucksman, Kramer, & Psychiatry, 2011). Dreams will tell the therapist about what the patient is afraid of or what he refuses to say or about something what he might tell the therapist later in the subsequent sessions. So the interpretation of dreams can speed up psychotherapy and deepens the treatment (Yalom, 2010).

1.1. Dream and death

Dreaming of the deceased was one of the 30 symptoms proposed as a key intrusive symptom of complicated grief (Horowitz et al., 2003) and such dreams are assessed in the Complicated Grief Module. However, dreams of the deceased are not assessed in other scales of complicated grief, e.g., the Inventory of Complicated Grief (Prigerson et al., 2009; Prigerson et al., 1995), though that scale has other intrusive items such as "I hear the voice of the person who died speak to me" or "I see the person who died stand before me." Seemingly supporting the exclusion of dreams, a recent study in a German sample found that "dreams of the deceased" had poor ability to identify people with complicated grief and the authors suggested it should be dropped from the criteria (Langner & Maercker, 2005).

1.2. Dream and fear of death

Students suffering frequent nightmares were also more concerned about death (Feldman & Hersen, 1967). People suffering nightmare were more likely to have experienced the death of loved one before ten years of age; so personal experiences with death, especially in the early years of life, have an effect on frequency of nightmare and attitude toward death (Feldman & Hersen, 1967). Feldman and Hersen (1967) concluded that nightmares and fear of death were related. But the results of some studied show that there is no association between nightmares experiences and fear

Corresponding address:

Moslem Akbari, MA, Department of Psychology, Roodehen Islamic Azad University, Tehran, Iran.
Email: m.akbari@alumni.ut.ac.ir

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of death and dying (Lester, 1968, 1969). The next study by Hersen and Disease (1971) connected the nightmare and fear of death with mental disorder. He proposed that nightmare sufferers are more anxious in general and fear death. College students were classified into three groups representing high, medium and low fear of death. Students who reported high or low fear of death experienced more negative dreams than students who reported medium fear of death (Handal & Rychlak, 1971). In general, nightmare sufferers share elevated scores on the depression, psychopathic Deviate and schizophrenia scales of the MMPI (Cookson & Dying, 1990; Lonetto & Templer, 1986).

2. Existential Therapy – A case report

Existential art therapy is a journey of self-discovery that is shared by the client and the art therapist. The process is often difficult, painful, frightening, and almost always uncomfortable and anxiety-producing (Moon, 2009). Through the processes of interacting with and analyzing dream images, the existential art therapist attends to the dreamer by cooperating with the dreamer, being open to, and honoring the dreamer's struggles (Moon, 2009). Underlying the therapeutic techniques outlined below are three premises that guide the existential art therapist's interactions with the dreamer/artist and the artworks that portray the content of the dream. These are: (a) the dream is what it is; there are no hidden meanings, (b) the art therapist focuses on the manifest content of the images of the dream and the client's artwork, and (c) the art therapist refrains from making interpretive comments. (Moon, 2007).

There are few common occurrences in human existence that evoke more fascination than dreams. People are captivated, charmed, disturbed, elated, and sometimes terrified by the things they see and do in their dreams. When the subject of dreams comes up in conversation, the author cannot recall ever hearing anyone describe their dreams as boring. Dreams have the power to summon up memories of events long past, strip away pretenses of the present, and offer prescient glimpses into the future. The dreamer often comes face to face with the extremes of delight and dread as inner themes of depravity and goodness are given form in metaphoric images and storylines. Sometimes in dreams we are paralyzed, wordless, and flabbergasted. Sometimes we raise our arm-wings and soar. We murder, make love, move mountains, and run like the wind. "In no other way does transcendence of our boundaries occur so vividly, so convincingly, so passionately" (Moustakas, 1996).

Working with dreams using the phenomenological existential process serves to honor the dreamer's creativity and inherent wisdom while the dreamer remains in control of each step in the reductive process. At no point does the art therapist offer any interpretation of either the artwork or the dream content. All of the messages that emerge from the dream are the creation of the dreamer/client, as are all interpretations and associations to the images of the dream. The art therapist establishes the structure and serves strictly as a guide, recorder, and witness to the process, (Moon, 2007). The death anxiety of many people is fueled by disappointment at never having fulfilled their potential (Yalom, 2010). So the author wanted to know how interpretation of the dream might help the patient.

The patient is a 25-year-old girl who has been engaged for several months. She is the eldest child of the family and

she has an 8-year-old brother. The patient stated that she has had sleeping problems since childhood. So, I examine the problems associated with sleep and dreams in each of the stages of the patient's development (childhood, teenage years, adulthood).

Childhood

Childhood (6-11): The patient stated that in her childhood, others and her parents always woke her up because she spoke while sleeping and often screamed at bedtime. Unfortunately, there is no awareness or memory of the content of her childhood dreams. Sleepwalking and night terrors are considered to be manifestations of the same nosologic continuum. It has been proposed that a sudden arousal from non-rapid eye movement (NREM) sleep is the cause of these disorders. Benign forms of NREM arousal parasomnias occur frequently in childhood and attenuate in teen years; however, they can persist into or begin in adulthood (Szelenberger, Niemcewicz, & Dałbrowska, 2005). According to the patient, there was no history of sexual assault and physical aggression in childhood.

Teenage years (11-18):

The first memories or dreams associated with threat and death recalled at this stage. The oldest and most important memory associated with death and threat is about the serial killer of the city of Pakdasht (Beja). When one of her friends told her that Bijeh steals small children, then rapes them and kills them and throws them in the brick chimney, she was very scared and crying. The severity and significance of the event for the patient was so strong that she remembered clearly that day more than 10 years later. This event occurred at the age of 11. At the same time of knowing about this serial killer, according to the patient, she saw the first dreams associated with death. Although Bijeh was executed many years ago, he seems to be still alive to the patient, so she feels afraid and her heart beat raises when hearing and thinking about this serial killer.

Serial killer Bijeh

Mohammed Bijeh (February 7, 1982 – March 16, 2005) was an Iranian serial killer. He confessed in court to have raped and killed 16 young boys between March and September 2004, and was sentenced to 100 lashes followed by execution. All the boys were between 8 and 15 years old. Additionally, he killed two adults. The murder of children around Tehran was recognized as the most important criminal case in Iran for the last 71 years, and has strongly influenced public opinion in the country ("https://en.wikipedia.org/wiki/Mohammed_Bijeh").

Adulthood

The cycle of dreams associated with threats and death started in adulthood. After being twice raped by her ex-boyfriend in adulthood, recurring dreams became more intense (usually 2-3 times every week). Most of her dreams dealt with her own death or her being threatened with death but not about the death of her friends or relatives. The patient has become so sensitive to the idea that any thought about death can invite dreams about it.

Diagnostic procedures

The patient expresses the reason for referring to a psychologist for sleep problems and seeing horrifying dreams. These symptoms can be seen in many disorders such as anxiety, depression and PTSD (Post-traumatic Stress Disorder) but the patient didn't fulfill the criteria for PTSD because (1) the patient's dreams are not related to sexual aggressor, and (2) recalling the sexual trauma after rape was very rare (no flashbacks), as well the sexual abuse had not affected her waking-life functioning (Bovin et al., 2016).

The clinical interview of the patient is based on a report and an interview, showed feelings of sadness, an ill-apa-thetic patient, and that she often cannot enjoy much of the daily experiences. She was also very tired throughout the day. These symptoms have existed for a few months.

So, it seems that the patient is suffering from major depressive disorder, as the patient fulfilled the criteria for major depression (American Psychiatric Association, 2013)

1. Loss of interesting or pleasure in most daily activities
2. Insomnia
3. Loss of energy
4. Sense of worthlessness
5. Thoughts of death

In this disorder, sleep problems and dreams related to death are also common (Armitage, Rochlen, Fitch, Trivedi, & Rush, 1995; Cavallotti, Castelnovo, Ranieri, & D'Agostino, 2014; Maj, 2012; Schredl, 2013).

Dream content

After five sessions of psychotherapy in existential therapy, the patient recently saw a symbolic dream, which is fully described below. It is noteworthy that one of the most fundamental issues in the existential therapy is the focus on the issue of death and the anxiety of death.

"The patient sees that she is alone and the power is turned off or the power is out. The patient feels scared as if someone is going to come in and threaten her or rape her or even kill her, so she runs away from home and runs to the street at a high speed. On the street, the patient sees a lot of animal carcasses as if they were all brutally killed and a blood stream is flowing in the street. The patient is very careful for the blood not to reach her body and legs and she starts running again in the street. She looks again at the horror scene and starts running more quickly. Suddenly she realizes that she has reached the entrance of a graveyard and seems to have no choice and she has to enter the cemetery and the world of the dead. When she enters the cemetery, she feels the greatest amount of fear. After a while running, when she passes through the entrance to the graves, she finds that one person stands above one grave. She finds that grave owners are standing on top their graves. The patient asks one of them, who is a beautiful middle-aged woman: Aren't you dead? So why are you standing over your grave? The beautiful middle-aged woman replies with joy: "No, there is life after death. Life before death is the shortest life, it's just after death that real life begins". The patient feels that they were waiting for her to give this message. Then the middle-aged woman smiles at her and the air becomes slightly brighter."

Interpretation of dream

According to herself, the patient had problems in sleeping and dreaming from the very early childhood and, it continued to adulthood. After the rape, her dreams became more associated with death. But what message did the dreams have for the patient? What is the patient's unconscious mind's intention to transmit to her?

Before interpretation two fundamental questions should to be evaluated:

- 1) Did the content of the patient's dreams (threat, death and fear) start after the sexual assault?
- 2) Since the content of horror dreams associated with death and threats before rape existed in adulthood, so there are two possibilities: (1) The occurrence of traumatic events in childhood that the patient could not recall or (2) the nightmares or night terrors in childhood occurred were not trauma-related. Unfortunately, the patient is unaware of the content of childhood dreams and rejects the occurrence of any threat or danger during childhood.

But what does the dreams and specifically the dream above meant to the patient?

The patient has always been frightened of death and has avoided thoughts about it, that is something that does not happen to her and she does not die.

- 1) The message of the high number of dreams related to death: You can-not run away from death, even in your dream. This is probably the most important message of the unconscious mind.
- 2) In the patient's dreams, the threatening situation is always near to her and she is running away. Probably another unconscious mind message is that you should confront a scary situation rather try to escape this situation.
- 3) The patient has a lot of animals, and the death of animals means preparing for the loss of lovely things of life.
- 4) The death of animals in the dream means that death is not for human beings only and it happens to all living beings and nobody can escape from the embrace of death.
- 5) The dead who are living and standing on the grave indicate the patient's desire for the notion of life after death and that death is not end, which is in line with the beliefs and religious culture of the patient.
- 6) In this dream and often in other dreams, the patient is always alone. In reality, the patient feels that a threatening condition she does not have any shields to take care of her.
- 7) When we cannot escape thinking or fear, it shows that the patient's defensive mechanisms have failed. (denial and avoidance are common defense mechanisms in the patient)
- 8) The middle-aged woman is like her grandmother. For many years, she did not see grandmother's photo when she was middle-aged, but when she looks at her grandmother's photos in a family album, she was surprised when she realized the great similarity between her grandmother and middle-aged woman in her dream. The patient remembers her grandmother well, from-when she was a child and her grandmother always told her stories, she gave her delicious food and loved her. The unconscious mind has used this similarity to make it easier for the patient to accept death. The

patient considers the middle aged woman to be very sweet in her dream.

3. Conclusion

According to Freud (Freud, 2013), dreams are one of the best ways to access the deepest part of the psyche (the unconscious mind). So interpretation of dreams is very useful in psychotherapy. In this case we see that how the unconscious used symbols to help the patient. The unconscious mind went to the deepest memory and selected a woman the patient hadn't seen for more than 20 years but this woman is loved by the patient and it is likely that if this woman tells a message about death the patient may be willing to accept death and have less anxiety about it. So one sees the unconscious mind is very active, clever and kind – with the intention of helping us. If one tries to avoid something, one will face it in the dream. In this case the dreams wanted to tell her that if she wants to avoid death anxiety, the anxiety starts to pursue her, but if you decide to confront anxiety, the anxiety decreases and vanishes. So the frequency of horrifying dreams decreased from 2-3 times per week to about once per month or less often. But more important than the decrease in frequency was their reduced severity so that the patient did not evaluate them as intolerable and annoying dreams.

In fact, dreams may appear to be frightening in appearance but their true purpose may be to reduce the anxiety or solve a problem or help an individual's development – especially when the individual is ill or in need of medication. I.e., the “doctor” (unconscious mind) gives the patient a remedy (dream). An therapeutic agent may appear painful and terrible, but this painful substance is healing the patient. Therefore, the success of treatment should not be the removal of horrifying dreams because dreams increase awareness about the underlying causes. Dreams can help us, so we should be thankful to them. The success of treatment is to pay closer attention to dreams and try to understand them in the context of our life. If the horrifying dreams are understood their frequency often decreases.

The follow-up session six month later revealed – as reported above – that the frequency and the severity of the horrifying dreams decreased dramatically. She has been engaged for several months now and is very satisfied with her romantic relationship. She is also satisfied with her sleep and appetite and participates in social activities and enjoys her daily activities such as studying and sport. She considers life valuable, because she states that death will finally come and it is not compulsory for us to visit death (Laughs). But regarding her self-esteem, she still does not consider herself to be very valuable, although she feels better than before. In general, the patient now sees the dreams very valuable and is happy to bear the healing pain of her dreams.

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