

THE DIRECTED DAYDREAM

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Ladies and Gentlemen:

You have expressed a desire to learn something about the technique of the directed daydream. It is an honor for me to reply to this desire, and I do it with the greatest pleasure.

First let us consider the experiment and the phenomena that can be observed. Later we will try to explain them and to understand how they can be used for the cure of the neuroses.

The basic procedure of this experiment is quite simple: It consists of having the subject engage in a daydream while he is stretched out on a couch as comfortably as possible in a state of muscular relaxation. It is not necessary that he be completely relaxed, but he should be isolated from noise and should be in semi-darkness with his eyes dosed. This helps the subject to avoid disturbing distractions while contemplating his mental images.

But while the spontaneous daydream is generally a compensatory device, the directed daydream does not become such because of the fact that we guide it. Here is how this is done: We give the patient a starting image, for example, a sword, or possibly, a seashore where the water is very deep. We have him describe this image as thoroughly as possible, and ask him questions so as to evoke details, if necessary. If it is an object—for example, a sword or a vase—we ask the patient to tell us where the object is located and where he himself is. He then describes an imaginary location in which we ask him to move about. During the course of the first session, it may be necessary at times to remind the subject that *in a dream anything is possible*.

Here we come to that special factor which makes for the distinctiveness and effectiveness of the directed daydream. The patient's imaginary movement in space is guided by the psychologist. This movement takes place primarily in the vertical dimension, either as an ascent or as a descent.

Through this operation we discover a basic law of the mind: Although ascension is often difficult at first, in subsequent sessions it brings on images which become increasingly luminous and which express a sense of calm, of serenity, and ultimately, of joy—in effect, the open and generous feelings. On the other hand, to imagine a descent evokes increasingly somber images, which may be unpleasant and even quite distressing.

In both instances we are dealing with a basic law of the mind: It is expressed in everyday language when we speak of "bright ideas," "warm feelings," and "lofty thoughts." And on the other hand, we recognize "shady deals," a "cool reception," and "low deeds." Later, we will return to this law to offer a physiological explanation for it.

Now we are getting to the problem of suggestion. We have already mentioned the "starting image"—a sword, for example—and now we talk about suggesting ascensions and descents. But we will soon need other kinds of suggestions as well. These must be chosen so that the suggested acts are normal parts of the patient's daily experiences (such as opening a door), or at least can be accepted by him without conflicting with his usual attitudes.

By using these procedures for guiding the patient's daydream, we are able to uncover the full range of the patient's habitual emotional reactions. Moreover, we also expose other feelings which are rarely expressed but which are nevertheless parts of his repertory.

We are now prepared to discuss the basis for choosing the starting images on which the directed daydreams are to be constructed. But first, let us consider some important aspects of the human condition. Most obviously, man must confront himself; and subsequently, he must come to terms with others. This means that in order to understand the patient, it behooves us to ask him about himself and to explore his attitudes toward both men and women. However, if this inquiry were conducted in conventional language, it would tell us very little, if anything at all. Therefore it must be conducted in a symbolic language, the universal language of dreams. Most often, the patient will answer our questions with visual images, but sometimes auditory and even olfactory sensations will arise. In any case, they should all be treated as symbols. There is a tremendous advantage to this symbolic mode of expression: It provides the patient with the greatest possible freedom of expression, because while he is describing his imagery (which is done in conventional language) he is not aware of its meaning. Therefore, he feels no need to control the expression of the feelings he is experiencing in the directed daydream.

In order to shorten the process of treatment, I have made a study of the frequency with which different images arise. This led me to adopt a series of standard themes designed to place the patient in a number of symbolic situations which the patient must have faced at one time or another in his life. In so doing, I have kept in mind the phenomenon of dramatization that Freud has shown to occur in dreams.

Here now are the six themes I use as starting points for the treatment sessions:

No.	Purpose	Theme
1.	Confronting one's more obvious characteristics	For a man, a sword For a woman, a vessel or a container
2.	Confronting one's more suppressed characteristics	For both sexes, a descent into the depths of the ocean
3.	Coming to terms with the parent of the opposite sex	For a man a descent into a cave to find a witch or a sorceress For a woman, a descent into a cave to find a wizard or a magician
4.	Coming to terms with the parent of one's own sex	For a man a descent into a cave to find a wizard or a magician For a woman, a descent into a cave to find a witch or a sorceress
5.	Coming to terms with societal constraints	For both sexes, a descent into a cave to find the fabled dragon
6.	Coming to terms with the Oedipal situation	For both sexes, the castle of the Sleeping Beauty in a forest

The stories that subjects create in response to these suggestions are extremely variable, but are always significant to some extent. *The images that I offer my subjects actually correspond to rather precise questions.* They are couched in what Politzer has called the "intimate language," the universal language of dream symbolism. Although the subject "knows" this language and replies in it, albeit unconsciously, he is not aware of its semantics, i.e., of the meanings of the questions and of his replies to them. In order to understand the patient and to help him to understand himself, *therapist and patient together* must translate the symbols of this

secret language into the words of everyday language. That is why I ask the subject to write a full account of each of his directed daydreams and to bring it with him to the next session, so that we can analyze its content as completely as possible.

In order to make myself clearer, let us take, for example, the theme of the sword. I suggest this concept to a man and ask him to tell me what he imagines. In symbolic language this is the equivalent of asking, "What do you think of yourself as a man, in the broadest sense of the term?"

One person will visualize a substantial weapon, another will see an ornate ceremonial sword, while a third might picture a blade without a handle. Still another might imagine a long, thin blade with a handle at each end, making it useless as a weapon. And as a final example, representing an extreme in the range of possible responses, a patient might be able to imagine only a photograph of a sword.

To interpret these responses properly requires both sensitivity and finesse. It can be done only with the active collaboration of the subject, and should be based on three things: (1) a thorough anamnesis of the subject's past, (2) ideas which the subject spontaneously associates to the content of his directed daydream, and (3) any other ideas which arise during the treatment session. The interpretation will be considered valid only if the patient feels it to be correct and fully agrees with it. Later, we will come back to the question of how we arrive at an interpretation.

Once this first image is established, we ask the subject to describe his imaginary whereabouts in detail. We ask him (or her) to bring along the sword (or the vase) but not to pay any attention to it so long as we do not ask him to do so. Then, emphasizing once again that anything is possible in a dream, we ask him to imagine himself at the foot of a range of mountains, to describe the imaginary landscape, and to start climbing one of the mountains. Here is where trouble may begin. Although the idea of ascent is quite easy for some patients, who will see themselves doing it briskly, it will appear to demand considerable effort from others; the path might be seen as blocked by insuperable obstacles, such as overhanging cliffs that impede all progress. In this latter case, the psychologist must strive constantly to sustain his patient's efforts, and must not, under any circumstances, permit the patient to feel abandoned on a note of defeat. On the other hand, it would also be wrong to insist on too great an effort. In connection with this point, we should not overtax the patient's endurance. For this reason, a directed daydream should not last longer than an hour and should, in any event, be brought to a close on an affirmative note. In this particular case, therefore, we should feel quite satisfied if we succeed in leading the subject to the top of the mountain, where we might suggest that he take a rest, enjoy the view, and indulge himself in the deep satisfaction which accrues to what Pierre Janet has called a "successful exploit."

When dealing with less inhibited subjects, it is often possible to enhance this first experience quite a bit. After reminding the subject again that in a dream anything is possible, we ask him to imagine a pathway of clouds rising up into space from his present location on top of the mountain. We then ask him to proceed with his ascent. During these moments it is essential to keep in constant touch with the patient's feelings and to reinforce his desire to keep climbing. There are certain suggestions that can be used to help him with this task. For example, we might say to the patient, "Imagine that someone is coming from above in order to lend you a hand." This suggestion might provoke the image of a loved one, or simply of a helping hand, or of an angel (even unbelievers sometimes imagine angels). We proceed, encouraging continued effort, until the subject seems to arrive at a natural resting place. At that point we ask him to take up the sword (or the vessel, in the case of a woman) and to examine it for any change in appearance. When modifications occur, they are in most instances for the better, in which case, they always forecast an ultimately favorable development of the patient. With some subjects we can extend this first experience even further by asking them to imagine a beam of sunlight striking the sword (or vessel) and to watch what happens. If it is a vessel the therapist can go a step further by suggesting that the patient hold it up to the heavens as an offering, or to see what will fill it. Any

changes in the image are important. They offer us indications of the ease with which a subject can adapt himself to the directed daydream technique, and they also make it possible for us to evaluate what is generally referred to as the subject's capacity for "sublimation" (which is a rather equivocal term; I prefer the expression "socialization of the instincts").

One of the important advantages of the directed daydream technique is that it provokes intense emotional reactions very easily. This is indispensable for the attainment of certain states of consciousness and is essential to the achievement of a cure. But this advantage has its dangerous aspects. That is why I scrupulously avoid, during the course of a patient's first directed daydream, anything that might create anxiety.

This does not hold true for the second directed daydream. Before beginning that one, I make it a point to warn the subject that I am going to ask him to imagine a descent that will probably stimulate the appearance of unpleasant, and possibly even horrible, images. But I ask him to stand up to them bravely because that is the only way to discover the origin and character of one's anxieties. One can then learn how to conquer them and to dispel them gradually. Moreover, I immediately offer him the reassurance that this new directed daydream will end with a pleasant scene which will leave him in a comfortable state. After these preparatory remarks, I ask the patient to imagine a seashore, a rocky coast where the water is very deep. After the patient has described this scene, I suggest that he imagine putting on either a diving suit or a scuba outfit, and that he let himself slip into the water, descending as deeply as possible. As he does this, I urge him to tell me in detail what he sees in his mind's eye. In general, feelings of fear arise quite quickly, and if I suggest to the patient that something threatening is likely to appear, a monster may loom into view; most often this is an octopus. Under these circumstances I encourage the patient to subdue the beast or to tame it with the powers of a magic wand (this suggestion is perfectly acceptable to most people). I then urge the patient to have the monster take him on a tour of his haunts, visiting a grotto, for example. If he finds anything special there, I have him take it with him. Then I ask the patient to imagine returning to the surface and bringing the monster with him onto the beach. At this point, I might suggest that the patient again tap the monster with his magic wand. He is told that the purpose of this act is to induce a metamorphosis in the octopus so as to reveal its true identity. Often metamorphosis occurs and the monster may be replaced by a person who played an important role in the patient's emotional life. The dream then goes into its final stages with the subject's ascension of a mountain overlooking the sea in the company of the person into whom the octopus has changed. This ascension can eventually proceed into space as well.

This second directed daydream is a rather random probing of the patient's unconscious. It corresponds to the question, "What is going on in the depths of your personality; what painful feelings are capable of upsetting you?" By contrast, the directed daydreams which follow this one, those involving a search for a magician or a witch in a cave, take more specific directions from the more specific nature of the themes.

At this point, I feel obliged to jump ahead a bit in order to deal with a question which certainly must be on your minds, namely, "How should these images be interpreted?" To answer this question, we will certainly make use of everything Freud and his followers, Jung and Adler, have already taught us about how our feelings find expression. But I would like to add some impressions of my own as well. I have told you that at the beginning of each treatment session I place the patient in a specific standard situation: First, the patient confronts himself; then, in subsequent sessions, he has to come to terms with others, now a man, now a woman. Well, what is actually happening? One's memory is composed of a range of images which represent one's reactions to one's dealings with others. These images are related to feelings ranging from the most disagreeable to those capable of providing immense gratification, such as love.

With males these images usually begin with the most frightening (e.g., a devil), change to something less threatening (a magician), then proceed to the more normal (the "average" fellow), after which the series

becomes progressively more pleasant, as the patient is guided through experiences involving, for example, a hero, an angel, and ultimately, God.

For females the most disagreeable image is that of a she-devil, or of a diabolical witch. The therapist can temper this to a less threatening harridan, and then to an average woman. As treatment progresses, these images, as with males, become much more pleasant (fairies, for example), and might culminate with that of the Virgin.

All these images occur spontaneously in the directed daydream. But instead of waiting for them to arise, they can be evoked by the therapist and used to direct the course of the daydream in order to explore the patient's habitual responses to others. This is the way we expose neurotic patterns and their origins. Likewise, maladaptive reactions can be changed, first in the imagination, then in reality. I have suggested that these two series of images be called "archetypal chains." We will get back to this matter when we discuss the use of the directed daydream and its interpretation.

The theme of the fifth dream is the encounter with the dragon of the fable, which must be sought in the depths of its cave. This is another figure that arises spontaneously in directed daydreams and may take on either of two meanings: It could be the dragon of the legend, or it could be a symbol of virility. In the former case, by specifying the legendary interpretation, I guide the subject's efforts in that direction. For a long time I looked for the meaning of the dragon. Jung thought it stood for the mother who refuses to give herself to her son, but I don't accept this interpretation. In the fable, the dragon hoards a treasure and keeps captive a girl or a boy, who is eventually to be devoured by him, but who is rescued by the hero. What does this legend mean within our occidental context? (In the Orient the interpretation would be different because there, the dragon is a symbol of beneficence.) I would like to suggest the following interpretation: The dragon stands for all the prohibitions imposed on the subject by his cultural milieu. First of all, there are the restrictions imposed by the family. Then there are those which arise both from the patient's social class and from his vocational commitments. Finally, the nation, too, imposes its limitations on the individual. If a treasure appears in this directed daydream, it represents the various mental and spiritual potentialities the patient has been prevented from developing because of those numerous prohibitions. The dragon's young prisoners are also symbolic: For a male patient, the image of a girl who must be saved stands for that part of his own sensitivity which makes it possible for him to empathize with a woman and to live in harmony with her. If this ability is not developed, contact with the opposite sex tends to be strained.

Now we get to the story of the Sleeping Beauty, which is conducted differently for men and women.

With a male patient, I ask him to evoke the memory of an experience he actually had with his mother, whether it was agreeable or unpleasant. I then have him ask his mother to lead him into a forest where they will look for the castle of Sleeping Beauty. When they find it, they enter and the man leaves his mother in one of the reception halls. He then goes upstairs by himself, finds Sleeping Beauty's bedroom, and awakens her. If all goes well, more often than not the subject will spontaneously feel that in emulating the prince of the fable, he is achieving adult maturity. I then ask him to offer his sword to Sleeping Beauty as a token of his esteem, to tour the castle with her, and to make an ascension in her company. I next have him imagine coming back down to the castle with Sleeping Beauty and introducing her to his mother; whereupon Sleeping Beauty welcomes her future mother-in-law to her home and leads her to a wing which has been reserved especially for her. In this symbolic way the mother permits her son to take a wife. Although completely imaginary, this theme can give rise to extremely dramatic scenes, even with men who have had many sexual affairs without being able to choose a wife.

For a woman, the Sleeping Beauty story represents her awakening to sexual maturity. Here, I have her imagine that she herself is Sleeping Beauty, still asleep in bed, and on the point of waking up. As she listens she hears

someone approaching. I tell her to look to see who is coming into her room and to tell me what happens. The scenario continues with an ascension with the prince and ends when Sleeping Beauty introduces her suitor to her father, the king.

This last theme is employed in order to direct the patient's efforts toward the resolution of the oedipal conflict, i.e., Freud's classic discovery that a person may have come of age but still be emotionally attached to the parent of the opposite sex.

These six directed daydreams may take many more than six sessions because patients are often unable to achieve the desired result on the first try. It may therefore be necessary to go back over the same theme as many as four or five times before the images that provoke anxiety are completely drained of their painful affective charge. When they have been overcome, we can consider the situation as being thoroughly analyzed. At that point, it is generally reasonable for us to consider that we have had the subject face every possible kind of life situation and that the exploration of his habitual responses to these situations has been completed.

One might think of this sequence of six directed daydreams as constituting the first phase of treatment. The second phase consists of showing the patient new and underdeveloped response possibilities. First, he must be made aware of them; then, he must be helped to cultivate and to convert them into new habits. These problems are also worked out on a completely imaginary level.

The third phase of treatment involves training the patient to move from imagination to reality. We will discuss this at length in a subsequent lecture.

And that, in brief, is the technique of the directed daydream. But in order to satisfy ourselves as to the value of this technique, we still have to understand the mechanisms on which it is based and to evaluate its advantages in comparison with, other methods. But before going into these aspects, I would like to offer some observations which are likely to be evident after a modest acquaintance with the technique:

1. There is an extreme variety in the detail and content of the responses evoked, but this richness of content is presented by a subject within his own fairly fixed personality pattern.
2. There is an extraordinary richness of imagery in certain especially talented subjects.
3. There is an apparent shift in the style of the imagery so that it progressively departs from one's memories of reality and from the habitual imagery of nocturnal dreams.

Thus, we find ourselves exploring an entirely new world that was unknown to both Freud and Adler. Only Jung, the visionary, managed to catch a glimpse of this domain. He has described it in a very sketchy fashion by drawing upon traditional legends. The domain that has been opened up for exploration by the directed daydream can be sub-divided according to the style of the images which the patient describes. Suppose we think of dream imagery as existing at different levels. I would like to offer the following classifications:

1. Images of reality and images of nocturnal dreams.
2. Images from fables and myths. Those most commonly found in directed daydreams involving descent are witches, sorcerers, magicians, demons, dragons and the like. But in those directed daydreams involving ascent are found wise men, fairies, angels, and winged horses. Also, Christ, the Virgin, and God the Father appear in the dreams of people who inhabit a cultural milieu infused with Christian imagery.

3. Finally, there are images which I call "mystical" because they do not represent any familiar objects; instead they are composed of more or less vibrant impressions of light, and they sometimes even give the impression of being alive. They lack all objective representational character and are composed of light alone. They can be understood only in terms of the feelings the subject has while "seeing" them. These range from calm and serenity to enthusiasm and jubilation, and even to adoration. The only comparable experiences are the visions and accompanying feelings which have been described by mystics.

I would like to finish this first lecture with an example of a directed daydream whose richness and style are quite exceptional. It was produced by a young- man of twenty-seven who had suffered unusually severe trauma during both childhood and adolescence and whose present life circumstances are arduous. His first directed daydreams were extremely rich in imagery and displayed an extraordinary dramatic quality. They also revealed considerable aggressiveness, most of which was turned against himself and which produced an intense inhibition of action. However, this aggressiveness very quickly found expression through treatment with the result that the patient was shocked and frightened by the desire for revenge he discovered in himself. He became obsessed with the fear of wreaking this vengeance on a woman who had left him. This situation finds expression in the first part of the dream. After the catharsis, the dream subsequently develops into a paradisiacal vision of a happy couple. A Jungian would say that the patient has constructed an accurate image of the anima. Here is the directed daydream just as it was recounted by the patient.

The Patient's Account of His Dream

I find myself in a barren land. Before me there stands a tall column of granite. I begin to climb the column on steps cut out of the granite. Suddenly, I change into a vampire and fly to the top. The platform on which I perch is circular. It is bordered by a golden railing. In the middle of the column there is a hole wide enough for a man to descend into. In front of me, with its back to the railing, a sphinx stares at me with its yellow eye. There is an austere beauty to its face; its hair is black. It is draped with a long black cape. A gray cloud passes over us and from it a yellow beam of light strikes the platform. I step into the light, meditate for a moment, then steep myself in the multitude of impressions that the light showers on me. Slowly I rise in the flood of light. I lose sight of the top of the column. The sphinx starts to follow me but cannot ascend as far as I do. Everything around me is topsy-turvy; the whole world is rocking. In the midst of this chaos I make out pieces of broken wings, I see eyes crashing, mountains rocking, boulders tumbling. Then I turn around and look down at the sphinx. The magnetic power of my gaze draws it up to me. But although it is now at my level, it shares neither my vision or the intensity of my feelings about what I see. We continue our ascent in the shaft of light, which now turns green. Now we leave it to explore the cold night of the cosmos.

The sphinx flaps its wings, and somehow this beating of its wings makes it possible for me to go up even farther with it. Soon we arrive on a lunar landscape of gray rocks and hard-packed sand. The sky is the black of night. The scene is illuminated by moons both orange and mauve in color. The sphinx becomes larger. Having returned to its own domain, it takes on a new beauty and majesty. A diadem appears on its forehead. It ranks as queen of this land. I become a man again. A crystal ball is chained to the sphinx's right leg. I seize it, and the light which it radiates penetrates into my blood. I begin to glow and my body turns white. We walk toward a rocky ridge. After reaching the top, we take flight and make a tour of the realm. Down below, on our right, a black volcano belches smoke. A silvery lake extends before us, its rippled surface congealed. Below us, I hear voices muttering and calling. On the left a long concrete trough has been dug; men's arms stick out of it. We have now come back to earth and are standing in front of a high granite wall with a bronze door.

The sphinx strikes a gong, the door opens, and we enter. The door closes behind us by itself. We are in a room whose walls are like golden nuggets. Heavy red drapes are stretched across the ceiling. The floor is mosaic. We go through a suite of rooms and arrive before a glass door. The sphinx pushes it open and enters a bare hall in the center of which is a coffin covered with a funerary cloth. I, too, want to enter the hall, but the sphinx says

no. I insist so much that it lets me come in. But with my first step into the hall, a subtle change comes over me. My face assumes the appearance of a vampire. This seems to be happening because of the trust which the sphinx places in me; I am becoming one of its vassals. Now I approach the coffin and lift the black sheet covering it. The sphinx tells me that there inside the coffin is the secret of its regal authority. Suddenly, I want to neutralize the sphinx in order to liberate whatever is locked up in the coffin. Hardly have I formulated this wish when I find myself completely transformed into a vampire. Two sharp teeth grow out over my lower lip. Long claws appear on my hands and feet. A coat of short, tawny hair covers my body. I grow a long tail. The sphinx guessed my intention and cast a spell over me. I am overcome by a convulsion, I fall to the ground, roll around, and scream. While I claw at the earth, the sphinx comes and places a lordly foot on my chest, and sentences me to stand guard over the coffin indefinitely. A crack opens in the rocky ceiling. The sphinx vanishes through the cleft and is taken up into a long beam of white light coming through the night sky. Then I open the coffin. There is a skeleton in it. I tilt the coffin and dump the skeleton on the ground. The scattered bones gather themselves into a pile and set themselves on fire. After the fire has burned itself out, I blow on the ashes, which scatter to reveal a precious red jewel.

At this point, the voice of the sphinx resounds in the hall above me. It tells me that I will never be able to leave this cavernous hall and that I shall never make use of the jewel. Then it adds that it will be my fate to take the skeleton's place in the coffin so as to provide a new source for its regal power. Right after that, a belt of iron bars appears along the walls of the cavern. The walls begin to move; they start closing in on me. I rub the ruby briskly and it begins to sparkle. I blow my hot breath on it. The face of a young woman appears in the jewel; then I see her body. She holds her arms out to me. I shatter the stone, and in so doing, release the girl from her enchantment. She becomes a wraith-like creature who floats in the air and coils herself around my chest. But suddenly she leaps away, repelled by my monstrous physical appearance. Then she chops a hole in the wall, providing me with an escape path. Finally she vanishes into the air. Once outside, I find the coffin again, get into it, and close the cover. I hope in this fashion to attract the sphinx because I want to find out just where it would take me and how it expects to destroy me. Soon the coffin begins to move. Under the sphinx's orders, four vampires are carrying it through the sky toward a violet moon. I then realize that they plan to destroy me by exposing me to the rays of the moon. So I break open the cover, collar the vampires and the sphinx, and shove them into the path of the destructive rays. I hear their agonized cries. They disintegrate as they fall. Their bones are driven into the sand.

Then I go back to the ground and the sun rises. I lift my head toward the sky and call out. A gigantic female dragon leaps into view. In her maw she holds the head of a brunette whose eyes are a deep black and whose skin is dull and lusterless. I caress her hair. Before I can take possession of her, she tells me that I must deliver her from the dragon. I am already wearing my armor, so I seize my sword and pierce the dragon's belly. Now the dragon's mouth releases the woman, who is dressed in blue veils. In her hand she holds a golden chalice which she drops as we ascend into the sky. I feel extremely happy.

We go far up. Her arms are wrapped around my shoulders. She is very beautiful; her face is simultaneously sensual and spiritual. To me, the most attractive thing about her is her facial expression. She belongs to me. We are both wearing close-fitting garments; hers is golden and mine is silvery. Now we take a luminous path which goes to the right. We come to a tunnel sealed by a bronze door. Suddenly the door opens. A cannon rolls out on two rails and leaps into space. After it disappears, I've enter the tunnel, which is immediately illuminated by the sparkle of all the precious stones which encrust its walls. We embrace each other and let ourselves go in the utter joyfulness of the moment. The tunnel entrance has closed behind us. We stretch out on some red cushions. There is nothing sentimental in the look of this woman; I see rather an inexhaustible energy for service in the name of love. As I leave her embrace, I feel more self-confident and stronger than before. I feel that I am not a prisoner of this love. When we leave this place, it will be in each other's company.

(End of Patient's Account)

As you can see, the first part of this directed daydream is concerned with the symbolic liquidation of the patient's deep conflict about women, whom he felt to be mysterious and destructive creatures, like the sphinx. There then appears a dragon with a woman victim. In this case, the dragon is the symbolic representation of a sadistic aspect of the patient's masculinity. It is his sadism which distorts the correct image of womankind. By killing off the dragon, he is symbolically subduing his own exaggerated sadistic tendencies. This act frees the patient to elaborate in fantasy an ideal image of womankind. In the last part of the dream all phony sentimentality disappears and is replaced by respect and admiration. The stage is then set for the flowing of love and for a perfect union.

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Second Lecture—January 18, 1965

Today, I would like to discuss with you some of the theoretical questions which are raised by a description of the directed daydream technique and to tell you about some of the phenomena to which it gives rise. I would also like to draw some parallels between it and other currently employed techniques.

It is rather difficult to elaborate a theory when one feels forced to enclose within necessarily rigid limits something which, by its very nature, is essentially fluid and shifting. Moreover, no matter how exact and perfect a theory may be, it can be based only on currently known data; and scientific knowledge is constantly being enlarged by new facts which, in time, are subject to reinterpretation.

Despite prior attempts, it was only after I had developed a fair acquaintance with the works of I. P. Pavlov and his disciples through recent translations that I found the long-sought-for explanation of our findings in the laws of superior nervous activity which had been enounced by the great Russian physiologist

The directed daydream, an intermediate hypnoidal state which shades between wakefulness and sleep, is essentially a device for tapping the inexhaustible reservoir in which one accumulates, during the course of one's life, anxieties, fears, desires, and hopes. These factors maintain their determining influence over ongoing behavior whenever one is coping with the external world.

In the following discussion, we will have occasion to speak alternatively of the psychological and physiological aspects of behavior. But we want to make it plain that this duality is only heuristic; these are simply two aspects of one and the same creature; man must be taken as a whole person and cannot be considered in isolation from his environment in either its inner or outer aspects.

I am going to talk to you a good deal about conditional* reflexes" (The use of the term "conditional" instead of the more usual "conditioned" is an attempt to return to Pavlov's original term which had been translated erroneously as the past participle instead of the adjective Woodworth and Schlosberg (*Experimental Psychology*, New York: Holt 1954) point out that the adjective conditional" describes the situation more satisfactorily than the past participle "conditioned". Sutherland (*Conditioned Reflexes and &Jiavio,7 Part I*, Baltimore: Author, 1956) claims that this faulty translation has led to a serious misunderstanding of Pavlov's intention, which was to indicate the variability of the experimentally induced response in relation to the circumstances under which it was evoked. (Translator's footnote)) and "dynamic stereotypes." I think that you are familiar with these ideas. But they are often applied only when speaking about animals. May I remind you that these concepts take on a much more general significance when one considers their applicability to man. What distinguishes man from the animals is the possession of a language. To put it in Pavlov's terms, sensory perception in both man and animal constitutes a "first signal system." In man only has there been added to this a "second signal system" which consists of words, either spoken, heard or read. An experiment which strikes me as crucial was performed by Ivan Smolenski to show that when a dynamic stereotype is established in man in

either of the two signal systems, a precise response can be obtained in the other signal system without additional prior conditioning. For example, if a finger flexion is induced by electric shock and is conditioned to the sound of a bell for 30 seconds, when the conditional stimulus, namely, the sound of the bell, is replaced by the word "bell," the conditional response occurs without any other previous preparation.

These experiments justify what Pavlov wrote as early as 1927: "In man, the word is both qualitatively and quantitatively a conditional stimulus which is incomparably broader in its application than those of animals." In addition, these studies help us to understand how the processes of superior nervous activity are subject to modification through interventions which are purely verbal. Finally, these studies offer us the key to a truly scientific psychotherapy.

This second signal system is the one which provides "the rich possibility of educating the psychic processes," as A. N. Leontiev put it, and which makes psychotherapy possible; it justifies the use of psychotherapy as long as we do not have faster and more direct procedures for shaping cortical activity.

An excellent example of the results to which one can look forward in the future through the application of these principles is the procedure for painless childbirth. This is currently being done on a routine basis in the USSR through completely verbal procedures which were perfected by the Pavlovian school. Similar methods have also been devised by Crantly Dick Reed in England and very recently here in France' by Lamaze and others, all with equal success.

There is another point which should be made clear. Just as the words of our language, which make up the second signal system, are capable of functioning as signals, so also can visual images or other suggested imagery. There is a strict bond between words and their images; the two are inseparable. Experiments conclusively demonstrate that if a subject thinks a word, its verbal image is very frequently accompanied by other images. These are usually of a visual character, but sometimes olfactory, auditory, and motor imagery, all of which are closely linked to the first signal system, are also evoked. All of the images which can be evoked by a word can also, in their turn, function as signals, thereby supplementing the second, characteristically human, signal system. This fact is extremely important, for in it lies both the explanation of how psychotherapy acts and the justification for its use.

At this point, it is obviously necessary that we agree on the precise meaning which we will attribute to the term "psychotherapy." It is the sum of all appropriate means for curing a neurosis without the use of medication on the physical organism. This should not be taken to imply that medication is prohibited. On the contrary, I think that it is often desirable to attack the difficulty by both of these means simultaneously. But we will limit ourselves here to a discussion of the psychological tools. The next step is for us to deal with the question of what a neurosis is.

From birth to adulthood, man develops on three different levels. Although a distinction between these three aspects of human development is made for the convenience of observation and language, there is in fact one and only one process which involves the individual in his totality. Along with the physical development which involves the whole organism, there are two parallel developments taking place in the nervous system:

1. An intellectual maturation is manifested in the acquisition of more facts, in their increasingly effective coordination, and in the development of sound judgment.
2. An effective maturation is characterized by a modification of experienced feelings. This takes place in response to stimuli from the internal as well as the external environment. There is a simultaneous growth of one's mastery of these emotional reactions.

This bare statement of the situation should be enough to demonstrate the importance of the nervous type to which a person belongs. While it is possible that examples of pure types may exist, only individuals who belong to the weak type or the strong unbalanced type are capable of presenting neurotic symptoms. Members of the strong type may fall victims to simple nervous exhaustion, in which case, their behavior returns to normal after a period of rest.

There is no strict correspondence between these three aspects of individual development. Consequently, a person who is quite well-developed both physically and intellectually can nevertheless remain an affective retardate. In fact, it is this very discrepancy which is characteristic of neurosis.

This is one of the aspects of neurosis which it will probably be possible to supplement and correct in the relatively early future if the results of certain recent studies are confirmed. These studies tend to demonstrate a tie between morphology (and an underlying neuro-endocrine disequilibrium) and what one might call a person's emotional age.

Neurotic behavior can also be thought of as following a dynamic stereotype. This point of view emphasizes those aspects of behavior which are inappropriate and maladaptive with regard to the reality situation which served as a signal for the stereotyped response.

The two points of view complement each other, thereby providing a better understanding of any given psychological process.

In the following discussion, we will deal mainly with this second aspect of the neurosis while keeping in mind the fact that neurosis is a matter involving a massive affective retardation which prevents normal adult patterns from replacing the old childhood patterns which are more or less ineffective for dealing with current reality.

If it is possible to re-educate a neurotic, which means to change his emotional responses, it is because, as C. Bykov has stated, "an emotion is a complex response of the organism which depends on complex unconditional and conditional relationships, both exteroceptive and interoceptive in origin," and because some of these responses can be deconditioned.

In order to re-educate emotional responses, the first prerequisite is to evoke all of the habitual responses of the patient and by so doing, to define the patient's potentialities in the emotional domain. Conversation in a normal waking state is not a favorable condition for the expression of feelings and emotions in as free a fashion as possible. By contrast, the hypnoidal states, especially daydreaming, are eminently favorable for this purpose. Although both hypnosis and psychoanalysis, as propounded by Freud, Adler, and Jung, acknowledge this peculiarity on a purely empirical basis, it took Pavlov to explain why this is necessarily so: "The lowering of cortical tonus frees those activities of the sub-cortical zones which we call emotions and feelings which, in the normal waking state are more or less restrained by the cortex."

Hence, whatever technique one employs, he should insulate the subject from external stimulation as completely as possible. But once the subject has been brought to a state between wakefulness and sleep (much closer to the former than the latter, however), at what level of consciousness should he be sustained? In other words, how far should one go in attempting to achieve partial inhibition of the cortex?

Physiologists claim that in the waking state, the cortex constantly exerts a more or less effective inhibition over sub-cortical activities. This is what makes it possible for one to suppress feelings and emotions which one considers dangerous or socially maladaptive. In order to study these feelings, the inhibitory effect of the cortex must be reduced to a minimum. But at this point, a very important issue must be taken into account, namely,

how neural processes are coordinated. This depends on the functioning of a coordination center whose existence is recognized by physiologists. In any event, it should be noted that in both nocturnal dreams and in directed daydreams, a person's visual images are linked to each other in a more or less coherent fashion. In some nocturnal dreams, the sequence of images is remarkably orderly, but of others it can truly be said that "they have neither head nor tail," as the popular expression goes.

If we entertain for the moment André Lamouche's notion of "levels of consciousness" with zero level corresponding to the so-called unconscious processes, then we are led to accept the idea of a parallel range of degrees of incoherence. If maximum coherence corresponds to the most effective kind of functioning in the waking state, then maximum incoherence would be represented by the anarchical succession of visual images found in those dreams which immediately precede deep and dreamless sleep

At our present state of knowledge, it is not possible to state what point between these two extreme limits represents the optimal level at which the patient should be placed for him to express himself with both a maximum of freedom and sufficient coherence. Some subjects are prone to fall asleep very easily and give incoherent answers to any questions. Others, by contrast, have the impression of never losing contact for a single moment with their actual situation. But even those subjects who believe that they are intentionally creating the kind of scenario expected of them are later amazed to note that the construction of the scenario was determined by deep tendencies and by psychological factors of which they were not conscious at all during their directed daydreams. So, because of the presently crude state of the art, the desired level is found in a purely empirical fashion. If the subject tends to fall asleep during the procedure (this is quite rare), all that one has to do is to have him work in a sitting instead of a lying position. And if absolutely necessary, one could even have the subject work with his eyes open, a procedure which we recommend when doing directed daydreams with children. In any event, after a few sessions, the subject will have found for himself that level of consciousness which is most productive of daydreams for him. It is worth repeating that this state is much closer to wakefulness than to sleep. There are two conditions which must be met by the subject:

1. During the development of the directed daydream, he must desist from any critical attitude toward his production.
2. He must remember in detail everything that takes place during the session.

Let us move now to other specific theoretical aspects of the directed daydream. First, I want to tell you in a general way about the effects of suggestions of ascent and descent. Exceptions to these observations are fewer than 2%, and are easily explained. If we consider this type of response as a conditional reflex, we have to ask ourselves what is the unconditional, inherent reflex to which it is linked and without which it could not be established. To take the most obvious case, one could not elicit salivation from a dog by the mere sound of a bell unless salivation had been previously brought on by the sight of meat immediately following the auditory signal (i.e., the conditional stimulus). In our patient, the conditional stimulus is the word "ascent", but what inherent and unconditional response is associated with this word? I believe that I can answer this question through the following considerations:

Among the natural phenomena which affect life, the daily movement of the sun is the most important of all. Sunrise is accompanied by the warmth which assures the well-being and activity of living creatures, and by the light which enlivens the appearance of things and which dispels the pitfalls and the disturbing mysteries of the shadows, so keenly feared by timid creatures. On the other hand, the descent of the sun below the horizon corresponds to the weariness of the day and the depression of spirit which accompanies this fatigue—as well as to the fears of nocturnal dangers, whether real or imaginary. These impressions, which are renewed for all of us every day with greater or lesser intensity, have put their mark on everyday language, as I noted last time.

It can also be shown that the idea of movement from left to right or, conversely, from right to left produces a modification in the development of a directed daydream which is analogous to what happens in response to the idea of vertical movement, but to a much lesser degree.

In general, for right-handed people the idea of movement to the left induces a return of the subject's thoughts to the past, while the idea of movement to the right brings on ideas about the future. The fact that these findings are reversed for a left-handed person helps us to understand the relationships which we observe between the dimensions of space and those of time. Because a person's behavior is a manifestation of himself in his totality, when experienced feelings are expressed through gestures, these latter take shape according to his muscular habits. It follows from this that for a right-handed person, to move the right arm away from the body, extending it to the right, generally expresses a tendency either to action or to bestowing a gift, and should therefore be associated with optimistic feelings of conquest, of struggle, and of generosity. On the other hand, the act of bringing the right arm back to one's body is related to feelings of retreat into oneself, of fear, and of avoidance.

However, it should be understood that a period of training of the subject in the technique of the directed daydream is necessary. The duration of this training period will vary considerably from one person to the next. Here, just as in the establishment of a classical conditional reflex, isolation and repetition play their roles. Moreover, this training procedure in itself has a curative effect because it forces the subject to make a concerted effort in attending to his mental imagery. For this reason, the directed daydream has nothing in common with the anarchical meanderings of the spontaneous daydream. Even the early sessions, as banal as their content may appear to be, constitute the initial re-education of the will and of the attention, both of which are so often deficient in the neurotic.

I would again like to draw your attention to the necessity of keeping in mind certain facts to which we constantly refer. We are very much in the habit of using certain formulas whose meaning we no longer question. Our fathers used to talk about the "functions of the soul," but nowadays the very expression makes us smile indulgently.

Is it not the same with certain ideas like those of censorship, the forgetting of dreams, and resistance, in order to limit ourselves to some contemporary examples?

Freud attributed dream symbolism to the intervention of a moral censorship which remained unconscious. This conclusion is constantly being refuted by the facts, by the detailed critical examination of visual imagery in nocturnal dreams as well as in directed daydreams, and by the pictorial imagery of slang. The images of the dream are a universal language; the "forgotten language" mentioned by Erich Fromm; the "intimate language", according to Politzer; the "archaic language", according to Freud himself. Dreams constitute the language of least effort. It is hardly necessary to bring up a single example in order to explain dream symbolism.

With regard to the forgetting of dreams, it would be useful to ask ourselves what the conditions are which favor recall. In every domain, one of the essential conditions is repetition. In the dream, it is the strong emotional charge of the images which, after awakening, forces us to review them and, in so doing, to repeat them and their sequence to ourselves.

From there, I move to the concept of resistance. Because I have not discussed it in my books, I will consider it at some length. Freud taught us that the therapist's job consists of overcoming these notorious resistances with the help of the patient. But the patient either cannot or will not make the necessary connections between aspects of his contemporary behavior and certain circumstances from his past life. According to the theory, these resistances are subdued by the analytic procedure, and the cure is achieved, again in theory, when the origin of the symptoms and their meaning is recognized and acknowledged by the patient. Resistance is manifested either

by the patient's silence or by his refusal to accept the explanation which the psychoanalyst eventually offers him.

This resistive attitude is sometimes encountered in a patient during the course of a directed daydream. But it is much rarer than in psychoanalysis because the patient, expressing himself in pictorial language, exerts much less censorship over his self-exposure which, in a manner of speaking, takes place involuntarily. But in one way or another, the facts finally present themselves. Must we wait, as the psychoanalysts do, for other self-revelations to provide us with the opportunities to proceed toward a completion of the analysis after this aspect of the patient's resistance is exhausted? Instead, I think that it is quite possible for us to save time by modifying our point of view a bit. If, instead of thinking in terms of resistance, we speak of inhibition, it may seem that all we have done is to substitute one word for another, each apparently equivalent to the other. However, their ideological underpinnings are quite different. Psychoanalysis tells us that resistance is a form of censorship resulting from a conflict between the ego and the id. Pavlov tells us that inhibition is a dynamic process which takes place at the cortical level, and which tends to generalize around a strongly excited neural locus. But he also shows us how the excitation of a different area can relieve this inhibition (i.e., how inhibition can be inhibited!). It therefore follows that if we have available a verbal tool for producing this second pattern of excitation, we can hope to overcome the strong inhibition which was brought on by the first pattern of neural excitation, especially if consciousness can be more or less diverted from this latter for a moment.

Here is an example of what I am talking about: Jeanne is a woman who is separated from her husband, by whom she has had two daughters. The elder went to live with her father, whose side she took in the parent's disputes. The second, who stayed with her mother, is the joy of her life, says Jeanne. Beyond this present situation, the anamnesis reveals that when Jeanne was seven years old she had been caught in an animal trap. As an unfortunate consequence of this painful event, she was separated from her mother for a period of time. Jeanne presently enjoys excellent health, and despite several emotionally disturbing disappointments, she has done extremely well in her profession. Nevertheless, she is still a rather nervous person. She claims that she would like to lead a simple, uncomplicated life as everyone else does. This did not prevent her from looking for a solution to her problems in a kind of private asceticism. She has also engaged in the spiritual exercises of several different schools such as Zen and Freudian psychoanalysis, not to mention other lesser known cults. In shopping around, she has decided that she wants to try directed daydreams, too.

Jeanne is not only a very intelligent woman but has talent as well. I agreed to have her try an initial directed daydream. At first, all goes well, and I get her to begin climbing a high mountain. Thus, she arrives at a pass next to a field of snow, feeling quite well, she says. I suggest that she rest for a moment, then I invite her to take off again toward the summit. At this point, Jeanne balks, and declares, "I like it here, and I don't want to go any farther!" I urge her on and try to, get her to try again. Jeanne refuses to do so. She opens her eyes and says, "No, I'm not interested in that!"

Here is an example of obvious resistance. What motivated it? The short anamnesis which preceded the directed daydream provided me with enough information to make a guess. Whenever Jeanne attempts something new and feels that she might get deeply involved in it, the latent memory of the trap in which she had been caught as a child forces her to withdraw in order to avoid the danger of being caught again.

Did I then switch to a psychoanalytic approach to the problem? To have done so would have been a betrayal of my deepest convictions. The needed analysis would come later; at this point, it was necessary to overcome the resistance. First, I drew upon all my authority in a manner which was both gentle and firm to insist that she close her eyes and that she re-establish the pleasant image of the pass. Once I was certain that she had re-found the calm which had been induced by this image, I asked her to have the image of her daughter appear next to her. Then, I had her describe the girl's image to me. She described the young girl as smiling and full of energy. I

then suggested to the mother that her daughter was taking her by the hand and urging her toward the summit, which she wanted to explore. This procedure was completely successful in overcoming Jeanne's resistance, and I was able to bring the session to a normal conclusion.

This example shows us several things. First of all, it shows how adherence to a different theoretical explanation can lead us to find new procedures and shorten the time of treatment. Secondly, to know the historical basis for an habitual inadequate response is not enough to eliminate the patient's troublesome symptom which, in this case, was an inability to follow a line of conduct which would have helped her to make the most of herself.

I would like to illustrate these theoretical notions with another typical example.

I was recently visited by a very intelligent lady of cultured background. She complained of no longer being able to drive her car on a highway, despite the fact that she experienced no difficulty in driving around Paris. Nothing in the anamnesis seemed to justify this trouble. I undertook to treat this woman, and I had her do a series of six directed daydreams which, in theory, should eventually have revealed the basis of some conflict. However, everything these daydreams showed was really quite normal. At this point, an orthodox Freudian undoubtedly would have said, "You haven't pushed the analysis far enough and the resistances have not been overcome." For after all, from the Freudian point of view, if the psychotherapist has not arrived at an understanding of the problem, it can only be because the patient is resisting and is refusing to give up his secret.

What can one do?

I completely abandoned the hypothesis of a purely psychogenic difficulty. I asked this lady if she had any physical difficulties at all. "Yes," she said, "I have an aortic insufficiency, but I've watched it and it's really no problem." I then offered her this hypothesis: "While driving on a highway, you may have suffered a slight spasm of the aorta which caused anxious feelings. But it may have been so mild that you failed to recognize, at that moment, that the spasm was the true source of your anxious feelings. Instead, the experience was then associated with your image of the highway and its dangers. In this way, you established a genuine conditional reflex."

The patient admitted the likelihood of this hypothesis. Here, then, are the practical measures which we took to resolve the problem. I told this lady that I expected her to go driving alone on the highway. On the following Sunday she had to visit someone who lived about 25 miles from Paris. She agreed that she would make the trip alone, and I prepared her for it by having her engage in the following directed daydream:

"I come to your house; you get your car out of the garage; I sit down next to you; you take the wheel and drive. As we travel along the highway, we chat in a relaxed and friendly fashion. I ask you to tell me where we are. I have you describe to me *in careful detail* the scenery along the highway. From time to time, I remind you, in a cheerful way, that we are enjoying ourselves."

After the directed daydream was over, I instructed the lady to put the contents of this directed daydream into action while she is driving out to visit her friend on the following Sunday. She was told to imagine that I am there in the car with her and that we are enjoying a pleasant conversation just as we did in the directed daydream. Then I asked her to telephone me on Monday to tell me the results of the experiment. Monday evening, I received a call telling me that everything had gone very well and that she had driven more than 60 miles without any anxiety.

What had I done? I had put the patient back in the anxiety-provoking situation but without allowing the anxiety to be re-experienced. In other words, I had her live through the situation which was evoking the Unpleasant

conditional response (anxiety), but in such a manner as to block reinforcement of the conditional reflex. In this modified situation, the lack of reinforcement allowed the reflex to be extinguished, and the conditional stimulus, "highway-danger", lost its power to make the lady anxious.

What would have been accomplished by a so-called "depth analysis"? You know the answer as well as I do! And yet, the woman's behavior was certainly neurotic!

So now we have come to the crucial problem of all psychotherapy, regardless of what technique is used: The reconstruction of the personality. We will go into that next time.

Before concluding this lecture, I would like to offer you a bit of advice. Although it is indispensable for you, as young psychologists, to familiarize yourselves with the works and the theoretical outlooks of your predecessors, it is just as important for you to prepare to take over the struggle for knowledge. While it is essential to know the works of such great masters as Pierre Janet, Sigmund Freud, Carl Jung, and Henri Bernheim of the Nancy School, it is no less incumbent on you to study carefully the works of masters of disciplines other than psychology.

Psychology is still much too literary for it to claim to be a science. That is your job for the future, to make it a really scientific discipline. It is therefore essential that you learn all about the works of the Pavlovian school. A good introduction to this area would be to read the following works:

1. Chauchard, Paul. "Les mécanismes cérébraux de la prise de conscience." Masson, 1956.
2. Muchielli, R. "Philosophie de la médecine psychosomatique." Aubier, 1961.
3. Bykov, C. "L'écorce cérébrale et les organes internes." Editions de Moscou, Librairie du Globe.

Third Lecture—January 28, 1965

Sigmund Freud, in addition to being a genius, was a man of total intellectual honesty. He was quite aware of the gaps in his work. That is why he wrote, "The edifice of psychoanalytic doctrine which we have erected is in reality but a superstructure, which will have to be set on its organic foundation at some time or another; but this foundation is still unknown to us." (Freud, S. A general introduction to psychoanalysis. Garden City, New York: Garden City Publishing Company, 1943, 338.)

Is the situation any different today? I think so, and I share this opinion with so eminent a psychiatrist as Professor Sivadon and with the equally reputable physiologist Paul Chauchard, to mention only these two.

While perfecting the technique of the directed daydream, I kept running into the facts which Freud had demonstrated. Nevertheless, psychoanalytic theory, as it is still being taught, is not adequate to account for what is observed during the directed daydream. Moreover, some of the phenomena even contradict classical Freudian doctrine.

The larger the number of facts explained by a scientific theory, the more fruitful and valid the theory is likely to be. Although I recognized the inestimable contributions made by psychoanalysis, I could not reconcile myself to its theories. My training as an engineer made me rather demanding; I was looking both for more rigorous demonstrations and for a less literary presentation of the facts. I apologize if I seem to you to be too severe in my judgment, but allow me to refer you to a very temperate criticism of psychoanalysis offered by Dr. E. Monnerot of Marseilles. It is worth your careful consideration. You can find it in Issues 9 and 10 of "La Raison".

I tried hard to relate the phenomena which I was observing to modern theories (those of Janet and Freud, then of Jung and Adler, to mention only the main ones), but none of them satisfied me. This was not surprising in view of the current state of our knowledge. Finally, I found a description of the laws of higher nervous activity as they are applied to man by Pavlov and his followers. That is how I was led to reject certain ideas that others still consider fundamental, and to avoid, as much as possible, the use of certain words that lead only to confusion.

Very briefly, I decided to give up such ideas as that of an unconscious which is a part of oneself and in which something occurs without conscious awareness. Freud used the word "*unbewusst*", which means "that which is not known." I prefer either to use the term "*irréfléchi*" (rash, thoughtless, and precipitate), or to speak in more physiological terms by referring to the failure to establish a "temporary linkage". No experience is ever completely forgotten, but the reason it is not remembered at the moment when it would be most useful to do so is that no prior thought, no previous consideration, has prepared one to see the connection, to make the temporary linkage, between that prior experience and the ongoing situation. On the other hand, there are many unconscious processes (otherwise called automatisms), and it is logical to talk about levels of consciousness, with zero being the level at which an unconscious process takes place.

Similarly, the role attributed to censorship in the symbolism of dreams becomes highly dubious when one studies the imagery of slang, with which one can express the most diverse ideas without the least moral censorship. Politzer has suggested that we should speak of the "intimate language" when referring to visual and other modes of dream imagery. As Freud himself said, it is an archaic language without grammar. It offers for one's consideration the feelings experienced when one is alone with oneself. You will also recall that Eric Fromm has called it the "forgotten language."

The concept of "libido" is no more worth preserving than that of "psychological tension". It is merely an analogy and is useful only as an illustration. Current language is quite rich enough to describe the facts which some think are better explained by the concept of libido. On the other hand, the concept of the strength of a neural process whose intensity varies in relation to physicochemical factors within the nerve cell seems to us to be closer to reality. Although we are presently able to measure this force only globally, i.e., for the organism taken as a whole, and while we cannot yet determine its values at the levels of specific organs such as the brain (much less at the cellular level), for the lack of anything better, it still seems worth preserving.

The concept of transference, which is so important in psychoanalysis, is also worth keeping. But its role in the directed daydream is much less important than in psychoanalytic therapy. Only rarely is it necessary to analyze transference onto the psychotherapist. In the directed daydream, the transference is generally expressed toward a symbolic character in the story.

But there are issues which are much more important than terminology. These are the questions regarding what we conceive neurosis to be and how we conceptualize the process of treatment. A theory should help us to understand the facts better and to act on them more effectively. For these reasons, I believe it advisable to drop Freudian theory completely and to subscribe to the Pavlovian conception which Paul Chauchard has admirably summarized in his noteworthy work, "*Les mécanismes cérébraux de la prise de conscience*" ("Cerebral mechanisms and the states of consciousness").

Within the necessarily limited scope of this presentation, I can give you only a very short account of my current thinking on this matter. So please excuse me. To put it roughly, I believe that it behooves us to apply Pavlov's concepts of the conditional reflex and the dynamic pattern to the whole of our affective lives. From this point of view, neurosis is seen as the congeries of dynamic patterns which are maladaptive to the demands of social life and which manage to disrupt the patient's relations with both his inner and outer worlds. These are the procedures we follow to correct these irregularities:

1. We look for the original unhealthy conditioning. On this point we find ourselves in agreement with psychoanalysis, but without considering it so imperative to uncover this information. To find it is useful, but not always necessary and never sufficient in itself.

2. We must decondition certain reflexes or dynamic patterns.

3. The patient must then be given the tools with which to reorganize his personality, i.e., the means for establishing new dynamic patterns which are well-suited to meet the demands of his life situation.

What tools does the directed daydream technique provide for pursuing these purposes?

The directed daydream should not be confused with ordinary daydreaming, even though the latter itself offers us a wealth of material for analysis. However, it is far less extensive than the fantasy world which is revealed through the use of the directed daydream, first to the patient, and subsequently, to his therapist.

Now at this point I would like to take issue with a kind of humbug in which some psychoanalysts are prone to indulge when they claim that only through psychoanalysis can one get to the "depths" of a problem. First of all, what is meant by "depth"? It is nothing but an illustrative image. And why is it that psychoanalysis, except for the Jungian school, pays no attention to either the imagery of fables or to those images which I have characterized as "mystical"? We encounter these images, with variations in both aesthetic quality and emotional power, in practically everyone. The content of these images sometimes reveals directly to the patient possible emotional responses which are entirely new to him. This is why training in constructive auto-suggestion can be so beneficial as to effect a far-reaching reconstruction of the personality.

Jungian analysts are familiar with these images but only as they have arisen spontaneously from folklore traditions. They have no methods for intentionally evoking them so that they can be studied *in vivo* and used therapeutically.

Freud does mention re-education through controlled suggestion by the psychotherapist as facilitating the reconstruction of the patient's personality, but if he developed a technique out of his experience, he did not describe it." (See Freud's Introductory lectures on psychoanalysis. Ch. 28, "Analytic therapy". Garden City, N. Y.: Garden City Publishing Company, 1943.)

These two gaps can be filled in. But to understand how to do this, it is necessary to reconsider the implications of certain facts which were brought out by experiments done at the beginning of this century. Pavlov is scarcely known by French psychologists; little of his work had been translated before the last world war. We knew only about his experiments with dogs. And yet, Pavlov had shown that the laws of higher nervous activity in the dog were equally applicable to man, keeping in mind that the latter has a language which the former lacks. Pavlov designates the sensory system shared by man and animal as the first signal system. Alongside this first system, man possesses a second signal system which is made up of the totality of words representing concepts, feelings, and objects. The possession of this second system is what makes it possible for man to manifest a complexity of behavior and a variety of expression beyond the scope of animals. At this point, I would like to remind you of the following crucial experiment: A conditional motor reflex is established in a man with the sound of a bell as the conditional stimulus. Once the reflex has been well established, all one has to do to evoke the motor response is to say the word "bell". The conditional response will take place without any other prior preparation. Here we find the key to a great deal of human behavior and, at the same time, the explanation of the power of both suggestion and auto-suggestion. Let us take an example of neurotic behavior: You are having a quiet conversation with someone. This person seems to be relaxed and comfortable. His attitude appears to you to be

completely normal. Now let us suppose that a member of his family enters the room. Immediately, without a single disagreeable word being spoken, or any untoward gesture being made, you notice that your companion becomes nervous, disagreeable, and aggressive.

The psychoanalyst explains this kind of response in terms of complexes and transference while the Pavlovian would say that the sight of the family member serves as a conditional stimulus which provokes aggressive feelings. Each one of them observes the same facts, and if you ask them how it all came about, the psychoanalyst and the Pavlovian will offer essentially the same description of the likely circumstances which gave rise to this reaction. But while Freud thought that informing the patient of the nature of the conflict which engendered his symptoms would suffice to eliminate them, he seemed to contradict himself because, in practice, he found it necessary to supplement the patient's insight with a re-educational procedure. On the other hand, the Pavlovian also talks of conflict, not between the id, ego, and superego, but between two neural processes (excitation and inhibition) whose laws are known. This brings us closer to an understanding of that physical basis which Freud anticipated. Therefore, our next task is to develop methods for converting the patient's negative and aggressive response to a conditional stimulus into a positive and beneficent attitude.

How do we use these concepts in the directed daydream? First, let me remind you that the basic principle of the technique is suggestion. The most important single kind of suggestion is to invite the subject to make imaginary ascensions and descents in space. The results of these suggestions are so striking as to suggest a general law of the mind. We find that the subject spontaneously constructs a whole world of images which express symbolically not only his habitual and typical emotional reactions, but also others which he is capable of learning to express.

When the subject follows these suggestions to imagine ascensions and descents, he provides us with useful symbolic material for investigating the whole range of his habitual feelings as well as those feelings which he should be able to experience. Thus, we have a very quick and practical tool for defining the pattern of a person's emotional responses in terms of both his past experiences and his potential for development. In this way, we can rapidly evoke scenes which express the patient's conflicts and which allow us to reconstruct their origins. When using this mode of self-expression, the patient spontaneously slips into the use of dream symbolism. More often than not, he is not aware that he is talking about himself. Hence, our work is not impeded by any censorship or resistance on the part of the patient (it is quite a different matter when using the so-called free association method). This results in a considerable saving of time. But we are simultaneously helping the patient to solve the problem presented by the imaginary situation and to overcome the anxiety which it creates. This is done by offering him suggestions which are tailor-made to meet the needs of his ongoing daydream. One way in which this can be accomplished is to suggest moving the conflictual scene from a lower to a higher level. The use of this procedure facilitates the extinction of those harmful reflex responses which, though relevant to the conflict, are active only in the patient's imagination and are not being reinforced by the patient's current reality situation. Through this process we are helping the patient to develop new dynamic patterns which he will subsequently transfer from the realm of imagination to that of reality.

In theory, this reconstruction takes place in two stages:

1. The tasks of achieving emotional maturity, of socializing the instincts, and of psychic growth are accomplished by extending the idea of ascension even higher. During these exercises, the subject finds it increasingly easy to escape the constraints of reality, but in so doing, he discovers within himself feelings such as he has rarely experienced—and sometimes, feelings that are completely new to him. But most especially, he discovers a new feeling of generosity and he begins to find that new satisfactions are possible through the act of giving of himself. In a word, he progresses from the hedonism of childhood and adolescence to the generous, magnanimous attitude of maturity.

2. Once these new traits have been acquired, it is then possible to instill in the patient an outlook which is well-adapted to his life situation. This is done by having him imagine situations from his current life which still confront him with difficulties, either real or merely anticipated.

At this point I would like to discuss two points: (1) The interpretation of symbols from the daydream of the previous session. (2) The methods used to help the patient reshape his personality.

Interpretation: First, I would like you to consider this fact: The words that we use to describe our feelings toward another person remain completely devoid of emotional meaning for him if they are left standing alone. Let us take the word "joy". Alone, it has no precise meaning. Of what does joy consist? Is it the joy of passing a test or of coming upon a dear friend? The word "joy" takes on a meaning only in relation to a particular situation. In both nocturnal dreams and directed daydreams, our feelings find expression through a sequence of images which make up a story. It is this story that provides the context within which the feeling of the dream can become manifest. Although the method of so-called free association of ideas is undoubtedly of scientific value, it is tediously long and entails an enormous waste of effort. Freud himself admitted this. Jung gave it up for the same reason. An equally reliable and much faster result can be obtained in the following manner: Let us take the example of the octopus. The patient spontaneously came upon it at the bottom of the sea; he subdued it and brought it up to the beach. I suggest to the patient that a touch of a magic wand may bring about a metamorphosis of the octopus that will reveal its true identity. The change occurs and the patient says that he now sees his mother, thereby attaining the desired result. Or else the metamorphosis may suggest no obvious meaning and nothing may come of it. In that case, I do not press the issue. Instead, during the next session, I may ask the patient how he felt when he met the octopus. The following dialogue is typical:

A. I was afraid.

Q. Of what?

A, ...Of being killed.

Q. Yes, but there are many ways to be killed by an animal; which one were you afraid of?

A. Being squeezed by its tentacles, being strangled, and having the blood sucked out of me.

Q. O.K. Now I want you to recall the mechanism of dramatization which is used for elaborating on dreams, and with dramatization in mind, put aside the image of the octopus and concentrate on the feeling of horror you felt. Now, think back to those real-life circumstances during which you experienced a feeling of being paralyzed, a feeling that your personality was being strangled.

One possible response might be, "I loved my mother very much but she suffocated me with her excessive tenderness." A lot of time can be saved in this way. If the patient's reply is not a simple rationalization, it will provide the desired insight and he will not question the interpretation. The greater the emotional abreaction felt when confronting the octopus, the deeper will be the patient's insight and the more certain its therapeutic effect.

Reconstruction: This is the capstone of psychotherapy and that aspect of the process into which future research is most likely to be fruitful. Whether one speaks of "sublimation" as Freud did, or of Jung's "processes of individuation," or of "reconstruction", in every case, one is, in fact, dealing with the same problem. However, because of the theoretical points of view which underlie these terms, I personally prefer the concept of reconstruction. Freud conceived of sublimation as the investment of libido in a new object which thereby became a kind of substitute for the original sexual object. It seems to me that this interpretation devaluates

certain activities. It may possibly be correct in some cases, but to generalize from such findings seems debatable. As for Jung's individuation processes, they presuppose the existence of a "Self" to which Jung attributes almost superhuman qualities. This transition from psychology to metaphysics is inimical to scientific research.

We, on the other hand, seek to establish our work within the context of psychophysiology, to use observable facts, and to find demonstrable solutions for the problems which we encounter. So we start with hypotheses that are quite different. If these hypotheses are subsequently validated experimentally, we will then be able to use them for perfecting our techniques.

In order to make it easier to talk about the treatment process, we think of it as involving three phases:

- I. The discovery and study of the patient's maladaptive dynamic patterns.
2. The deconditioning of these maladaptive patterns.
3. Finally, the establishment of new and appropriate dynamic patterns.

This last step is what makes for the reconstruction of the patient's behavior. The patient desires this improvement only to the extent that he wants to make the most of his potentialities in all areas of functioning. The attainment of this goal is made possible by the tremendous capacity of the brain for establishing new "temporary linkages".

How does the directed daydream help us to reveal this goal? We must not forget that the neurotic is an "affective retardate"; every school of thought agrees that neurotics are emotionally immature. Now, one essential characteristic of the mature adult is the appearance and development of tendencies toward generosity. This magnanimity develops as one masters his instinctive reactions: the ability to keep one's wits in the face of an embarrassing and possibly dangerous situation; the ability to examine the situation realistically and to respond with action which takes into account the rights of others as well as one's own interests. These are the behavioral goals to be sought. They involve, first of all, learning to invoke feelings of calmness and serenity. The patient is shown that this can be done when, in his directed daydream, he comes across images of light. These images are the specific concomitants of such feelings. There appear at this time feelings of warmth for others and a desire to be helpful to them. These attitudes are normal for an adult who has developed the ability to give of himself to others; they are essential if he is to live in harmony with his fellow man.

After the patient has found these images and experienced these adult feelings, he has undergone a genuine emotional maturation. We then lead the patient from the realm of imagination to that of reality. This is done by means of an auto-suggestion whose purpose the patient understands and which he willingly accepts. It is then up to him to practice it in fantasy on his own. Remember that the patient cures himself; the most that the psychotherapist can do is to teach him how to do it.

As I reminded you a short while ago, Freud was quite aware of the usefulness of suggestion in the development of the individual. He knew both how to implant it and how to direct it. May I also remind you of the power of suggestion—whether auto—or heterosuggestion—by a few examples: Foreign languages can be taught very rapidly and with a minimum of effort to a person while he is sleeping. This is done by having him hear the appropriate recordings. Or, to take an example of unconscious suggestion in the waking state, suppose you want to increase the sale of a particular brand of candy in the lobby of a movie house. It can be done very quickly without informing the audience of your intention by interposing a short film clip of your candy advertisement so that it runs only for a fraction of a second within the regular film.

Now to return to our own special concerns, here is an example of how we employ suggestion. A person who must take an important examination knows that he is well prepared for it but is obsessed by the fear of failure. He is almost convinced that on the day of the examination his mind will block and he will do very poorly on the test. If this fellow can be brought quickly to a sufficiently relaxed state, and if he can establish a mental image which symbolizes this state of relaxation, then it is not necessary to go through a full treatment sequence. By evoking this mental image at will, he will be able to reinstate, at any desired moment, the same state of comfortable relaxation which he attained in his directed daydream. He will keep cool and think clearly.

In actual practice, after the patient has found those luminous images which I mentioned earlier, and while he is experiencing the desired feeling of calm and abundance, I suggest that he imagine that he is wrapping himself in a blanket of light and that .in so doing, he is surrounding himself with a protective sheath. Then I ask him to see himself returning to earth from his ascension with this shielding envelope. I then ask him to imagine that the day of the examination has come: He gets out of bed, he washes and eats breakfast without haste, in a state of calmness, then he goes to the place of the test, takes his seat, and meditates. In so doing, I instruct him to revive the image of the luminous shell in order to assure the desired state of calmness, then to see himself reading the test problems. In a calm way he quickly makes a plan and goes to work. Three or four sessions of this sort have generally been enough to assure success to those with whom I have worked. That is how I teach cool-headedness.

When a problem involves more complex and more serious emotional reactions, a full-scale treatment program is called for. Take, for example, the case of a young married woman who becomes distraught whenever her father comes to visit her. Although her response is quite a cross for her to bear, an analytic approach to the problem has failed to help. Besides, the patient is quite aware of how utterly unreasonable her feelings are. In a series of directed daydreams, I help the patient to imagine her father in a luminous atmosphere. This makes it possible for her to experience positive feelings toward him. Little by little, I get her to imagine a pleasant conversation with him. Then I ask her to picture the following scene: She is at home waiting for her father to come to dinner. Before he arrives, she relives the imaginary contacts which she had with him in the luminous atmosphere of her earlier directed daydream. While doing this she makes an effort to maintain an inner calm and a friendly attitude toward her father. I then suggest that she see her father arrive and that she imagine the whole evening's events taking place in an atmosphere of cordiality. I request that the patient re-live this directed daydream as often as possible, on her own initiative, in order to strengthen the new dynamic pattern which we have set up in her' imagination. The results are excellent.

Before ending my remarks, I should like again to bring to your attention the possibility of applying the directed daydream technique to psychosomatic complaints. Here again, psychophysiology offers us both an explanation of the observed phenomena and the techniques which are appropriate for curing this kind of trouble. Pavlov stated that every spot on the organism has its own locus of cortical representation. We do, in fact, know that pain can be eliminated by sectioning an afferent neural pathway. Inversely, the Pavlovians, including Bykov, have shown that any stimulus can become a conditional stimulus for evoking an observable response on *any* point of the organism, for example, in the intestines.

If you keep in mind the fact that in man, a word can replace a sensory signal without any special preparation, it will immediately be clear to you that by starting with the appropriate visual imagery, it is possible to influence the functioning of any specific organ. This procedure is especially useful for reducing pain and even removing it entirely. However, this is possible only with subjects who are well-trained in the directed daydream technique. Moreover, even though I have worked in this area for quite a while, I have not yet seen enough cases to offer you any hard and fast rules. But I would like to remind you that in this domain, the verbal stimulus is less effective than the visual image. That is why we are working with visual representations of the body—regardless of their anatomical exactitude. I cannot tell you any more about this for the moment.

I will finish this too brief exposition of the directed daydream technique by recommending again that you read both Pavlov and Bykov attentively. Their main works have been translated into French by the Editions de Moscou and are on sale at the Librairie du Globe.