

Is Structural Analysis of Social Behavior (SASB) suitable for the content analysis of dreams?

Eckhard Frick, M.D., M.A. and Christel Halevy, Dipl. Psych.

This is the first report showing that SASB can be used for the content analysis of dreams. The present study uses clinical examples originating from psycho-oncologic outpatient treatment in order to show the chances and limitations of SASB content analysis. Successful rating requires evaluating all three dimensions of SASB (focus, affiliation and interdependence). There has to be a sufficient quantity of interactions between referents, i.e., the actors. Non-animated objects can be referents in SASB content analysis provided they are important for dream action. To code descriptions and affective states, they must be paraphrased into actions. Dream interactions described in the SASB framework may express the dreamer's habitual, more or less conscious interaction patterns. Furthermore, dream interactions may reflect unconscious fears, wishes, conflicts, and problem solutions. Similar to role playing and free association, the formulation of cyclic maladaptive patterns may provide an important source of creativity to the dreamer. SASB assisted dream content analysis may critically accompany clinical hypotheses. In the context of a SASB directed dynamic psychotherapy, empirical results can stimulate the process of focussing. SASB can be used for coding dream texts as well as dream induced association chains. The present study also reveals certain limitations of SASB content analysis: Dreams predominantly expressing emotions without clear actions (including actions inward, introject focus III) cannot be coded except by inferring the underlying interaction patterns. The same is true for highly descriptive dreams which may be extremely interesting at the symbolic level but which cannot be rated in the absence of interactions. (**Sleep and Hypnosis 2002;4(2):58-69**)

Key words: SASB, dreams, content analysis, cyclic maladaptive pattern, psycho-oncology

INTRODUCTION

There are several well established measurement devices for rating interpersonal

From the Abteilung für Psychotherapie und Psychosomatik, Klinik für Psychiatrie und Psychotherapie, University of Munich

Address reprint requests to: Dr. Eckhard Frick, Abteilung für Psychotherapie und Psychosomatik, Klinik für Psychiatrie und Psychotherapie, Nussbaumstrasse 7, D-80337 Muenchen, Germany
Phone: 4989 516 05381 Fax: 4989 51603390
e-mail: efrick@psy.med.uni-muenchen.de

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relations in dream content analysis, (see 1 for an overview), e.g. Hall and Van De Castle (2), Gottschalk and Gleser (3). As in other cases of dream content analysis, these methods are specific applications of communication contents. Scale Rationales must explicitly describe the context of dream collecting, transcription and scoring. According to Hall and Van De Castle (2), empirical (descriptive) and theoretical scales can be distinguished. Theoretical scales presuppose a conceptual framework for interpretation, e.g.

inferring the latent dream thinking in Freud's classical method. This article introduces a new rating method based on an empirical coding system of interpersonal relations.

SASB-a new method for rating interpersonal relations in content analysis of dreams

Structural Analysis of Social Behavior has been depicted by Lorna Benjamin (4) as a circumplex model of human interactions. It comprises three interrelated surfaces ("focuses") that measure (1) transitive actions toward others: taking the initiative, e.g. as parents initialize actions toward their children or a doctor who prescribes drugs, (2) intransitive reactions to the other's initiative, e.g. as children respond to their parent's action or a "compliant" patient. A third surface is the self-concept or introjected action, an action inwards which often recapitulates and repeats treatments received from others. Each surface consists of two orthogonal axes reflecting: (x) the degree of affiliation (i.e. hate vs. love) and (y) the degree of interdependence (i.e., enmeshment vs. differentiation). In other words: low x-axis values translate disaffiliative interactions toward others (focus 1), intransitive reactions (focus 2) or self-concept (focus 3).

According to Benjamin's model, interpersonal interactions can be represented by rating the three dimensions affiliation, interdependence and focus. The full model comprises 36 descriptive points around each surface (focus), while the "cluster model" reduces this complexity to 8 clusters. In each surface, cluster number 1 is located at 12 o'clock (maximal differentiation, neutral affiliation), clusters 2 to 8 follow proceeding clockwise around the circumplex. Figure 1 shows a simplified cluster version, which captures the relationships between the surfaces. Quadrant I (delimited by positive parts of interdependence and affiliation axis) is the domain of friendly (self-accorded) autonomy; quadrant II is its hostile equivalent. Quadrant III (delimited by negative parts of interdependence and affiliation axis) is the domain of hostile

control or self-control. Quadrant IV is the domain of friendly control.

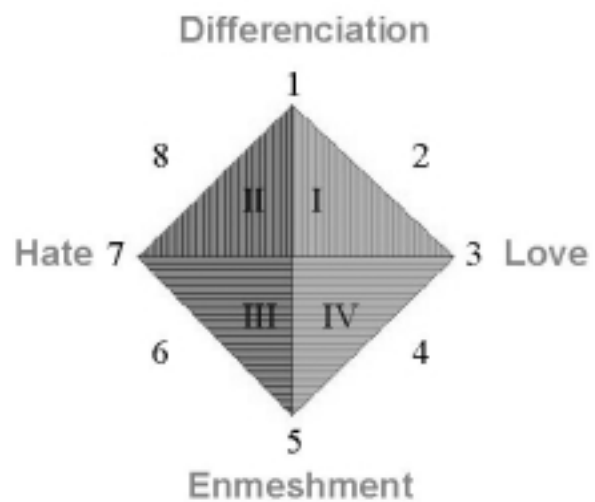


Figure 1. Simplified cluster model

The inter-surface relationships can be shown using the example of cluster 5 (control). At the transitive surface this means a controlling initiative (1.5). A complying interaction partner will submit him/herself (2.5): reacting at the same point in interpersonal space, complementary reaction. On the contrary, the antithesis (separating and differentiating oneself) is the opposite to the complement. Antithetical points are separated by 180° and differ in focus. As far as the self-concept is concerned, a person can "introject" a controlling pattern (controlling herself as the other controls her) or develop an alternative introjective pattern.

Dream analysis can be simplified by SASB coding (95). This article shows for the first time this "simplification" by SASB which has been conceptualized as an empirical, atheoretical tool. Nevertheless, it can be useful for operationalizing and objectifying theory driven concepts, e.g. object relations, internalizing of early interactive experiences ("introjection"-self concept), repeating learned patterns which may be maladaptive. Looking through the SASB lens at patients narratives of everyday awakes and of nightly dream experiences may shed new light on psychodynamical or behavioral concepts of dreams.

Theoretical presuppositions and principal application

SASB is an elaboration of earlier circumplex models of human behavior (6,7). In contrast with Leary and Schaefer who distinguish the dimensions of affiliation and interdependence, Benjamin adds the dimension of focus, i.e. the manner of regarding self other or introject (surface, focus). SASB wants to be a-theoretical, fostering a common language between different "schools", for instance behavioral and psychodynamic researchers. Beyond dream content analysis, SASB's main applications are (8): (1) process analysis (e.g., in psychotherapy research), (2) self-rating of interaction patterns (self-rating device INTREX), (3) Early Experience Questionnaire containing 11 subscales that correspond to the 11 personality disorders defined in DSM-IV, (4) describing core interpersonal patterns related to previous experiences (SASB Cyclic Maladaptive Pattern CMP), (5) SASB- Interpersonal Locus of Control Scale, (6) training and supervising therapists in interpersonal psychotherapy, (7) content analysis.

SASB can be used by therapists belonging to various "schools", provided that they accept the basic concepts of interpersonal relationship and attachment. A common psychological base is Sullivan's interpersonal psychiatry which permits to elaborate the dimensions of affiliation, interdependence and focus and which can be practically used in the development of psychotherapeutic interventions. Doing this, SASB is a very useful tool which operationalizes mentalistic concepts as transference and counter-transference, which can be rated with high reliability, regardless of the original theoretical training done by each rater. SASB also facilitates the clinician's ability to establish links between current maladaptive patterns and early social learning. A developmental social learning interpretation of psychopathology proposes that early attachment to important individuals establishes internal patterns and rules that are directly reflected in adult behavior, dream

actions, and interactional narratives. These connections are supposed to manifest themselves in at least one of the following three copy processes (principles of interpersonal behavior, Figure 2): (1) trying to be like the significant person (identification), (2) acting as if the person were still around and in charge (internalization / recapitulation), and (3) treating oneself as was treated by that person (introjection). These copy processes correspond with the three focus surfaces and nourish cyclic maladaptive patterns: identification-focus I (transitive interaction initiatives), internalization/recapitulation-focus II (intransitive reactions), focus III (reflective self-concept, action inward-introjection). Figure 3 illustrates the model of SASB-CMP using the example of Mrs. D. who's dream will be analyzed later on.

Dimensions of the SASB-Model

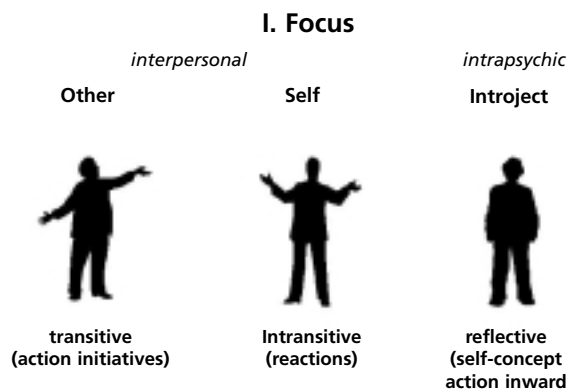


Figure 2. Dimensions of the SASB Model

Table 1. Procedure of SASB-directed content analysis

Steps of SASB-directed Content-analysis

- **Source of dream report (clinical context)**
- **video or audio taping of texts**
- **transcription**
- **sequencing: definition of units**
- **transformation**
- **referent definition**
- **SASB rating for each unit**
- **coding by trained raters**
- **computer assisted evaluation**

METHODS

Dissatisfaction with the reliability and generalizability of free associative, metaphoric, and thematic methods of studying dream content led to quantitative approaches called content analysis (9). Most content analysis systems try to abstract from the dreamer's (clinical) situation in order to avoid countertransference bias. However, those clinical data may be important information sources for clinical therapeutic research if reflected and monitored in an appropriate terminology.

Generally speaking, quantitative content analysis approaches can be, on the one hand, *hierarchical* (assuming that a dream characteristic can be weighted), providing ordinal or even rational level of measurement. On the other hand, they can be *non-hierarchical or nominal*, reporting whether a given element is present or absent in a dream (9). The SASB model assigns "weights" to the interdependence and affiliation ratings. SASB is fundamentally a dimensional model and not simply a set of categories (10). It consists of three interlocking Cartesian (focus) surfaces, each of which describes interpersonal events from a different focus. SASB coding can combine various points of the model in order to express interpersonal dynamics. Figure 2 shows a simplified SASB model applicable to all three focus surfaces.

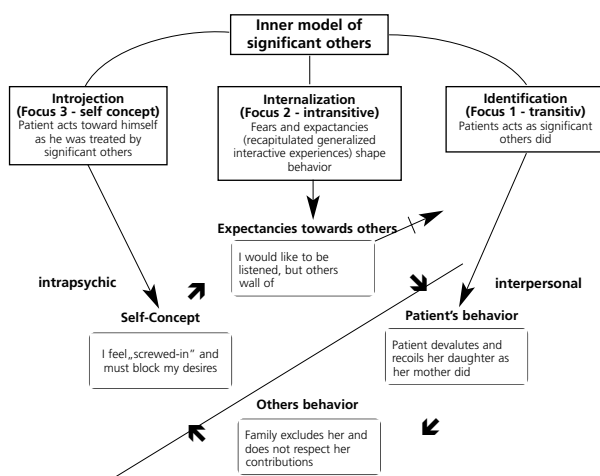


Figure 3. Simplified SASB model applicable to all three focus surfaces.

Although the SASB content analysis seems to be an ordinal scale, we assume that "more" or "less" is the most that can be judged in a dream report. This applies to most quantitative content analysis approaches (9). In the present article we are using SASB-based content analysis as a research instrument. Furthermore, Intrex, an equal interval scale self-rating questionnaire explores the three focus-surfaces: (1) other, (2) self, and (3) introject distinguishing between patient's "good" and "worst" times. While formulating cyclic maladaptive patterns in clinical practice, Intrex can be a helpful information resource (5,11,12).

SASB-based Content analysis follows the procedure summarized in tab 1. A description of the *source of a dream report (clinical context)* allows a given text to be understood in its interpersonal context. Generally speaking, there are four possible sources of dream reports, namely, the sleep laboratory, the psychotherapeutic relationship, personal dream journals, and reports written down on anonymous forms in group settings (9). The examples of this article come from a clinical psychotherapeutic setting (psycho-oncological outpatient care). In this case, dream contents and dream memorization are influenced by transference and countertransference processes. Neither transference nor countertransference can be directly observed or rated in therapy session or dream transcripts. Nevertheless, SASB can capture principles of interpersonal behavior, e.g. complementarity, opposition, complexity. These evidence based patterns cannot immediately be identified with psychoanalytic concepts. Transference and countertransference are examples of representations of a "theory of mind", i.e. of mental states attributed to the interaction partner or to myself (13). According to the theory of psychoanalysis, this attribution can be unconscious. In other words: The dreamer's real expectations, wishes and fears toward others can be hidden to his/her own consciousness and can nevertheless foster Cyclic Maladaptive

Patterns in the patient's relational life and inside the therapeutic alliance.

Dreams are a precious unconscious or partly unconscious resources which may help to describe, modify, tailor adaptive relationships. A SASB rating of dreams and the description of interpersonal behavior principles is certainly not necessarily a correct neither an exhaustive picture of the dreamer's relational realm. Notwithstanding, it presents informations hidden in the manifest dream content. Those informations can be brought back to the clinical reality in order to check congruence or incongruence with conscious images and to use the dream's surprising puzzles in awakened life.

Video or (at least) audio taping of texts is necessary for establishing an optimal data basis for content analysis that avoids the bias of the therapist's memory filter. Possible texts for content analysis are patients' relationship narratives, imaginations, and (in our case) dreams. Tapes of spontaneous dream reports are more reliable than written patient reports (dream diaries) which are normally corrected, shortened, or completed by the patients. Dream diaries can indeed be very helpful for dream memorization, but they cannot substitute the vivid therapeutic situation where a dream is (re-)memorized, reported, and interpreted. *Transcription* of dreams should be done as thoroughly as possible, *not* correcting grammar or content "mistakes", incomplete or ununderstandable words or syllables which all can be carriers of meaning. *Sequencing* can be done while transcribing the text or afterwards: codable (meaning) units are defined and are not necessarily identical with sentences. Clear unit-transitions are change of speaker or new action. In order to be SASB-codable, units must be in active voice, present tense and affirmative form (not negative). All text parts not corresponding to this standard (e.g., wishes, fears, conditions, passive states of a subject) must be *transformed* before rating. When formulating the transformed text, semantically irrelevant parts of the raw text (as hmms, ah etc.) can be

eliminated under the condition that they are not part of a related interpersonal action. In order to be codable, dream transcripts must be transformed into sentences which contain two referents (actors) and an action between them. This is not a grammatical correction but a necessary condition for using SASB in content analysis. On the one hand, this necessary transformation builds, if possible, an action between actors. On the other hand, the maximum of content is captured from intonation, pauses, incongruences. These meaning characteristics enter into the dimensional rating (cf. Examples).

Referent definition: Unlike SASB-process analysis (which always describes interactions between patient and therapist or between two other agonists of a relationship), persons as well as animals, plants, objects, and entities can be referents of the content-analysis. For reasons of simplicity and the calculating process, it is, nonetheless, important to limit the number of referents to six. As far as dreams are concerned, the dream-ego is one of the referents although he or she may not appear on the dream scene. Other referents will be the antagonists, that is, everybody and everything involved in the dream's action.

SASB rating for each unit is performed in the following order (Table 1): Coding focuses (I, II or III), affiliation (ranging from -9 to +9) and interdependence (ranging from -9 to +9). Raters have to consider that the algebraic sum of affiliation plus interdependence scores must be 9: Thus an affiliation score of -3 will be accompanied either by an interdependence score of +6 or of -6. The rating procedure continues by an estimation of the SASB cluster corresponding to the combined judgments of affiliation and interdependence and by a "clinical test" comparing this value with the spontaneous appraisal of the unit in question. All raters receive a standardized multi-centric SASB-training by experienced teachers.

Computer-assisted evaluation is performed using the raters' affiliation and interdependence scores.

The cluster value calculated by the computer (f.x; f denominating the focus number [1,2,3] and x denominating the cluster number [1...8]) is compared with the raters' clinical cluster appreciation. In instances of non-consensus among the raters or of differences between a clinical appraisal and computer Figureure, the unit in question has to be re-coded.

The computer assisted SASB content analysis provides results in form of clusters for all codable units. These clusters are comparable with non weighted characteristics of a nominal scale. The SASB model might allow the rating of the intensity of every cluster (ranging from 1 to 3) as in process analysis. However, in this paper we do not use this possibility which would require a more extensive context. Another possibility is to assume that *frequency* is an *indicator* of intensity, i.e., the more appearances of a given cluster or the higher its frequency in a dream report, the greater its intensity or saliency. This form of data analysis is currently used for metaphoric, thematic, and nominal content categories (9) and for CCRT rating (10,14). It has been stated that high or low frequencies in specific content categories correlate to greater or lesser concern for the corresponding thought or behavior in waking life (2,9). In an analogous way, the frequency of certain clusters can be compared with the Intrex self-ratings or with psychotherapeutic process data (e.g., interaction narratives, clinical formulation of cyclic maladaptive patterns). Nevertheless, frequency is not at all an absolute criterion of a given cluster's predominance in an individual dream, and mere repetition of clusters does not express their importance. The frequency with which a certain cluster can be found in a given dream text may vary for a variety of reasons, e.g., attention by the psychotherapist, specific defences. SASB-directed inference of clinical maladaptive patterns may account for and integrate all data, not just high frequency data. Calculating cluster frequency in dreams during psychotherapy, however, may help to create hypotheses about cyclic maladaptive patterns (12).

Coding example (cf. infra, Mrs D.s "screwed-in" dream)"

1 *I talked to somebody,* 5 4 2.2 *P opens herself to S"*

The referents are the patient and another person (Somebody "S"). The subsequent rating of the dimensions is the following: affiliation is friendly, but not extremely friendly (rating 5). There is a deliberate and free behavior (not extremely differentiated, therefore another medium rating: 4). The third dimension is the focus: The dreamer reacts to a dialogue initiative which is the whole dream's framework (focus 2 - intransitive reaction). The "clinical test" is "friendly self disclosure" (cluster 2.2) which coincides with the computer rating.

8 *so that I almost couldn't* -5 4 2.8 *S walls up against P make myself understood.*

In this unit, the modal verb "couldn't" must be transformed into an active, present tense. The referents are S and P; S walls up against P (so that her response trial fails). Dimension affiliation: a rather hostile behavior of S (-5), at the interdependence axis it is rather neglecting (+4). The focus stays intransitive reaction (2). The clinical test results in cluster (2.8), located in the quadrant II, confirmed by the computer calculation.

10 *There are screws inside.* -3 -6 1.6 *O intrude into P*

In this unit, the referents are an alien object O (the "screws") and the patient. The dimension of affiliation is relatively low, bothering (-3). The interdependence is quite low (-6); the screws are controlling the patient. The focus is an active initiative of this foreign body (focus 1). The SASB representation of this intrusion seems to be 1.6, confirmed by the computer calculation.

As shown in Table 4 (units 4,6,7), it is not always possible to find one cluster for one unit. This lack of univocity is by no means a disadvantage of SASB content analysis. A multiple rating can in many cases express a complex interaction, e.g. when the therapist creates a

Table 2. Principles of interpersonal behavior

- **Identification (similarity)**
- **Receptitulation (internalization)**
- **Introjection**
- **Complementarity**
- **Opposition**
- **Antithesis**
- **Complexity**

double-bind in the therapeutic relationship (15). Bringing to consciousness a complex interaction can help to improve maladaptive interactions.

In addition to providing a common metric for interactions towards self, other, and inwards, SASB content analysis captures important principles of interpersonal behavior, such as the three copy processes (identification, recapitulation, introjection) mentioned above, and complementarity, opposition, and antithesis (Table 2). All these are important constructs helping the clinician to operationalize basic psychoanalytic concepts and to formulate a psychodynamic focus. *Identification* (similarity) refers to the process of acting like another through modelling or imitation. According to , there is no interpersonal connection when two persons attempt to occupy the same point in interpersonal space, e.g., when the physician and the patient both want to control (cluster 1.5). In the process of *recapitulation* (internalization), a person is acting as if the significant other were still present (e.g., a complementary sulking [2.6.] formerly learned in presence of a blaming [1.6] mother). The term *complementarity* refers to an intransitive reaction (focus II) corresponding to a transitive initiative (focus I) at the same place in the circumplex. Complementary interactions in therapeutic relationships, can be for example affirming (1.2) / disclosing (2.2) or controlling (1.5) / submitting, complying (2.5). *Introjection* (measured on focus surface III) captures the way people are inclined to treat themselves as they have been treated by important others, e.g., self-blaming (3.6) following blaming (1.6) by a

significant other. Identification, recapitulation, and introjection are learning processes going back to early childhood attachment patterns or recent experiences. They constitute internal working models contributing to cyclic maladaptive patterns. Another interpersonal predictive pattern captured by SASB is referred to as opposition, i.e. two interactions at the same focus interface but 180° apart (e.g., attack [1.7] vs. active love [1.3]). An opposition can occur between two behaviors of a therapist (e.g., affirming [1.2] and blaming [1.6]) or between what one articulates, and how. The latter communication opposition is called complex interaction style (15). On the contrary, antithesis is the opposite to the complement of a given behavior, i.e. 180° apart and on another focus surface. For instance: the complement of patients' sulking (2.6) would be critical blaming (1.6) from the therapist's side. The antithesis affirming (1.2), however, seems to be more therapeutic even though in many cases, the patient cannot directly accept this antithesis: The therapist must gradually move counter-clockwise in order to reach this position on the circumplex. Complexity characterizes two contradictory behaviors of a person or a discrepancy between what one articulates, and how.

Further mathematical operations are possible (17). Using free association and other psychoanalytical tools of dream interpretation, these methods suppose a sequencing of the dreamer's stream of associations and a one-step transition of the patients' thoughts (thoughts of the other acting towards the patient followed by thoughts of the patient acting towards the other). The dreamer's thoughts (operationalized by focus I and focus II actions) can be followed by introjection units (focus III). From a mathematical point of view, a multiplication of one-step-matrices may be necessary. These additional operations of dream-content-analysis are described elsewhere (12).

Rationale for the use of SASB in dream content analysis and general psychometric properties

The three SASB dimensions can be coded from dream transcripts by independent raters who have been trained on the model. All raters of our research group have been extensively trained in specialized workshops by the Dusseldorf University Clinic for psychotherapy. Table 1 shows the content analysis procedure. The dream transcript is broken down into thought units that represent one complete thought (interaction). Listening to the audio tape can be helpful for sequencing the text. Following to sequenciation, the rating process involves the following decisions taken one by one for each unit: (1) establishing the focus (surface 1,2 or 3 in the SASB model), (2) rating degree of affiliation (i.e. degree of hate vs. love on the horizontal axis continuum). The x axis range is from -9 ("9 o'clock") to +9 ("3 o'clock"). (3) rating degree of interdependence (i.e. degree of hate vs. love on the horizontal axis continuum). The y-axis range is from -9 ("6 o'clock") to +9 ("12 o'clock"). (4) "Clinical test", i.e. establishing the location of the rated interaction cluster on the appropriate surface before computer assisted calculation and according to the dream content. (5) Computer calculating of the clusters using the affiliation and interdependence ratings, (6) comparison of (4) and (5). It is important to respect this sequence not only in training situations (18) but also in the case of routine analysis by experienced raters. If the step (4) were done before coding the dimensions affiliation, interdependence and focus, the danger of a clinical bias would occur. In other words: It is not allowed to attribute a corresponding SASB cluster before rating the dimensions although this cluster may have a certain clinical evidence.

As far as the general psychometric properties are concerned, the structural fidelity has been established by factor analysis, circumplex analysis, autocorrelational techniques, and dimensional ratings (4). Reliability is closely related to the quality of training. Trainees are invited to rate independently in pairs and to discuss their ratings afterwards. The reliability (measured by Cohen's

kappa) can be improved by sticking to the decision order described in the methodology and by the trainers' informed advise. Generally speaking, process rating seems to more reliable than content rating. Trained researchers can reach an inter-rater reliability of .85 to .95. 0.70 is sufficient for practical purposes (18).

Patients

We are limiting this article to three dream texts and its content analysis. All three patients reported the dreams during a psycho-oncological treatment. The context of psychotherapy as well as the questionnaire data (self rating questionnaire Intrex filled in by all dreamers) will be discussed elsewhere (12).

1. Mrs R.H.

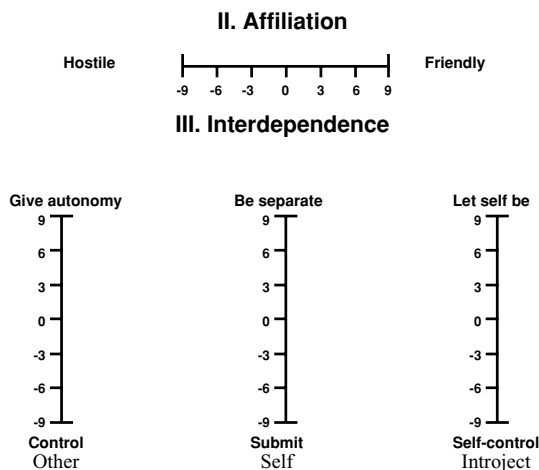
Mrs R.H. is a 44 yrs old woman working in a fashion boutique. She lives together with her husband, who is older by twenty years. Complaints (bone pain) started when their little son was approximately one year old. These symptoms were misinterpreted as low back pain and attributed to the effort of lifting and holding her child. When we met her for the first time, the correct diagnosis of a multiple myeloma had been established. She was obliged to wear a corset after vertebral surgery protecting her against life-threatening osteolytic fractures in the cervical region. This contributed to the impression of her being a rather rigid person, sticking to self control, both physically and mentally. There seemed to be a strong affective restraint, too, especially as far as disaffiliative emotions were concerned. She was afraid of her own expansive wishes. She feared for instance to fracture osteolytic lesions during sexual activity. As the majority of multiple myeloma patients, this patient presents a conflict between entanglement (Lorna Benjamin says "enmeshment") and differentiation, with predominating self-control at the base line measuring and a gain in differentiation and expansion after treatment. Her entanglement at

the beginning is both physical and emotional-relational, as is her release from entanglement some months later. The conflict enmeshment vs. differentiation may be related to the need for coping with instability (both physically and emotionally) requiring a corset. During the short term psychodynamic therapy, Mrs. R.H. has the following dream:

The man on stilts

Now I can you with a dream ... I had one. It (the feeling) was very short, lasted only seconds, but it was so intense that I woke up with a jerk ... like when you get a fright, a really bad fright ... like ... like from head to toe. And it was really very short. It was ... someone was coming towards me on stilts ... well he was very tall und dressed in black with a black top-hat, a hooked nose and I ... he came at me that way and I thought ... in my dream I thought of something very evil. And then it was over, the jerk woke me up and that was it.

Table 3. SASB-Content Analysis of the "man-on-stilts"-dream.
Referents: "P" Patient, "It": (a frightening power)"M": A man.



Mrs R.H. feels moved and frightened when reporting this dream. She cannot imagine how to draw something positive out of this "evil" (represented by negative affiliation and interdependence values). All clusters (calculated by the computer program SASB-code) are situated in the third quadrant of the circumplex. That means that the stilt man's action initiatives (focus I) and his powers are experienced as

hostile control, whereas the dreamer's reactions (focus II) are experienced as hostile submission. Unit 3 is coded as cluster 2.7: Fear encompasses the action-cue to recoil in front of the hostile threatening and at the same time to search secure protection.

After having reported the dream, Mrs RH paints the following Figure:

The big round sulking mouth symbol at the right-hand side repeats in exaggerated size the mimic expression of the man on stilts.



Figure 5. The man on stilts

2. Mrs ID

Mrs ID is the 55-year-old wife of a traditional Bavarian brewery owner. We started psychotherapy six months after high dosed therapy treatment with autologous stem cell rescue of a Non-Hodgkin-Lymphoma. Identification with her mother's controlling and blaming interaction initiatives (focus I), complementarity / recapitulation in submitting and sulking (Focus II) and self-control/self-blame (focus III) are present both in her dreams and during therapy sessions.

The following dream is the first dream reported by the patient (the "initial" one):

I talked to somebody. I don't know who. I found myself in an awful situation: I could no longer open my teeth, you know: I could no longer open my mouth, I could only talk across the teeth so that I almost couldn't make myself understood. The

impression I had was: There are screws inside. Never before in my life did I have a dream like that.

The obvious symbolism of being "screwed-in" seems to be overdetermined by the clinical psychotherapeutical situation (a kind of "talking cure", using the mouth), the family background, and the self state reflected by the teeth-symbol. "Teeth" may represent an (inhibited) aggressive potential which can be both hostile.

In spite of the first impression, these symbolic interpretations require a psychoanalytic context and cannot be coded in the manifest dream. Limiting ourselves to the SASB tools, we attempted to rate one unit after the other. It is surprising that the first unit starts with a focus II interaction, i.e. the patient reacts to an offered communication initiative which is not reported. Unit 2 has a negative format which must be transformed into a positive one: P ignores S, she is not curious, does not explore S' characteristics in a friendly manner, she walls off and takes distance (2.8). The transition from unit (1) to unit (2) can be referred to as opposition, i.e. two interactions at the same focus interface but 180° apart.

Unit (3) consists of an action inward (introject focus III), the patient observes herself in a friendly manner, there is an aspect of self-control facing the "awfulness" of her situation.

Unit 4: Past tense and auxiliary verb must be transformed into a present interaction: The patient wants to open her mouth (positive interdependence and affiliation, focus II) and she submits herself in a sulky manner (2.5). This unit receives a multiple coding, expressing two aspects in the dreamer's attitude. This may be an indication of an underlying conflict, namely, submission vs. control.

Unit 6: In spite of a semantic nuance ("mouth" instead of "teeth"), the coding will be the same as in unit 4.

Unit 7: Once again, only a multiple coding can represent the interaction of self-disclosure (2.2) and neglecting the other (1.8) and auto-aggressive self-oppression (3.6).

In Unit 8 the others (S) react to the dreamer's 1.8-pattern by the complementary walling off and distancing (2.8).

Unit 10: The screws, alien elements, intrude into the patient's mouth. In the manifest dream text, the "screwing up" is not an action inward (introject / focus III) but exclusively attributed to the screws. The dream ego feels victim of a foreign "screwing", thus suffering from an unknown process.

This dream reflects a beginning psychotherapeutical process. The patient, after some reluctance, has "swallowed the bait". She "bites into" and accepts the therapeutic relationship. The mouth-opening theme expresses expansive-aggressive wishes as well as the desire to be nurtured. One possible therapeutic focus could be: The patient *unconsciously* "screws up" "in order to suppress painful and ... doomed wishes for nurturance". The dream offers special clinical interest in the process of formulating the patient's cyclic maladaptive pattern (SASB-CMP).

3. Mr. RK

Mr. RK, a 58 yr old Protestant clergyman, had been quite reluctant to agree to psychotherapy at the beginning. Both in oncological and psycho-oncological treatment, control and consent are quite important for the patient. Nevertheless, this patient (suffering from a multiple myeloma) worked through his private and professional relationships in order to modify his maladaptive interaction patterns. During individualized short term dynamic psychotherapy he reported the following dream:

A doctor walks me up and down. He tells me a riddle: On May 77th you will be calm. I realize that there aren't 77 days in May, and I don't really know what he means. Then I ask whether he means at nighttime because I do not sleep very well at nighttime and I realize that this day does not exist. And I do not know whether he means at nighttime. But he is convinced that I am going to calm down on

may 77th. *That's the dream.*

This dream seems to be quite rich in symbolic meaning and probably in its transferential aspect (*A doctor...*). The phantasy Figureure "77" may connote endless time (or denial of limited time), twice (or eleven times) 7, the Figureure of good luck and completeness. However, there are no codable interactions in this dream, and it seems impossible to effectuate a SASB content rating. This dream is obviously not SASB-codable.

DISCUSSION

Short time psychodynamic psychotherapy can profitably formulate its focus using SASB language and defining cyclic maladaptive patterns (CMP) as interpersonal and intrapsychic manifestations of underlying conflicts or relationship-problems (19,20). Unlike the CCRT-method, there will be no inference of unconscious conflicts (10). Nevertheless, classical psychoanalytical techniques, e.g., free association and dream interpretation and concepts from object relations' theory can be operationalized (17) and explored by adapted interview formates which foster the psychotherapeutic context (10). The researcher and clinical interviewer "follows the tracks of the unconscious as the hound follows the scent of the fox". The scent is laid down by the unconscious, and we follow it using fantasies, dreams, free associations, role play (5).

The clinical process of defining a psychotherapeutical focus based on a CMP scheme is nourished by all available data sources: clinical context, dreams and patient's associations, Intrex results, interaction narratives and enactment of interpersonal experiences in the therapeutic relationship. What can be stated regarding the clinical relevance of SASB assisted dream content analysis?

The present study shows certain limitations of the SASB method: Virtually all dreams encompass units without the interaction of referents, e.g., pure descriptions or affective

states. Dream# 3 quoted above may be quite rich regarding interpretation of symbols. Nevertheless, it is not SASB-codable, and content analysis should use another method more adapted to this style of dreams.

Dreams can be understood at the subject level and at the object level (21). On the subject level anything in the dream is expressing a self state (22), is part of the dream ego. In SASB-terms: actions of others (focus I) can be attributed to the ego as a self concept (e.g., I am in danger of being hurt / focus III). On the object level, the dream reflects actions of other persons and even recapitulates patterns of former significant others (internalization/recapitulation in SASB-terms). In addition, dream content can be used for clinical focussing. Obvious discrepancies between manifest dream content and the dreamer's conscious attitude in awake state can be due to the dream's intensifying effect (continuity hypothesis-23) or-in Freudian terminology - to the dream work which modifies and disFigureures the latent dream thought (discontinuity hypothesis). As far as content analysis is concerned, it can be hypothesized that dreams reflect central relationship patterns. That is why methods assessing such patterns may be applied to dream narratives (14).

The research ideal of "blind analysis" (the content analyst does not know anything about the dreamer to guard against the well-known tendency to read expectations into the dream reports) may be a valuable alternative in a situation where experiments have restricted usefulness (9).

However, from a clinical point of view, SASB-directed dream content analysis (whether blind or not) provides complementary psychodynamic information in the wider context of the psychotherapeutic process. "The SASB method for encoding dreams and associations stays close to the patient's data and links seemingly diverse themes (5)," E.g., it can be of considerable value for understanding the dynamics of negative therapeutic reaction. With his or her therapist's support, the dreamer can

discover maladaptive cyclic patterns (CMP) which may be useful in the goal formulation of a psychotherapeutic process. Furthermore, dream interactions may reflect unconscious fears, wishes, conflicts, and problem solutions. Similar to role playing and free associations, this *Probhandeln* may provide an important source of creativity (24) for the dreamer. SASB offers an

excellent congruence of clinical problem (formulated in terms of interpersonal cyclic maladaptive patterns), treatment, and outcome. This principle whose time has come (25) creates a precious link between psychotherapy research and clinical practice. Using this link, SASB assisted dream content analysis may critically accompany clinical hypotheses.

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