Meg Sharpe, BA (HONS), Jungian analyst, and training group analyst from the Institute of Group Analysis in London, brought us a richly textured presentation on the use of dreams in group analysis. Her illustration and discussion of dreams reported in group communicated the unconscious depth and transformative power available when dreams are worked with in group analysis.

Meg discussed the complicated task the group analyst has in addressing the group process, the individual and the dream at the same time. In working with dreams it is important to remember, as Freud emphasized, the patient is analyzed not the dream. Quoting Foulkes, she said every dream told in group is the property of that group and should be left to that group to analyze. In an in depth group the group often has a relationship to the patient’s unconscious that may result in everyone but the dreamer understanding the dream. The group analytic approach treats dreams according to their dynamic significance as it would any other form of communication, sometimes dreams are ignored and sometimes the group takes them up. It is the group leaders responsibility to monitor the individual and the group’s resistance in order to know how to intervene. Dreams may be told as a form of resistance or a form of deeper self revelation. At times the dreamer may overwhelm the group with dreams as a form of evacuation of uncontainable emotions. Often the dream works to compensate the limited view of the waking ego.
Dreams have a natural symbolic language that may be difficult to understand. In comparing Jung and Freud, Meg developed an interesting analogy. If Freud and Jung came across an inscribed memorial in the desert, Freud would assume it was a disguised version of a known language and Jung would say it was an unknown language whose meaning must be sought. In the clinical context, however, the contemporary Jungian and Freudian approach have much in common.

Dr. Myrna Little discussed Meg’s paper. Referring to a recent discussion by Owen Renik she developed the idea that contemporary analysts are leaving behind the residue of Freud’s topographical model that thinks of THE UCS as a domain of preexisting contents awaiting discovery. Instead the ucs is being thought of as a function that employs characteristic patterns of defense that limit the patient’s adaptive capacities making certain constructions of reality impossible. Meg’s discussion of the dream fits into this understanding of the unconscious. She says that the dream, by presenting the dreamer with what has been consciously missed during the day, becomes a gifted ally, a regulatory function offering a dream experience which may regulate, or compensate, our limited awareness.

The evening ended with a question concerning the use of the group leader’s dreams. She suggested that we use our dreams like other unconscious material we become aware of as a therapist, that is, try to find a way to communicate it therapeutically. Meg provided a window into the world of group analysis that has developed in London over the past fifty years. A group of interested Dallas clinicians have consulted with her over the past two years and are hopeful that group analysis may find a place within the Dallas community.