

The Dream Themes of the Suicidal Unconscious

A Thematic Analysis

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This has been a long and challenging journey, thank you to all those who have taken time to help, motivate and console me when I struggled.

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Dedication

This dissertation is dedicated to my dear friend Paul, who took his life in August 2014. Below is the lyrics to the song Asleep by The Smiths, which Paul had pre-chosen for his funeral.

Sing me to sleep
Sing me to sleep
I'm tired and I
I want to go to bed

Sing me to sleep
Sing me to sleep
And then leave me alone
Don't try to wake me in the morning
'Cause I will be gone
Don't feel bad for me
I want you to know
Deep in the cell of my heart
I will feel so glad to go

Sing me to sleep
Sing me to sleep
I don't want to wake up
On my own anymore

Sing to me
Sing to me
I don't want to wake up
On my own anymore

Don't feel bad for me
I want you to know
Deep in the cell of my heart
I really want to go

There is another world
There is a better world
Well, there must be
Well, there must be
Well, there must be
Well, there must be
Well...

Bye bye
Bye bye
Bye...

Abstract

My Research question is “What are the themes in the dreams of a suicidal person?”

This research aims to increase understanding of the state of mind of a person who is suicidal by examining their dream material. I ask, when an individual’s mind has moved into a state of suicidality, what might the themes in the dreams of a suicidal person show us?

My motivation to examine the perhaps hidden states of mind of the suicidal person comes from my personal experience of having lost a dear friend to suicide unexpectedly and feeling a strong need to better understand potentially hidden symptoms that may not otherwise be picked up by mental health agencies, family and friends. New Zealand is well known as having a very high suicide rate and my research hopes to contribute to understanding more about this phenomenon and in turn to inform assessment and treatment of this condition.

Using a qualitative interpretive methodology (embedded in established psychoanalytic theoretical constructs), I analysed 55 dreams of suicidal patients that I gathered from articles and used a thematic analysis method to draw out underlying themes. My findings uncovered much already written about themes such as violence and hostility as well as bringing to light some seemingly benign themes such that I argue are clinically very relevant and would be valuable to research further. Benign themes such as ‘pathway/crossroads’, ‘architecture/structure’, ‘holding on and letting go’ and ‘peaceful, seductive solutions’ were uncovered, and the clinical and theoretical implications of these findings discussed.

Chapter one: Introduction: why this study?

My interest in this topic stems from my experience of losing a loved one to suicide. His name was Paul and (although undiagnosed) I believe that he suffered from severe depression for many years, without (to my knowledge) any suicidal attempts. He struggled, at least for the twenty-five years I knew him, with difficulty sleeping and this intensified in his final years of life. I have always been curious about what his dreams were like, as it seemed to me, that something seemed to trouble or even terrify him about sleeping. I wondered further if the dreams of a suicidal individual could possibly contain themes that relate to their suicidal state of mind and if these dreams could potentially contain information that could further understanding of this phenomenon.

In my training as a psychotherapist, I can see the profound importance of furthering a greater understanding of a client's experience of depression. In his famous paper "mourning and melancholia" Freud compares the nature of melancholia (depression) with the normal effect of mourning (Freud, 1917). He observes that the state of mourning the loss of a loved one and melancholia (depression) have many similarities and involve marked departure from our normal functioning including a loss of interest in the world, intense feelings of dejection, inhibition in the capacity to love and loss of interest in normal activities. Freud observes that the defining difference between the state of normal mourning and that of melancholia is that in mourning there is not a turning against the self or loss of self-regard. Freud famously writes, "In mourning it is the world which has become poor and empty; in melancholia it is the ego itself" (Freud, 1917, p. 246). We know that not all depression leads to a suicidal state of mind and also that a suicidal state of mind is not always obvious even to those close to the person. Freud observes that in melancholia (depression) that there is frequently sleeplessness, refusal to take nourishment and the dangerous state of overcoming the "instinct which compels every living thing to cling to life" (Freud, 1917, p. 246). My study aims to focus on gaining further insight into the threshold between a non-suicidal state of mind (in depression) and a dangerously destructive suicidal state of mind.

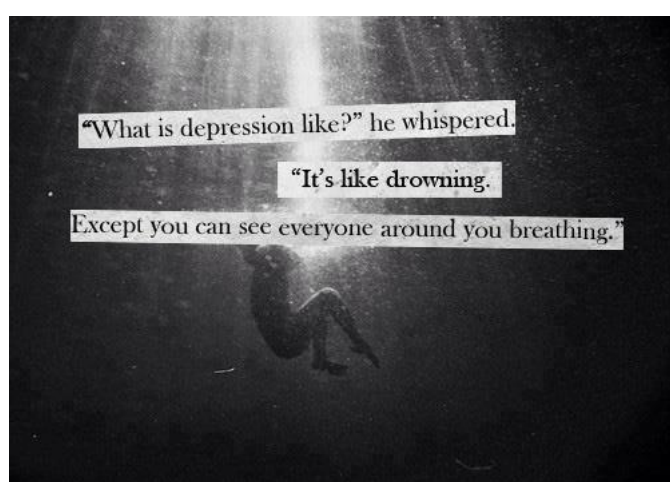
My study is grounded in a psychoanalytic understanding of depression and suicidality and analyses the dream material of suicidal patients taken from existing literature. I use thematic analysis (Braun & Clarke, 2012) as my method of interpretation, as I have identified many parallels between this method and Freud's original method of dream analysis (Freud, 1913). I have included in this study as an overview of the central psychoanalytic constructs that inform my interpretive paradigm and philosophy found in my research in the discipline of psychotherapy. I have focused on Freud's (1900) theory of dream analysis and the psychoanalytic construct of depression (with emphasis on Freud's (1917) seminal paper 'mourning and melancholia').

I use the method of thematic analysis to examine the dream material of patients who experience a suicidal state of mind, in an attempt to establish if there are identifiable themes, that emerge that could potentially inform our understanding of such patients' unconscious

states, with the belief that there can be destructive states of mind going on outside of awareness, and that dreams can be possibly used by the practitioner, as a way of ‘listening in’ to this.

My rationale for this research centres on my concern for the high rate of suicide especially among young people in our country and the commonly reported phenomenon of a person’s dangerous suicidality going unnoticed. I recognise that my research is a small study and limited in its scope given the enormity of the topic of suicidality and how little we currently understand. However, I believe that it is an important area to research and that the study of unconscious processes lies at the heart of my profession as a psychotherapist. This study could also inform future research directions.

This picture is one that Paul had saved to his computer, which I discovered following his suicide.



I have included this picture because of what I believe it ‘says’ about depression (and suicidality) often being such an isolating, miss-understood and ultimately destructive phenomenon, that this experience is VERY important to be understood with more depth, than I feel is currently available throughout the mental health modalities in Aotearoa, New Zealand.

Background to suicide and mental health in New Zealand

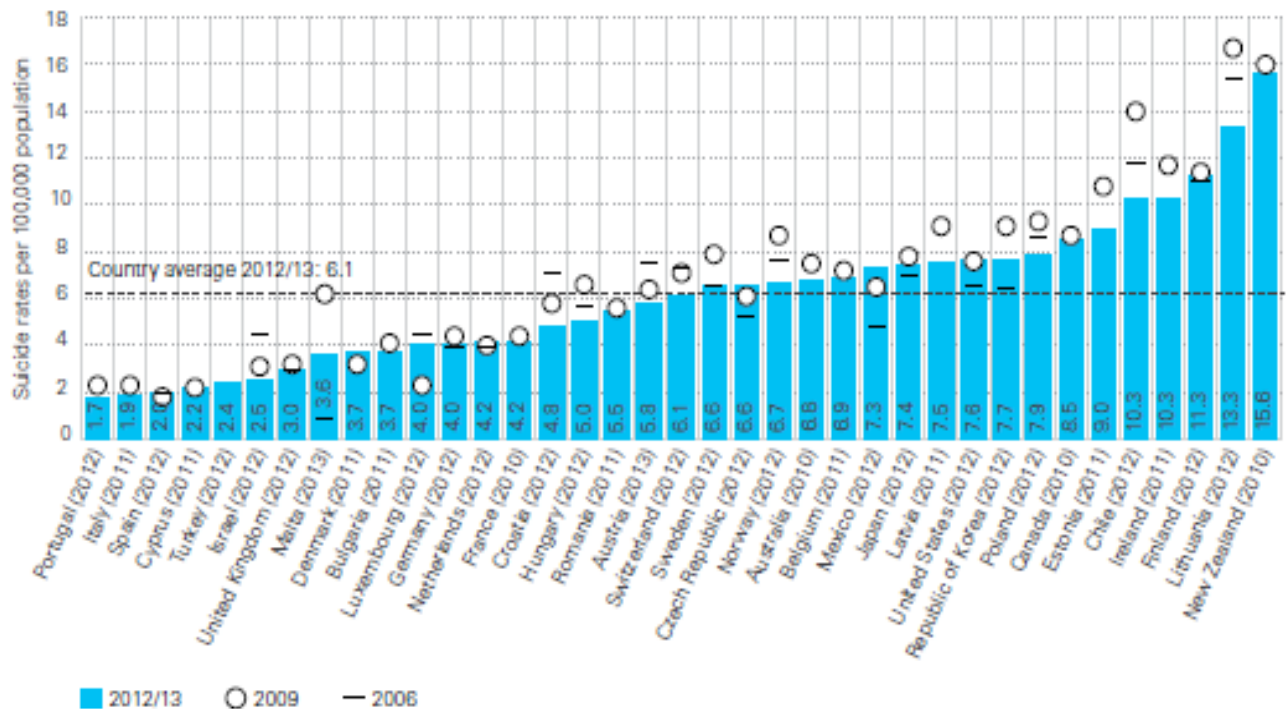
I wonder if there is a relational gap that occurs in mental health services in New Zealand, in regard to suicidal patients, where the subject is often insufficiently explored, and I will explore this further in this introductory chapter. There seems to be a societal ‘*shying away*’ from talking openly about suicide. However, “talking therapy” suggests that if our ‘inner’ unconscious material can be spoken, then this can have a chance to be explored and dealt with, *rather than unconsciously acted upon*.

The Ministry of Health (2017) reported that “In 2015, 527 people died by suicide in New Zealand, which equates to an age-standardised rate of 11.1 per 100,000”¹. New Zealand has very high rates of suicide: the highest in the OECD for those aged 15-19 years as shown in Figure 1.

¹ <https://www.health.govt.nz/publication/suicide-facts-2015-data>

The nature and scope of this study means that I will not have a focus on the quantitative statistics around gender, age and ethnicity. However, I believe this to be an important area of research and felt it important to acknowledge this in this introductory chapter.

Figure 1. Suicide rates for those aged 15-19 years (UNICEF 2017).



In my experience training as a psychotherapist I have frequently observed and experienced a difficulty in keeping an open dialogue on the potential suicidality of patients. While there are strict protocols and safety plans available, which are designed to address risk for the individual (which is important), it feels that in an anxiety to follow a safety plan, to correctly ‘tick all of the boxes’, other essential communications from the client could be ‘turned down’, disrupted, or left out of the discussion.

In New Zealand, mental health workers are governed by a Code of Ethics, one of which, is to break confidentiality if the practitioner feels that the patient is of risk of doing harm to themselves or others.² For example, if the patient reports serious suicidal intention or planning, the practitioner must then follow this ethical and legal protocol, and immediately report this to a mental health in-patient service or crisis team. However, perhaps in knowing this, patients may refrain from disclosing and exploring their suicidal thoughts with their

² <http://nzap.org.nz/handbook/code-of-ethics/>

therapist. Patients may, therefore be in more danger of acting suicide out by keeping their thinking too much in the unconscious (Akhtar, 2009).

Perhaps also influencing this ‘societal shying away’, is the experience of cultural stigma, fear of judgment and a sense of ‘taboo’ around the subject of suicide in New Zealand, where the topic is often treated as too dangerous to be openly discussed and shared. This can be seen for example, in such things, as suppression of information in the media when a suicide has occurred. We can see this, in the way that suicide is reported (or not reported) in the media, such as when a news item reports that “there are no suspicious circumstances” in the sudden death of an individual, followed by numbers for crisis lines to contact. We all may know that the cause of death was most probably suicide, yet this information is suppressed in this way.

The rationale for not reporting a suicide relates to evidence of a contagion effect when an already vulnerable person emulates the suicide of another person that they may identify with. These restrictions are found in the Coroners Act 2006. Reviewing this, Law Commissions Report (2014) Suicide Reporting discussed Goethe’s 1774 novel “The Sorrows of Young Werther” which illustrates how the suicide of a young man gave rise to a spate of suicides of people in similar circumstances. Many studies carried out in response to this gave further evidence to suggest that there is potential for “copycat suicides” following media reports.

However, it is unlikely that learning of a suicide through the media would *cause* a suicidal state of mind. Perhaps the reason for the phenomena of a spike in suicides after a news report is that those who are *already* in suicidal state of mind, are activated by this news and are therefore vulnerable to acute risk.

The idea of “copycat suicides” and suppression in the media, seems to suggest that transparency and open dialogue around these events, or the phenomena of suicide is dangerous. Whereas this study, is an attempt to help look further into this phenomenon, rather than treat it as ‘taboo’ or too dangerous to be further understood by individuals and practitioners. I posit here, that this societal ‘turning away’ from the issue, repressing and disguising the phenomenon in NZ in such things as the media, possibly also contributes to suicide phenomenon remaining as something of a ‘mystery’ something unknown, and unexplored. And as Freud’s work postulates, it is the unconscious (unknown) that holds power for destructive action.

The internet and social media however, in the age of modern technology, now provides people with direct access to any information, including the means, that they might require if they are interested in suicide. It does seem, considering this, and the high statistics of suicide in New Zealand, that the old laws around suppression of reporting suicide need reform.

Other media, such as “the nutters club” (which is a radio show in New Zealand) *actually opens up* the discussion on suicide (because the laws are not so stringent for radio). This open dialogue has provided a rare opportunity for those who have, or are contemplating suicide to actually talk about it, although the ‘means’ of how to do such a thing is understandably “off

the table” in these discussions. According to Boris Sokratov (a founding member and facilitator of the nutters club) this has not led to more suicide attempts (although there is no regulatory monitoring of this). He believes the relief and release of talking openly with another understanding and caring individual can drive down the compulsion to act out suicide.

The societal ‘shying away’ from the suicidal phenomenon can also be seen in the mental health field, where the therapists’ own anxiety about suicide, opening up the discussion and addressing the issue, can be seen. For example, Hendin (1963) notes that there seems to be a gap in the literature around research into “the attitudes of suicidal patients toward death, dying and the after-life”. He believes that “this can be attributed to anxiety and inhibition of psychiatrists in relation to suicidal patients”. For example he says that upon meeting the suicidal patient, the practitioner may tend to feel confident to ask such things as “if he has had any homosexual experiences or what he does in regard to masturbation, but will not ask a suicidal patient about his attitude towards death, about what he thought of after he turned on the gas and what he might have dreamt of while he was unconscious” (Hendin, 1963, p. 239).

In conclusion of this introductory chapter,

My research question is, what do the dream themes show, of the suicidal mind?

My aim is to examine so as to further understand the phenomenon when a depressed individual’s mind progresses into a state of suicidality. I wonder what could the themes in their dreams tell us about the person’s current unconscious processes? Is there a potential for dream material to inform us about an individual’s suicidal state of mind?

Chapter two: Overview of methodology and method

Methodology

This chapter outlines my chosen approach, which I believe is best suited for the subject of research and inquiry for this dissertation. This will include the methods of data collection and analysis that I have used, and the methodology and philosophical understanding, that underpins my approach in the undertaking of this study.

My study is grounded in a psychoanalytic understanding of depression and suicidality and analyses the dream material of suicidal patients taken from existing literature.

Qualitative Research

The main over-arching framework for this study, is qualitative research, which uses words as data, collected from the narratives of the suicidal individuals’ dreams, and encompasses a ‘meaning-based’ form of analysis from this (Braun & Clarke, 2013). Qualitative Research holds aspirations and intentions, such as uncovering understandings, attaining explanations

and conclusions from the data, in order to “make sense of the world in a particular way” (Morse & Richards, 2002, p. 5). Winter, (2000, p. 6) describes Qualitative Research as rejecting of the belief that there is a single one correct version of ‘reality’ and explains that it is more interested in the “intercession of multiple “truths” through a series of subjective accounts”.

Over-all, qualitative methods allow for research that gives “access to peoples’ subjective worlds and meanings” (Braun & Clarke, 2013, p 8). Qualitative researchers are concerned with focusing on gaining a deeper understanding of what it is like to experience a phenomenon (Willig, 2013). Qualitative research is therefore more typically recognised and understood as the most suitable, for investigating phenomena, culture and behaviours (Braun & Clarke, 2013, p 8).

Interpretative Phenomenological research

This study positions itself within a phenomenological and interpretative framework, as it focusses on the lived experience of the suicidal individuals dream world/experience. It employs an in-text interpretative approach, in its aim to understand more fully the experiences of these individuals through their dream data (words/text) to access embedded themes and meanings from the data.

Under the paradigm of interpretive methodologies, research assumes that any understanding, reconstruction and interpretation of an experience is limited by the researchers’ subjectivity and intersubjectivity (Gibrich, 2013). Qualitative research could be described as inherently interpretative, in that it “needs to be read through a particular lens, which gives it a particular meaning” (Willig, 2013, p. 39). This study therefore, looks at using a qualitative interpretive methodology (with a psychoanalytic psychotherapy lens). This means that I will not be reporting these themes, at face value alone, but will be looking for and reporting my understanding of underlying meanings, using a psychoanalytic psychotherapy lens, with the suicidal phenomenon in mind.

Thematic Analysis:

In this study a thematic analysis of the literature of the dreams of suicidal individuals (using an interpretative paradigm) is carried out. The method involves a gathering and familiarisation of the dreams and then coding to identify significant dreams themes and patterns across the data. This method is recommended for novice researchers, as it is thought to be more flexible and easier to implement than other methods.

Thematic Analysis provides steps as the researcher interacts with the data for recognizing, analysing and grouping themes (Braun & Clark, 2006). I use this method as I gather, group and code the reoccurring patterns of ideas, thoughts and feelings in the text, and look for a patterning of meaning across the dream data.

I have chosen Thematic Analysis (TA) as a method of qualitative data analysis, and not others for this study, because of the way that the process organizes, identifies themes and looks at patterns of meaning across all of the data (Braun & Clarke, 2006). Freud (1900, p. 608) in his work on the interpretation of dreams, was the first to bring attention, in psychoanalytic psychotherapy, to the importance of the use of interpretation of dreams, as a valuable technique for uncovering what he famously conceptualized as “the royal road to a knowledge of the unconscious activities of the mind”. He explains that dreams are made up of symbols and themes, and in his techniques for interpreting dreams, he describes the process of dream interpretation as breaking the dream down into elements and encouraging the patient to associate separately on each element. This seems to parallel and make a good match, for the use of Thematic Analysis as my chosen methodology and for this study. For example, “Freud regarded the dream interpreter as part palaeographer, part translator, part code breaker” (Gay, 1923, p. 113). An important difference in this process, if that I will be interpreting dream themes with my own associations, rather than using the associations of the actual *dreamer* to analyse these elements, this is because the dreams that I have obtained are not from my own patients, where if they were I would be encouraging the patient to make their own associations.

In the case of this analyses, I will be also breaking the dreams down into elements, by coding the data (using my own free associations to the words) and then forming main themes and describing their interconnection with each other, in relation to the research question. The hope in using thematic analysis as a method for this research, is that themes found across the dataset, can provide a visual impression of the suicidal dreamers’ experience.

Thematic Analysis encompasses a complex interlacing of themes. This method of research can help deepen the analysis, by exploring these interrelationships between the themes, which, I believe, suits the aim for this study. This dissertation in its use of Thematic Analysis is therefore more, than just a report of a collection of themes through the data, it provides a platform for myself (researcher) to look with greater depth, to reflect, and use an interpretive stance on these themes, and why they seem prevalent and important information, in gaining a furthering understanding of the dream themes of the suicidal mind/experience.

An important difference in thematic analysis as a method in this research, is its flexibility, as it is not rooted in a particular theoretical framework (Braun & Clarke, 2006). Thematic Analysis can therefore be described as “well suited to use with social phenomenology” as it is not limited by theoretical inflexibility (Joffe, 2012, p. 211). Braun and Clarke (2014) have responded to criticism of Thematic Analysis (that has suggested that the method is lacking in interpretative depth) positioning the method as a flexible, insightful, and thorough approach which provides a platform for depth of reflection, by use of the researchers’ interpretation.

Thematic Analysis is often accused of being rigid or formulaic so that the art and individuality of the researcher (applying their own interpretive skill) is not credited. However, I have found Thematic Analysis to be creative process with parallels to the practice of psychotherapy and the practice of free association.

Because of the philosophical underpinning of the researchers' role as interpreter, this means that it is not possible *to not* bring my own individual experience and lens, to the Thematic Analysis (which holds the individuals own experience at the core of the research). I believe that this increases the potentiality of the usefulness of this study, in facilitating and enhancing, the possibility of positive therapeutic outcome for patients, through gaining a heightened understanding of their 'inner world' experience (Persale, Hilsenroth, & Owen, 2012).

There are limitations to this study, as it is a small dissertation, limiting my scope. For this study I was unable to collect the dreams directly from my own patients, and therefore could not use the patient's own free association to the elements of their own dreams. There would also be ethical considerations, involved in collecting from my own patients. Also, I would not be able to bring the same unbiased perception, as I would have too much memory and desire that could interrupt my own free association. By using existing written accounts, I can more effectively use the method of Thematic Analysis.

I would like to note here that the definition of a 'suicidal attempt' is difficult. The psychoanalytic constructs that my research is embedded in are also complex. Considering this, I have included a thorough review of the central psychoanalytic concepts around dream interpretation, suicidality and depression that inform my thinking in this dissertation, as they are complex and not concrete and there are more unknowns than knowns.

Stages of Thematic Analysis

I have largely based my method process for Thematic Analysis on the guidelines and six phases, outlined and suggested by (Braun & Clarke, 2006).

After the data collection these include:

1. Familiarization with the data
2. Generating initial codes
3. Searching for themes
4. Revision of themes found
5. Defining and naming themes
6. Producing a report of the findings

Note: These phases I have used as a guideline, and there has been a movement between each phase, back and forth, as I felt necessary. I will be illustrating this process further in chapter six.

Chapter three: Conceptualising dreams and the unconscious

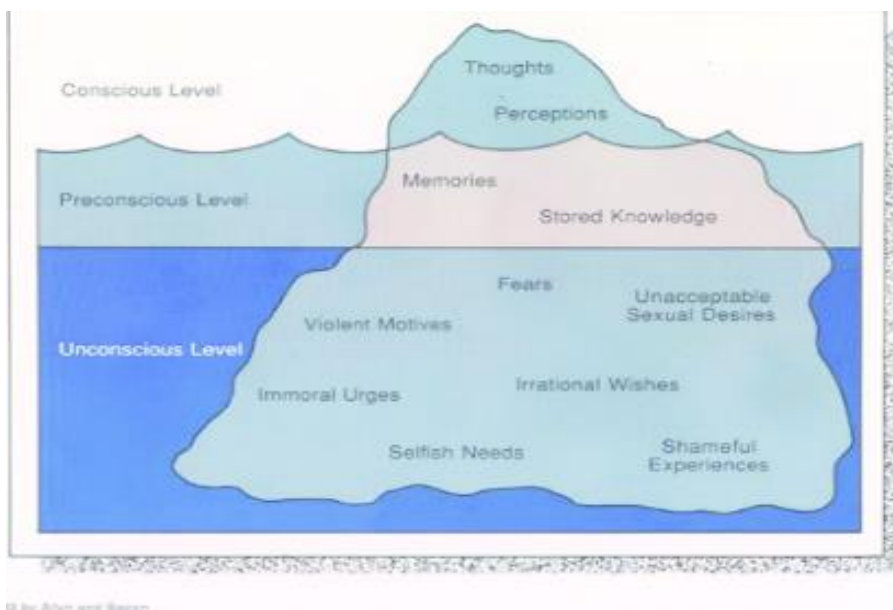
Freud (1900) notes that before Aristotle, dreams were regarded by the ancients as belonging to divine agency. Aristotle defined dreams as “thinking that persist (in so far as we sleep) in a state of sleep” and do not arise from super-natural manifestations but instead follow the “laws of the human spirit” (Freud, 1900, p. 59).

Freud’s (1900, p. 608) famous theory on dreams and their interpretation is amongst his most important discoveries into the workings of *unconscious processes* in his theory of psychoanalysis. Regarded as the “royal road to the unconscious” Freud’s work on dreams continued to support, influence and inform his work (and the direction of psychoanalysis) for the rest of his life. In his short work “On dreams” (1900) Freud gives a detailed and clear summary of this theory and methods of dream interpretation. He believed that through the process of interpreting dreams we are able to gain a proximity to the ingenious capacity of ‘dream work’ and in doing so uncover (and free) otherwise inaccessible, repressed unconscious material.

So, what is the unconscious?

Freud (1955) brought to psychoanalytic theory, the idea of the importance of the ‘unconscious’ mind, which he describes as having a powerful influence on people’s, thoughts, feelings and behaviours. He developed a topographical model of the mind, which he coined as ‘The Mental Iceberg’ which highlights three structures of the mind and its function. Figure 1 (below) shows these three structures, which are; the conscious mind, the pre-conscious mind and the unconscious mind (Jameel, Kamil, & Abidin, 2013, p.161)

Figure 1. Freud’s View of the Human Mind: The Mental Iceberg.



The conscious mind: is thought to involve thoughts and perceptions that are linked to mental processes of which the individual is aware of (i.e.: It's cold, I need a jumper).

The pre-conscious mind: is thought, to involve memories and stored knowledge, held just below the level of consciousness, and

although not currently conscious, this material, thoughts and feelings can be accessed into consciousness (such as recalling the address you once lived at). (Freud, 1923 p.306) explains that “These thoughts and feelings succeed in attracting the eye of the conscious”.

The unconscious mind is thought to be made up of mental processes and material (primitive urges and impulses) that are also influenced by our past experiences (Freud, 1915). This includes such things as fears, irrational wishes, shameful experiences, unacceptable sexual desires, violent motives and ‘immoral’ urges. Freud argued that these primitive urges and impulses are kept out of conscious thought, because they are unable to be rationalised and are felt to be unacceptable by our conscious selves. They are therefore stored in the unconscious, which is in-accessible to the conscious mind. Negative, traumatising material, thoughts and feelings and emotions are ‘kept out of consciousness’ by use of defence mechanisms such as repression, because they are felt to be too dangerous for the individual to consciously address. However, these mental process (that go on outside of our conscious awareness) are thought to have a powerful influence on our judgments, feelings and behaviour (Freud, 1915).

Dreams are therefore thought to hold links to this unconscious material, which is at the heart of this study.

Freud (1923) then went on to develop a more sophisticated model of the unconscious to explain the manifestation of defenses and resistance which emerge in an attempt to prevent the individual from experiencing excessive anxiety and guilt. He applied these three levels to the structure of the personality, naming them the id, the ego and the super-ego.

The id is described as entirely unconscious (primitive impulses, raw unstructured, seething excitations and impulsive energy). The ego and the super-ego are thought to hold both conscious and pre-conscious aspects.

The ego is thought to have regulatory functions to help keep the impulses of the id under control. The role of the ego is to follow the reality principle, operating with both the conscious and unconscious mind. The intention of the ego is to fulfil the demands of the id, in an ‘acceptable way’ within the realms of society.

The super-ego is thought to be comprised of things such as self-critical attitudes and moral values, usually assimilated as ‘internalized outer voices’ (such as a critical parent) which strive to defend against the fear of feeling excessive guilt and anxiety, if one was to lose control of their excitations and impulses. The super-ego involves the morality principle which encourages us to behave in a socially conscientious manner.

The dream could now also be understood further to result from conflict involving the id, ego and super-ego.

Freud's theory of dreams became the focus of his understanding of significant psychic phenomena. "The structure of neurotic symptoms, slips of tongue (Freudian slips), and motivated errors in general are all identical to the structure of the dream: a compromise is struck between an unacceptable thought or feeling and the defense against it. The forbidden material is allowed access into conscious experience only in disguised form" (Mitchell & Black, 1995, p.9).

The task of dream analysis according to Freud is to "unravel what the "dream work" has woven" (Freud, 1900, p.686). Freud conceptualized dreams as pieces of 'work' that ingeniously convert unacceptable impulses and memories into stories that appear harmless enough to enter our consciousness (Gay, 1998). Dreams (according to Freud) work the same way as neurotic symptoms by acting as "substitutes" or "compromises" for repressed wishes (Freud, 1900, p.640).

Dreams as wish fulfillments

Freud believed that all dreams represented wish fulfillment, and this idea that all dreams are wish fulfillment was controversial (Gay, 1998). This is because dreams also show us worries and anxieties that persist in sleep, such as unpleasant content that "wake the dreamer" (Quinodoz, 1999, p.2). Margaret Bowater describes 'anxiety dreams' as "nightmares about anticipated trauma" (Bowater, 2010, p.82). These types of dreams often include such things, for example as being late for an important meeting, or impending disasters, such as a tidal wave approaching.

Freud disposed of objections to his belief that all dreams are wish-fulfillments. He asserted that every dream was the product of a conflict, a rule that even anxiety dreams did not escape: "it still remains possible that distressing dreams and anxiety dreams, when they have been interpreted, may turn out to be the fulfillment of wishes" (Freud 1900, p.215); "something that is a satisfaction for the unconscious id may for that reason be a cause of anxiety for the ego" (Freud, 1940, p. 170); "Freud's view of the mind as a set of organizations in conflict with one another, what one segment of the mind wants, another is likely to reject, often very anxiously" (Gay, 1998, p. 109).

The role of wish fulfillment in dream can therefore be understood in two categories:

- Wish-fulfillments that clearly appears in the dream. These dreams are often seen most clearly in the recollection of the dreams from children.
- Wish fulfillment presented as un-recognizable and disguised. This type of presentation of dream is thought to show a type of censorship at work, rendering the wish unrecognizable by form of distortion. These dreams are often seen more in adult recollection of dreams (Freud, 1900, p. 702)

The work of dream interpretation

Freud (1900) recognised that reflecting on a whole dream can bring one no nearer to understanding it (especially if the dream is unintelligible as dream material so often is). His method is to *break the dream down into its elements* and *to associate on each element* separately, starting with looking for the “day residues” in the dream.

Freud (1900) discovered that dream elements act as “representative” of the disparate material contained within the dream content and through the process of free-association, common factors become visible. The manifest content of the dream (the actual dream content) is therefore much shorter than the latent dream content (the dream thoughts). Freud (1900, p. 641) describes “the process which transforms the latent into the manifest content of dreams as the ‘dream work’”. Gay (1998, p. 109) describes the manifest dream as containing “what the dreamers’ inner censorship will permit to float to the surface of awareness”.

Freud (1900, p. 674) divides dreams into three categories that distinguish the quality of relationship (or coherence) between the manifest and latent dream content. The first category of dreams is simple, undisguised “wish-fulfilment” dreams that are intelligible and make sense in the context of their circumstances. An example is dreaming of drinking gallons of water, when the dreamer has gone to bed without hydrating enough. Freud describes children’s dreams as always belonging to this category.

The second type has a coherent flow within the dream context yet seems “bewildering” to us as to why we would “wish” or imagine the contents. An example could be dreaming the death of a close relative when we have no reason or conscious wish for this to happen. The third and most common type of dream appears as “disconnected and meaningless”. An essential concept at this point is the role played by our resistance (internal censor) in the distorting, disguising and forgetting of dreams. Freud observes that it is at these points of resistance (where we forget or can’t associate) that the most significant dream thoughts lay buried.

Freud describes three mechanisms occurring in dream work that allow for the transformation of thoughts into condensed, disguised, visual images. These are “condensation”, “displacement” and “dramatization” (considerations of representability in the content of the dream).

Condensation (Freud, 1900) describes the distilling of many (often contradictory) thoughts into single dream elements. “The dream work is particularly fond of representing two contrary ideas by the same composite structure” (1900, p. 652). Freud uses the analogy of superimposed photographs to illustrate this complex and highly ingenious process. It is here that Freud (1900, p. 650) asserts an important rule—that if faced with an “either—or” alternative, we must change it to an “and”, taking each of the “apparent alternatives” as independent starting points for association, as they will all contain common and connecting material.

Freud (1900, p. 659) describes **displacement** as the process “chiefly” responsible for our inability to connect (or recognise) our dream thoughts within our dream content (unless we understand the reason for the distortion). Freud recognised that the forces of resistance (our censors), although weakened during the night, are still active, accounting for the heavy “disguises” that dreams often adopt to allow repressed thoughts and wishes access (past the censor) into our conscious thoughts. He recognised a primary function of dreaming as “guarding” our sleep and preventing distressing stimuli (internal or external) from waking us up (Freud, 1900).

Dramatization is responsible for the modifications needed to transcribe our dream thoughts into pictorial, metaphorical and symbolic language of our manifest dream content. Freud (1900), compares the work of putting together the dream with that of a large-scale production.

Symbolism in dreams according to Freud (1900, p. 682) works principally to assist repressed erotic wishes to find expression in the manifest dream content. Freud recognised dream-symbolism as valuable in providing insight into “typical” dreams experienced almost universally, (although usually contained within the same language) as well as a dreamer’s own individual symbol formations (represented in recurrent dreams). Although Freud maintains that an understanding of dream symbolism is indispensable to dream analysis, he consistently stresses the importance of recognising and acknowledging its limitations. He saw analysing symbols as an auxiliary method, to be used alongside his own methods of associating on the individual dream elements. Freud (1900, p. 470) uses the analogy of Chinese script symbolism (where interpretation is dependent on the context) to illustrate the essentialness of individual context in any interpretation.

Mastery of conflict behind dreams

Freud acknowledged “the concept that some dreams represent an attempt at mastery of past or recent traumatic events” (Natteson, 1993, p. 321). In the view of Fosshage & Loew (1978) the dreamer not only tries to rectify or resolve a conflict but also integrates the present, which can result in creating the future. This is important for this study in its search for the themes in the dreams that can potentially have an impact on the individual’s very future and chance for survival.

Salman Akhtar (2009, p. 129) writes that “the capacity of the therapist to peacefully listen to patients verbalise suicidal ideation paradoxically strengthens the boundary between thought and action”. He emphasises the importance of the therapist’s ability to engage in deep empathy and understanding of the patients experience and suicidal temptations, and that in the ‘sharing’ of this with an empathetic other, there can be a positive therapeutic outcome. This is done by way of helping the patient first lessen the ‘inner’ power of impulsive destructive action, by bringing it to consciousness, speaking about it, and by having the reparative and healing experience of experiencing these (otherwise hidden) thoughts felt as understood, listened to and met with deep empathy from another human being.

Chapter four: Discussion of research relating to depression and suicidality

Suicidal individuals do not *always* show the clinical symptoms or features associated with depression, and not all depression leads to the experience of suicidality. However, there is much evidence to support a significant overlap of depression with suicidality, as discussed below.

Therefore, I believe it is fundamental in understanding the phenomenon of suicide to start with a review of depression, as it is largely understood in psychoanalytic theory as ‘turning against the self’. Suicide could be therefore understood as taking this one step further. For this reason, I will start with an overview of the mechanics of the phenomenon of “turning against the self” which Freud illuminated in his work with depressed patients in his paper called: “Mourning and Melancholia” (Freud, 1917). This chapter provides the basis for the beginnings of defining and understanding the experience of depression that much of literature to date builds on. It also outlines the methodological and theoretical foundation that my research and practice as a psychotherapist is embedded.

In his study of depressed patients, Freud’s intention was to create greater understanding of depression, through discovering the difference between the normal process of mourning, and of “melancholia” which Freud describes as the experience of depression. Freud noticed that the symptoms and behaviours of a person under-going the normal mourning process, looked very much like depression and thought that perhaps in finding what it was that set the two experiences apart, might in turn provide useful information for greater accuracy in diagnosing and understanding the experience of clinical depression. What seems to stand out as the most notable difference of behaviours in these two experiences, was the discovery that “the disturbance in self-regard is absent in mourning; but otherwise the features are the same” (Freud, 1917, p. 244).

Freud describes this disturbance in self-regard as “Turning against the self” which, he explains, is the “The phenomenon often observed in obsessional neurosis in which a person directs hatred inward against himself. The desire to retaliate becomes the propensity for self-torture” (Freud, 1915, p. 103). This finding is reflected in much of the literature, and there seems to be much agreement that “...in depression, there is a tendency to turn aggression against the self” (Catty, 2016, p. 12). Both Abraham (1927b) and Klein (1940) also seem agree that aggression is a central contributor to depression.

Unconscious fear and guilt of over one’s own aggression

Freud (1917) describes depression as associated with an unconscious fear of one’s own aggression and doubt over the ability to manage these feelings, should they be expressed. These thoughts and feelings then get repressed, and in order to manage this repression, turned in on the self, with the result seeming to be that of depression. These aggressive feelings can be experienced as unmanageable and the person can fear them, and/or feel guilt for these feelings. Attempting to manage these hostile and guilty feelings, the person may try to repress

them by turning their aggression inward on to the self. Bowlby (1969, p. 24) seems to extend this theory about repression of hostile feelings, in his description of the “intense and violent hatred for the mother” being denied and therefor “turned against the self”.

Winnicott (1969) writes in terms of object relating and object usage in relation to the child’s phantasy about their own destructiveness. He speaks about the child’s impulse to destroy the object and the necessity for this early developmental phase to encompass experiences of the maternal object surviving their expression of aggression in order to experience object constancy, which facilitates the strengthening of the capacity to use the object.

Loss of a loved (or ambivalently loved) object

Abraham (1927a) was the first to suggest that depression was related to an identification with a lost love object. Freud (1917) built on this idea in his study of people who were undergoing the grieving process, with a focus on their capacity to mentalise the experience, in order to sufficiently mourn their experience of loss. He found that a child who has suffered trauma and insufficient attachments with their early attachment figures, where they were not mirrored, contained etc., were more vulnerable to depression, due to not being able to separate from their love object in order to mourn their loss adequately. From this Freud theorized that “turning against the self” was elicited from the (real or imagined) loss of a loved one of whom the patient experienced ambivalent feelings towards, and that the subsequent loss of this significant person, has meant that the aggressive feelings once aimed at them, has now resulted in being aimed inward.

Freud (1917) also observed that the depressed patient, would usually speak in a reproachful aggressive way about themselves, and he noticed in these times, that it seemed to also sound as if the rapprochements were being addressed to someone else “If one listens patiently to a melancholiac’s many and various self-accusations, one cannot avoid the impression that often the most violent of them are hardly at all applicable to the patient himself, but that with significant modifications, they do fit someone else” (Freud, 1917, p. 248). He goes on to suggest that the rapprochements against the self, are really rapprochements against the lost love object. He viewed this as the “identification of the ego with the abandoned object and in doing so, the loved object does not need to be given up completely “Thus the shadow of the object fell upon the ego” Freud (1917, p. 249).

The Psychodynamic Diagnostic Manual describes this type of negative self-rapprochement as an introjective depressive pattern of behaviour, which is characterized by “harsh, punitive, unrelenting self-criticism; feelings of inferiority, worthlessness and guilt; a sense of having failed to live up to expectations and standards; fears of loss of approval, recognition, and love from important others; and fears the loss of acceptance of assertive strivings” (PDM, 2006, p. 111).

Hateful qualities internalized

Much of the literature suggests that aggression to the self can be seen most often in the way the client self-reproaches and criticizes themselves (Catty, 2016). McWilliams writes that the defence of introjectively depressive people is introjection and that “in working with introjectively depressive patients, one can practically hear the internalized object speaking” (McWilliams, 2012, p. 240).

The Psychodynamic Diagnostic Manual reflects the internalisation of hateful qualities, in its description of depression “Depression also differs from ordinary mourning in that the mourner experiences the world as empty or bad, whereas clinically depressed individuals locate their sense of emptiness or badness in the self” (PDM, 2006, p. 109).

McWilliams (2012, p. 240) writes that “...the kind of introjection that characterizes depressive people is the unconscious internalization of the more hateful qualities of an old love object”. Freud (1917) described this internalization process as Melancholia. Johnson reflects this in his description of the characteristics of the Oral type of personality where the “Oral suffers from the good-bad split in his representation of self and others” (Johnson, 1994, p. 126).

Both Anna Freud, (1946)) and Laughlin, (1967) also describe “turning against the self” as a defence mechanism of introjectively depressive people and believe that it acts by way of service, in anxiety reduction, in that, by locating the problem within themselves, the client can then hold hope and have the power to make things better, if only they improve themselves. Fairburn (1952) describes the internalization of the ‘bad’ aspects of the parent as a response driven by the child’s need to remain attached to the parent, and that in locating the badness within, the child therefor gains control of it.

Idealization. Only good qualities remembered

Klein (1940) suggests that when the child does not develop the capacity to bear the disillusionment that the mother is outside of their omnipotent control, that this can impair the grieving process. The child may attempt to avoid the unbearable disillusionment that the mother is an external being, by never truly experiencing her as a whole object (one that contains both good and bad aspects). Klein would suggest that this could mean that the child is hindered from reaching the depressive position, and therefor remains in more of a paranoid/schizoid position, which is when the positive qualities are mostly remembered affectionately, and the negative qualities, experienced as part of the self (Klein, 1940). Being unable to reach the depressive position means that the individual’s capacity to mourn normally is impaired—rendering them more vulnerable to depression and potentially to suicidality.

Helplessness

While Bibring (1953) and Lazar (1997) agreed that most cases of depression, contained aggression, they theorized that the central dynamic was related more to the experience of feelings of helplessness and impotence in threatening situations such as the loss of ideals and of self-esteem. Sandler and Joffe (1965) built on Bibring's theory of helplessness and loss of ideals being responsible for anger turning against the self, and stressed the focal importance was not the lost person, but more a sense of loss of an earlier sense of self, who's well-being was dependant on maintaining an attachment with that significant person.

Early attachment experiences

Abraham (1927b) thought depression was most related to the earliest mother/child relationships experienced. He suggests that the experience of interpersonal loss or disappointment in adult life (especially in a love relationship) is experienced by some people as an unconscious repetition of an early childhood state of being injured narcissistically (i.e. an injury to the sense of integrity to the self) thus evoking powerful feelings of hostility and aggression. Kohut (1977) also describes depression as a response to failures of the object, which would then elicit a narcissistic fury.

Winnicott (1965) emphasized the impact of the quality of the maternal care supplied to the child and how deprivation of 'good enough mothering', containing and mirroring, can affect the person's sense of self, giving rise to the development of a "false self", as the child adapts by developing defence mechanisms that reflect his feelings of futility and emotional impoverishment, such as turning against the self.

Bowlby (1973) while studying children that had been separated from their mothers, observed a three-stage reaction process, in which the infant first protests acutely, then next falls into deep despair, and then in the final stage, gives up and becomes superficially regulated but detached (Bowlby, 1973, p. 23). The outcome of this was marked by ambivalence from the child towards the mother. Johnson (1994) seems to reflect this finding regarding chronic frustration, saying that "self-negation begins when the natural response to chronic frustration becomes too much to bear" (Johnson, 1994, p. 102). He describes the defence of turning against the self, as the result of unsatisfactorily obtained symbiosis in childhood, where the child's needs were not sufficiently met and where the child experienced chronic frustration in response.

Johnson (1994) would formulate 'turning against the self' in terms of contracting against one's own needs "By contracting against his own need, the oral has turned against the self" (Johnson, 1994, p. 115). He explains that the oral character "chooses depression over expression" to negate his own 'needy feelings', that were not met in childhood. Johnson explains that in contracting against these needs, that "depression is a frequent consequence" (Johnson, 1994, p. 102). Johnson also explains that "Orality will develop where the infant is essentially wanted, and an attachment is initially or weakly formed but where nurturing

becomes erratic, producing repeated emotional abandonment, or where the primary attachment figure is literally lost and never adequately replaced” (Johnson, 1994, p. 100).

As we can see, much of the literature regarding the experience of depression, links to early attachment experiences. These experiences seem to strongly influence the child’s developing sense of self, self-esteem and feelings of security and well-being.

I think it is important to note here, what has not been discovered. Freud (1917) states, that he was unable to formulate an answer that could explain why some people who experience significant loss in their lives, do not experience melancholia and the self-destructive behaviours in response, that others do. There are of course, other possible influences on the manifestation of depression. For example, the literature that I have reviewed does not include details of other possible contributing factors, such as; temperament, poverty, genetics and brain chemical imbalances. However, I think that because human beings are created as inherently social beings, it makes sense that it will most likely (although not always) be our relationships with people, that affect us profoundly.

Over-all and in addition to early attachment experiences, the idea that aggression to the self is evoked in response to experiences of helplessness, makes sense to me, as feelings of powerlessness can be felt as a threat against survival, giving rise to the fight or flight response, and perhaps to regain a feeling of control, the depressed person, then turns against the self.

Although there is some disagreement in the literature about whether aggression is a primary or secondary phenomenon in depression, none seem to disprove, that where there is depression, there is aggression.

Suicide

Less is known about the suicide phenomenon. Freud (1917) describes the self-hatred, seen in depression, as having originated from anger toward a lost love object, suicide he therefore reasoned, was the ultimate form of this phenomenon. (Hendin, 1963, p. 236) also writes that “there would be no suicide without the earlier repressed desire to kill someone else”.

Freud (1917) described the experience of suicidality, as the ego killing itself through introjection and identification with an ambivalently lost loved object, that is integrated into the ego and becomes the hated target of the super-ego “in other words suicide is the murder of the self as proxy for the lost object” (Glucksman, 2014, p. 658).

Suicide and homicide are therefore thought to have great similarities, as in suicide the hated internalised object is killed and in homicide it is the murder of an external object (Asch, 1980). “Suicide attempts and ideas of suicide seem to give an illusory feeling of mastery over a situation through the control one has over whether one lives or dies” (Hendin, 1963, p. 240).

Chapter five: Review of the existing research on dreams in relation to depression suicidality

This review was undertaken after my analysis of data in keeping with the thematic analysis method. There is not much literature particularly of the recorded dreams of suicidal individuals. Litman, describes three reasons for infrequency of psychoanalytic or dream orientated case reports on suicide. The first is that committed or completed suicide occurs infrequently in therapy. The second is that every suicide remains ultimately something of a mystery, the psychology never fully understood. The third is that “suicides of patients are painful for therapists, something they prefer to forget” (1980, p. 296).

Most of the studies have found mainly looked at making comparisons between groups of suicidal individuals and non-suicidal groups such as depressed, psychotically depressed, and violent patients. However, Litman (1980, p. 294) found that “the dreams of suicidal persons are not identical with the dreams of depressed persons, although there may be considerable overlapping, since many suicidal people are also depressed”. Kubie (1967) found from his overview of the many determinants of suicide, that research into the study of the dreams of those who have attempted suicide could be powerful in finding important clues for the phenomenon.

Note: the research articles that I have found mostly suggest that they have largely made “comparisons of dream themes” over groups of patients, however I have not found any literature that shows their method for distilling these themes was Thematic Analysis and that focused on analysing the dreams of *only* suicidal individuals.

My study therefor, looks particularly **into** the dreams of *only suicidal individuals* to potentially find common themes and threads.

Miller (1969), in an article titled ‘Dreams during various stages of depression’, collected dreams from patients with “clear-cut signs of profound psychotic depression” (Miller, 1969, p. 560). The findings of this research found that dreams in deeply depressed patients “that there are some factors operating in depression that tend to turn’ dream imagery into pleasant pictures”. He also found that dreams in improving patients became troubled, saying that “this suggests that as the patients improve, they may begin to deal with their problems in their dreams” (Miller, 1969, p. 563).

In a comparable study, Firth, Blouin Natarajan & Blouin (1986), manifest dream content of psychiatric in-patients (who had been admitted because of suicidal attempts) was compared with three control groups. These control groups included patients who had been admitted for either depression and suicidal ideation without attempts; or depression with no suicidal ideation or commission of a violent act without suicidality. The findings of this study indicated that patients *who had attempted suicide* have more frequent *death, destruction and hostility* content in their dreams. However, they found that these themes only related to

suicide attempts ‘indirectly’ as they are present also in non-suicidal, impulsive, violent patients.

Litman (1980, 1981), in two related studies titled ‘the dream in the suicidal situation and ‘dreams, depression and suicide’ respectively, found that “the manifest contents of the dreams of suicidal persons have in common certain basic themes, with variations among individuals according to their unique symbols and patterns of communication. These basic themes include the following: death and dead persons; destruction of self and other persons; images of being trapped and struggling unsuccessfully. When the suicide plan has matured, the final decision is often signalled by peaceful dreams of taking leave” in Natterson, (1993, p. 283). Litman quotes Beck and Ward (1961) who reported that the dreams of depressed individuals have themes largely around deprivation, disappointment, miss-treatment, being impeded, exploited, disgraced, rejected or abandoned, accused or criticised, ridiculed, punished or injured, lost or losing.

Langs (1966), in a study titled ‘manifest dreams from three clinical groups, compared the manifest dream content of his patients, who were diagnosed with hysterical character disorder, paranoid schizophrenic reaction and psychotically depressive reaction. He describes the distinction he found in the psychotic depressives’ dreams as largely “brief and barren” and seemed to “center on family members and appear to reflect an extensive decathexis of external objects and reality and a pervasive utilization of defensive denial” (p. 642).

Raphling (1970), in a study called ‘dreams and suicide attempts’ compares and explores the unconscious motivations for suicide by comparing the differences in thematic content in the manifest dreams of depressed non-suicidal patients and depressed-suicidal patients. He found that there were differences in explicit references to threatened or actual death or dying to men or animals, dead persons and killing.

In his review article, called ‘dreams and suicide’ Maltzberger (1993) contrasted the dreams of suicidal patients with non-suicidal, depressed patients. He found that “the dreams of suicidal patients often reveal wishes for revenge, punishment, reunion, fusion and rebirth. Confusions between the patient’s body and that of others are suggested by the dreams of some suicidal patients “dreams in suicidal individuals may portray disintegration of the self (self-state dreams)” (Maltzberger, 1993, p. 55).

Glucksman (2014) in his review article called ‘manifest dream content as a possible predictor of suicidality’ found that there is a distinction in the manifest dream content of depressed non-suicidal patients to that of depressed suicidal patients. He found that depressed suicidal patients showed themes of death, destruction, violence, murder, annihilation, helplessness, hopelessness and departure. The latent content showed elements of guilt, shame, anger, self-punishment, abandonment, rejection, the wish to kill oneself or another, to atone, escape, to be reborn and reunited with someone already dead.

Gutheil (1999) (originally published in 1948) was one of the first to write about his clinical overviews of the dreams of suicidal patients. In his study called ‘dream and suicide’ he writes that the dreams he believed represented an increase in suicidality, where when the manifest content became increasingly violent and was coupled with themes of exhaustion and surrender. Gutheil suggests that a “somatic toxic factor may change the structure of the personality” in those who experience melancholia, saying that this can lead to the “life function of the dream to fail”. He goes on to describe this as the dream then beginning to work “in the service of the death instinct” which works by easing the individual into accepting death as a solution” (Gutheil, 1999, p. 249).

Hendin (1963) in his paper called ‘the psychodynamics of suicide’ made an experimental effort to explore the psychodynamics of suicide through dreams. He interpreted the dreams of patients who had survived a suicidal attempt. He found that there were themes that stood out, such as dreams of retaliatory abandonment, reunion through death, death as rebirth, and death as self-punishment. In this study Hendin explores the “different attitudes towards death on the part of suicidal patient” (Hendin, 1963, p. 236). In some cases, he obtained the dreams reports of patients who were deemed to be severely suicidal but found that these reports were hard to come by as the patients struggled with recollection of dreams following the act. He used the method of hypnosis in these cases asking the patient to go into a dream state with the idea of recollecting their dreams prior to their attempt. He noted that many depressed patients, were not suicidal and that “the psychodynamics of depression are not sufficient to explain suicide, and thus the study of depressed patients cannot be used as a substitute for directly studying suicidal patients” (Hendin, 1963, p. 237).

Chapter six – Data Collection for Analysis:

I found my innitial search for literature that held the dream material of a suicidal person, to be an enormous challenge. It seems such a vastly under documented area. I found that there is a sparse amount of literature available, particularly of the recorded dreams of suicidal individuals. Most of my initial searches found dreams of **only depressed patients** and/or only **dreams of suicide**.

My particular interest however, was to apply thematic analysis from the dreams of **only** people who had seriously attempted or completed suicide, or were thought by the author/practitioner to be acutely suicidal. I felt that I needed to really take into account the information given for each patient about their suicidal potentiality. This meant that, in each article, I found *either none*, (which was often) or on rare occasions, a very small amount in in each article, that I felt happy to include in the analysis for this study.

The large majority of the dreams I have chosen were from people who either prior to, or after the dream, attempted or completed suicide. A much lesser amount of dreams was taken from clients that the practitioner deemed as suicidal, without a (known) attempt.

Second person transcription

I initially tried not to include any dreams that were already transcribed by the author or practitioner, for example the only dreams I wished to allow for this study were ‘first-hand’ accounts described in the patient’s own words, for example in direct quotation brackets such as “I was walking down the road...etc.”. This is because I wanted to follow Freud’s (1913) thinking in that when the patient describes their dream in ‘first person’ it helps them to get closer to the experience and increases the quality of their recollection. However, due to the limitations of these direct reports, I decided to include some dreams that had second person transcription such as “she found herself on a....” because these dream reports were of patients who were suicidal, and I decided to trust the practitioners’ transcription was as accurate as possible.

For example, I chose two dreams to include from Maltzberger (1993) where dreams were often reported in this article through the description (second person) of the author, but were from suicidal patients reports e.g. “She was in a long, narrow tunnel and could see a light at the end of it. She walked toward the light, and there was a man and woman standing over a manger”. I included this in analyses, as the patient was suicidal and had attempted suicide, by jumping in front of a train.

Another example of (second person) description that I included was of a suicidal girl: “she dreamed of looking through a glass which she held up to the light, sometimes seeing her mother, but sometimes seeing a particular date scratched in the surface”. I also chose this dream despite of the second person narrative, because of the attempted suicide following reporting this dream.

I made a conscious decision and effort to refrain from reading any of the content of the articles surrounding these dreams that contained theoretical data and/or author’s analysis or ideas of the dreams, until I had collected the dreams I felt were acceptable for this study and I had fully completed my coding and thematic analysis of the data, as I did not want my coding process, to be influenced by authors ideas or theory of the patients’ dreams. I do acknowledge however, that there will be an influence of theory (as I will be analyzing the data using a psychoanalytic, psychotherapy lens) on my coding process and associations.

In total, I ended up with a total of 55 dreams to code. Articles with dreams used in my thematic analysis are given numbers for ease of reference.

1: Clinical commentary: Leslie (Likierman, 2005)

2: Dreams, depression and suicide. (Litman, 1981) *and* The dream in the suicidal situation, (Litman, 1980).

- 3 Dreams and suicide attempts. (Raphling, 1970)
- 4 Dreams and Suicide (Maltzberger, 1993).
- 5 Manifest dream content as a possible predictor of suicidality (Glucksman, 2014)
- 6 Dream and suicide. (Gutheil, 1999)
- 7 The psychodynamics of suicide (Hendin, 1963).
- 8 On female homosexuality (Deutsch, 1932)
- 9 Aggression turned against the self (Quinodoz, 2009)

Familiarization with the data:

Once I had collected these dreams, I began the journey of familiarizing myself with the content.

The 'immersion' process with data familiarization began as I read the dreams that I had collected, one by one. Once I had read all of the dreams collected, I then began the re-reading process of all these dreams together again. I held an open, curious and questioning stance whilst doing this, as suggested by Braun and Clark (2012).

Generating initial codes

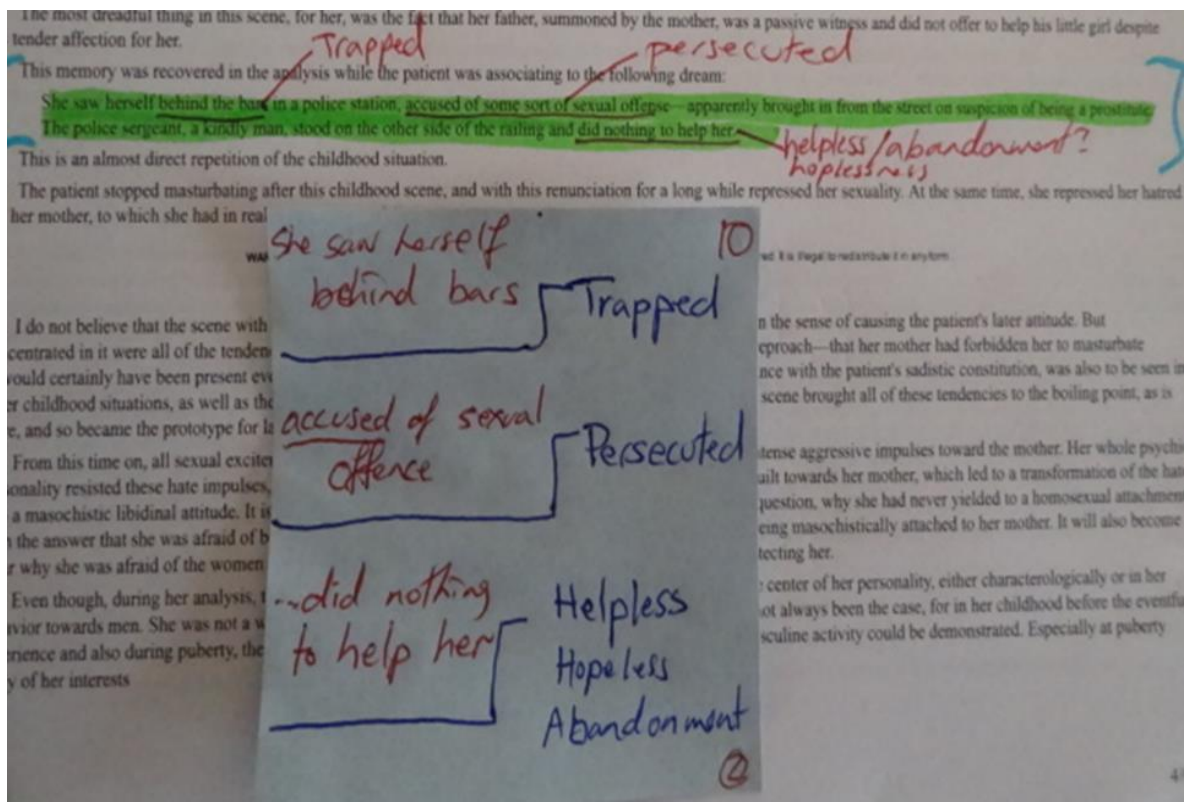
During the re-reading process I also began adding my code words and associations to the data around these words, which was the beginning of my coding process.

List of Codes:

- **Family**
- **Reunion**
- **Departure**
- **Lost/trapped/escape/evade**
- **Falling/drowned**
- **Violence/death/murder/ killing**
- **responsibility**
- **Persecuted/persecutor/ revenge**
- **Abandonment**
- **Structure/Architecture/ landscape**
- **Helplessness/hopelessness/impotence/fear**
- **Obstructions**
- **Broken, torn, falling apart**
- **Disasters/annihilation**
- **Holding on**
- **Giving up/letting go/ surrender**

- Guilt/ responsibility/shame
- Hostility/anger
- Self-punishment
- Reunion/departure/rejection
- Pathway/ crossroads/ choices/ direction

Illustration 1 is an example of my beginning coding of the data to the words and feelings that I associated them with...



Once I had re-read and coded all of the dreams that I had chosen for my collection for this study. I then physically wrote out each of the dreams on to cards, with my codings and associations (using different coloured cards for dreams from each article).

During the process of coding my associations to the words, sentences and parts of the dreams, I began to feel like I was beginning to really sense the ‘tone’ of the dreams of a suicidal person. However, After I had coded each dream with my associations, I then ‘left’ these dreams, associations and codes, to form in my mind, over a period-of time. I did this because I felt that my conscious and unconscious mind was still working through them and wanted to have a deeper ‘feel’ for the data and themes, that developed over this time.

Searching for themes

When I felt that the data and coding's had had enough time to collect together, and settle unconsciously and then consciously into some formation, I then took each dream apart, physically. I manually cut each sentence (or parts of sentences) into themes emerging from the coding, and began to lay them out on the floor, into initial groups that seemed to have a similar feel or context

Illustration 2



Illustration 2 is an example the initial groupings of themes that I made, by taking apart the first 25 dreams that I had collected.

Note: the picture is a little blurry, which could represent also the blurring sensation that I experienced over this complicated and arduous process of searching for themes and their connections to each other.

Defining and naming themes: organizing clusters

My first grouping of themes included large amounts of: *violence death murder destruction*. I then went on to continue to add to these groups, adding the coding from more dreams...and as I did this, I found that some of the groups *seemed connected to others*, and began rearranging these groups by putting these connections together and forming main theme headings, with sub groups.

At this point I found that my groupings of themes and data was getting really big, covering the whole of the floor. I felt from this that I needed to group these themes together and make more links between them and I continued with this process. When all of the data was on the floor, the themes that I had been becoming familiar even more with, over this process, began to “take shape” and the ‘main themes’ began to form slowly in front of me as in moved these connections around.

Themes of **Violence, death and destruction** were most prevalent in this analysis, however, I found that many of these themes also held something else...and instead of putting them all

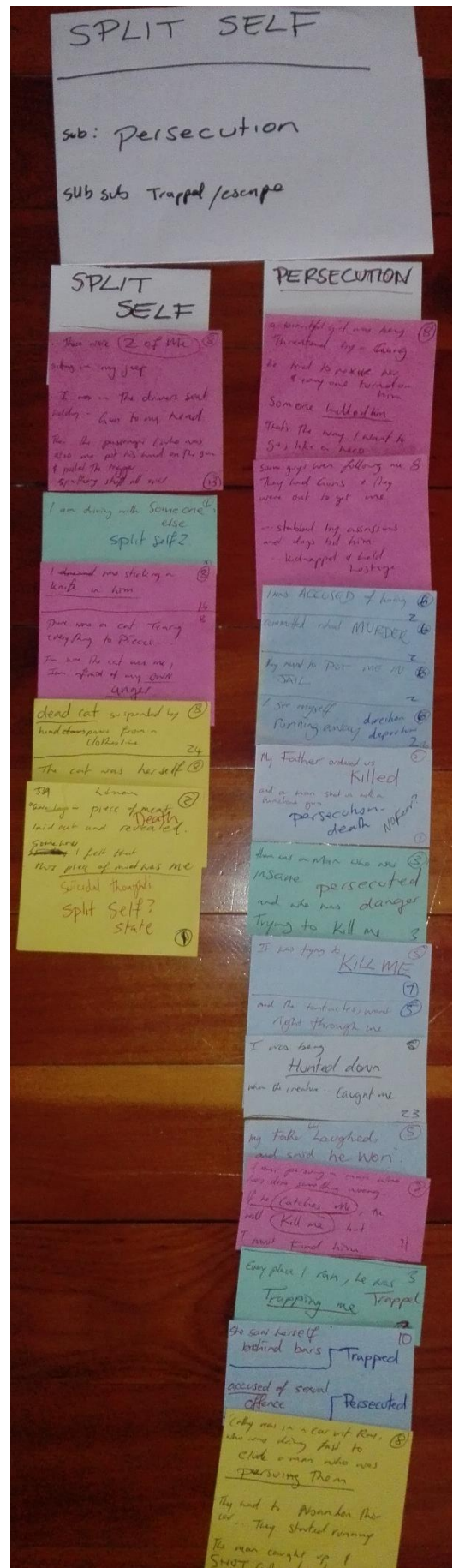
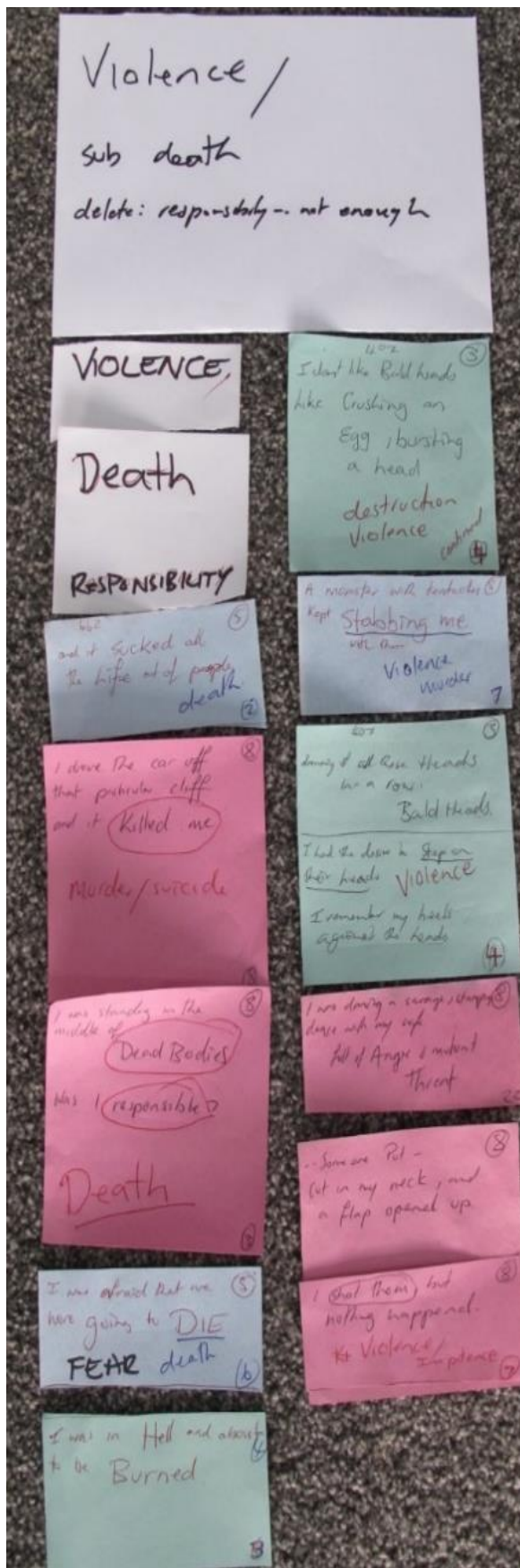
into the same ‘category’, I found the need to explore and break these themes down more. In doing this I was linking back to Freud’s methodology of theme condensation (where rather than **either/or** there is also an **and**). I separated out aspects that I found under **violence and hostility** group that held other dimensions. For example: I took the **theme of impotence** from the **violence group** and put it into a theme group of **helplessness/ hopelessness and powerlessness**.

Many themes were re-grouped, for example, themes of **breaking, torn, collapsing or falling apart** were put under new theme headings, such as **architecture and structure**. **Pathway/direction and peaceful resolution** became linked together, containing sub groups of **obstruction** and **giving up**.

Another example of this process is when adding the coded data from dreams containing themes where the person had died, I found that a new heading was needed which I initially labeled as **giving up**. This contained data with sub-themes of **struggle, helplessness and hopelessness**, all of which I later connected to themes heading of **holding on and letting go**. Eventually towards the end of this process these links between themes moved again many times.

I found that themes of **persecution**, seemed to also link to themes of **a split-self**. For example, in dream themes of being hunted down and killed there is the **persecuted and persecutor** as separate. But within the **split-self** there is *both* the **persecutor** and the **persecuted**. I linked these together because, of their similar feel, for example, in homicide there is a ‘murderer’ and a ‘murdered’, and in the action of suicide, we know that the ‘two’ are held within the same ‘self’. Freud (1917) describes suicide as a murderous attack on the self. I therefore separated these themes from the **violence and death** headings that seemed connected to sub groups such as **persecutor persecuted and a split self** (see illustration 3).

Illustration 3



[illegible]

34

Illustration 5



Chapter seven: Report of the findings:

The research (that I have referred to in the previous section) points at the prevalence of themes of **death, violence and destruction** in suicidal patients' dreams. Many of these studies however *also* seem to emphasise that the link between these themes and suicide is somewhat *indirect*. For example, some of the findings in these studies that showed a great similarity in these themes in *violent, non-suicidal* patient groups. I think that this is important to note this similarity, and to consider that *within* the suicidal individual, there is the existence of violent and hostile feelings, towards the self and/or others.

I certainly have found a prevalence of themes of **violence and hostility** in my thematic analyses; however, I feel that there is a lot more, that stood out in my analyses. I will be describing these themes, along with a description of the violence and hostility group (because this group is certainly worth recognition in its prevalence) however, it is *not all* that I can see from the results of this thematic analysis.

I looked further into '*what else*' seemed to stand out from these dreams and found that there seems to be a prevailing sense of '**struggle**' in these dreams with an **either/or** type quality.

Themes of struggle and either/or choices

- Violence and Hostility ---hurting others/ or being hurt?
- Split Self - Persecuted/ or Persecutor?
- Direction –This way/ or that way?
- Reunion/ or Departure?
- Holding on/ or Letting Go?

Illustration 6: Violence and Hostility is an example of the initial connections I found between these themes.

Note: I have deleted several sub themes such as **responsibility** (too little data) and moved subthemes of **impotence** with **helplessness/hopelessness** (which I assigned to thematic network 2).

Illustration 6

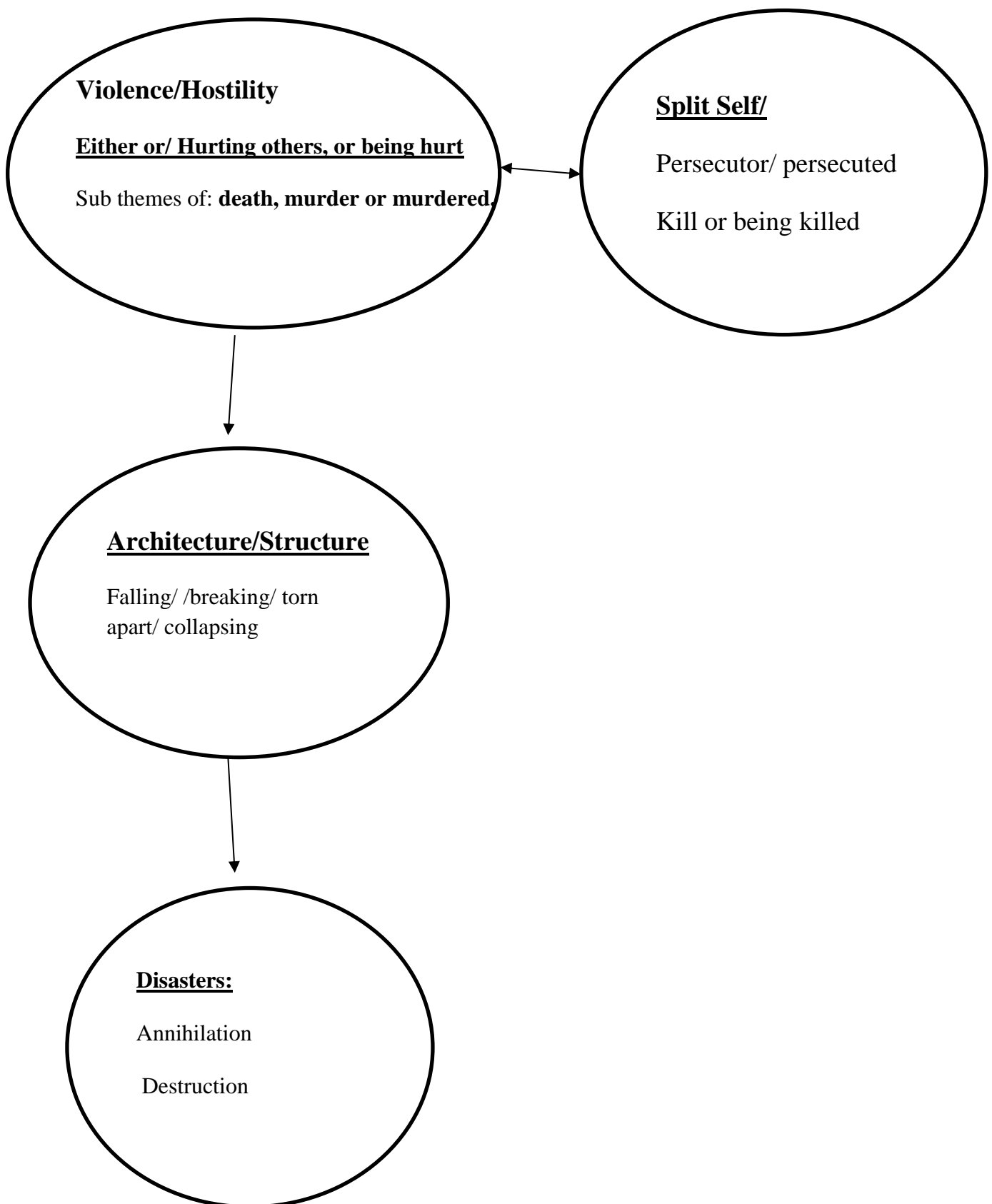
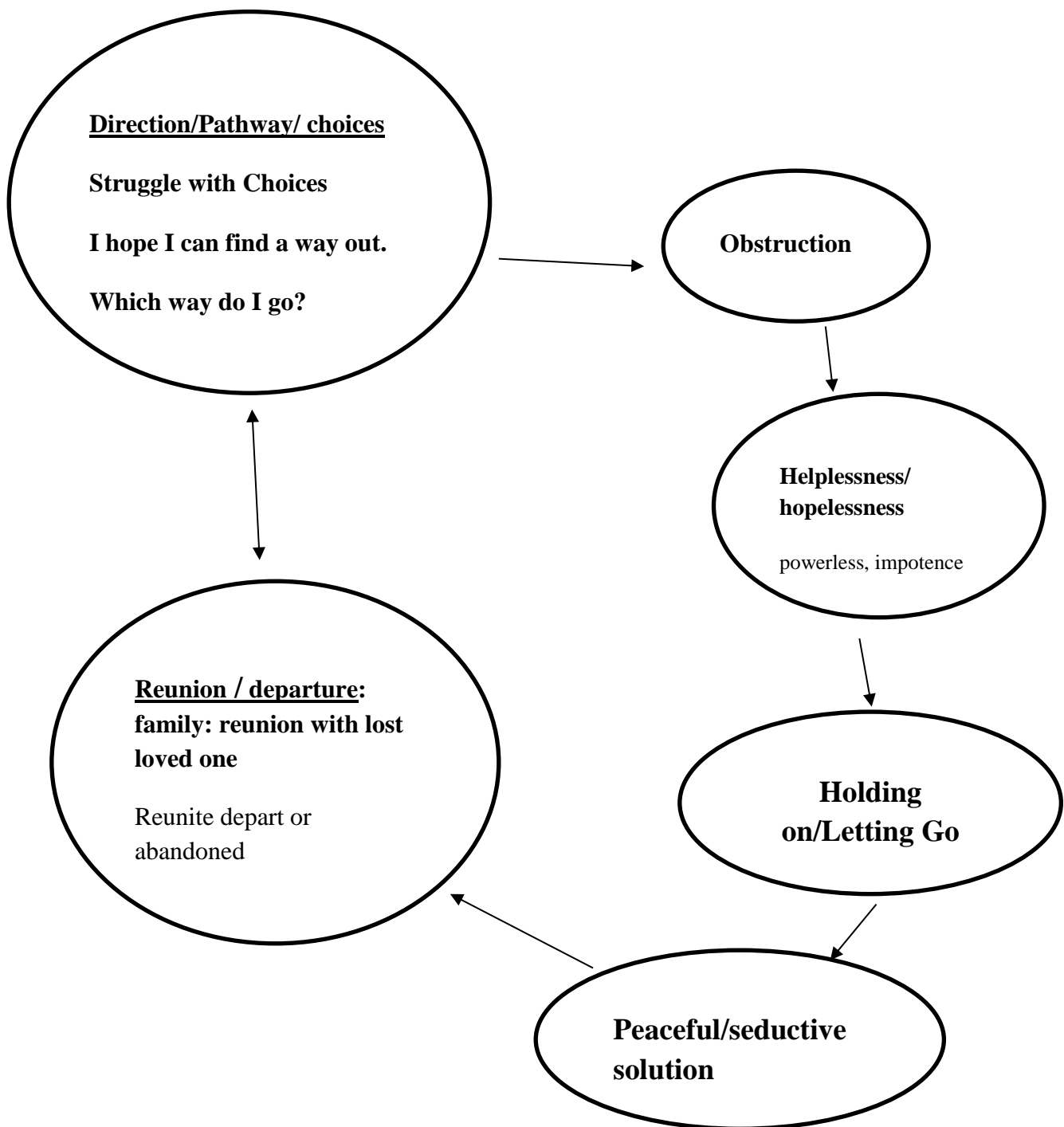


Illustration 7

I have put these themes together, because of what they also seem to show about a struggle with processing ‘**choices**’ (see Illustration 7).

Themes of **holding on** suggest the continued **struggle** to *hold on to life*. Themes of **letting go** suggest the dreamers’ inner working out if death, could be a possible solution.



Final Themes:

Themes of thematic network one:

1. **Violence/Hostility**
2. Split Self
3. Persecutor/persecuted
4. Architecture/structure
5. Disasters/annihilation
6. Integration/Disintegration
7. Final solution

Themes of thematic network two:

1. **Pathway/Crossroads**
2. Obstruction
3. Struggle/ Holding on/ or Letting Go
4. Helplessness/hopelessness
5. Seductive solutions/Peaceful solutions
6. Reunion/departure
7. Final Solution

Chapter eight: Thematic network 1: Violence and Hostility

I found these themes represented a struggle with feelings of hostility and aggression, presenting a conflict between the life and death instincts. I found that there seems to be a *fight, flight or freeze, hurting others or being hurt*, type quality throughout these themes.

In looking at themes of **Violence and Hostility**, this group was initially much larger, but I noticed that within this theme there were also themes that stood out and appeared to be both separate and yet overlapping, for example: Themes of **Violence and Hostility** also held connections to the themes of **Split/Self, Persecutor/Persecuted, Disasters/Annihilation/Architecture/Structure**.

First, I will briefly outline these main thematic themes, giving examples from some of the dreams I have analysed.

Violence and Hostility

Below are some examples that show themes of Violence and Hostility:

“I was dreaming of all these heads in a row. I had the desire to step on their heads. I remember my heels against their heads. I don’t like bald-heads, like crushing an egg, bursting a head”.

“He was walking through his factory. He was the leader and felt quite aggressive and powerful in this stance”

“I was dancing a savage stomping dance with my wife, full of anger and mutual threat”

“I shot them, but nothing happened”

“I had murdered someone. I felt that I had to commit suicide”

“I drove the car off the cliff, and it killed me”

“I was standing in the middle of dead bodies. Was I responsible?”

“...someone put a cut in my neck, and a flap opened up”

“I was in Hell and about to be burned”

“I was afraid that we were going to die”

Split Self: personal violence

Themes of a **Violence and Hostility, Split Self, Persecutor/ Persecuted** all show within themselves, themes of a type of personal violence, which seem to show the struggle of the unconscious mind between the ‘**hated internalised/ or externalised object**’, including the ‘**wish to be killed, kill oneself or another**’.

Themes of a **Split Self**, which as previously discussed, is very much linked to the act of suicide, where within the same individual there is both the ‘**murderer and the murdered**’.

Some examples are:

“...there was two of me, sitting in a jeep. I was in the driver’s seat holding a gun to my head. The passenger (who was also me) put his hand on the gun and pulled the trigger...spattering stuff all over”

“...there lay a piece of meat, laid out and revealed. Somehow I felt that the piece of meat was me”

“There was a cat tearing everything to pieces.... I’m not sure if the cat is me, I’m afraid of my own anger”

Persecutor/Persecuted: personal violence

Many of the dreams seemed to hold themes of either being **persecuted, or persecuting** someone else, with themes relating to a **personal type of violence and hostility**.

Code words: persecutor, persecuted, trapped, escape.

Some examples are:

“a beautiful girl was being threatened by a gang. He tried to rescue her, and everyone turned on him. Someone killed him”

“I was accused of having committed a murder. They put me in jail. I see myself running away”

“kidnapped and held hostage”

“some guys were following me, they had guns and they were out to get me”

“stabbed by assassins and dogs bit him”.

“I was being hunted down, when the creature caught me”

“My father ordered us killed, and the man shot us with a machine gun”

“there was a man who was insane...and who was trying to kill me, everywhere I ran, he was trapping me”

“it was trying to kill me, and the tentacles went right through me”

“My father laughed, and said he won”

“Cathy was in the car with Ray, who was driving fast to elude a man who was pursuing them. They had to abandon their car...they started running. The man caught up and shot Cathy dead”

“I am pursuing a man who has done something wrong. If he catches me, he will kill me, but I must find him”

Disasters, destruction/ annihilation: violence by event

This theme group holds themes of an event that causes death violence and destruction.

Code words: Disasters, destruction/ annihilation

Some examples of these themes are:

“an atom bomb was falling”

“and then a fiery plane crash”

“disasters, frightening earthquakes floods and high winds”

“it was cataclysmic, and everyone was annihilated”

“and it sucked all the life out of people”

“it is the end of the world”

“a war had broken out”

Architecture/Structure

Code words: Architecture/Structure/ Falling apart/ torn/ broken/collapsing

This theme group could be understood as symbolising the suicidal individuals inner psychic experience, if we consider the to be the symbolism of '**Architecture/structure**' to be the 'body' and themes of, **breaking, torn, falling apart or collapsing** as representational of 'structure' of the mind.

Some examples of the **Architecture/Structure** or 'body' are:

"being in a garage like room, open at the front and back, with bare beams"

"meeting in the village, where the houses were very individual. His designation is a 'very nice white house' which has a tower on the top. The doorbell is on the tower part and, upon inspection, the tower turns out to be composed of two buttresses"

"two stone dogs at the entrance of the garage like place"

"on a gigantic ship"

"I was inside a walled building. There was a gate with a door ajar"

Some examples of the **architecture 'structure' (body and mind) falling, torn, or breaking apart** are:

"...parts of my body were coming off, and dropping over the edge"

"...fraction by fraction was pulling me apart"

"...as though some fierce machine, which was pulling me apart"

"...it shook me as a dog shakes a rat...every joint and nerve seemed to be rattling apart"

"The roof was collapsing, and the walls were caving in"

"There were things on the roof. The whole house was falling apart. The whole thing collapsed"

"...the furniture was all broken"

"...on a platform that is suddenly rising, dangerously, threatening his balance"

Illustration 8. Thematic network 1: Violence and Hostility.

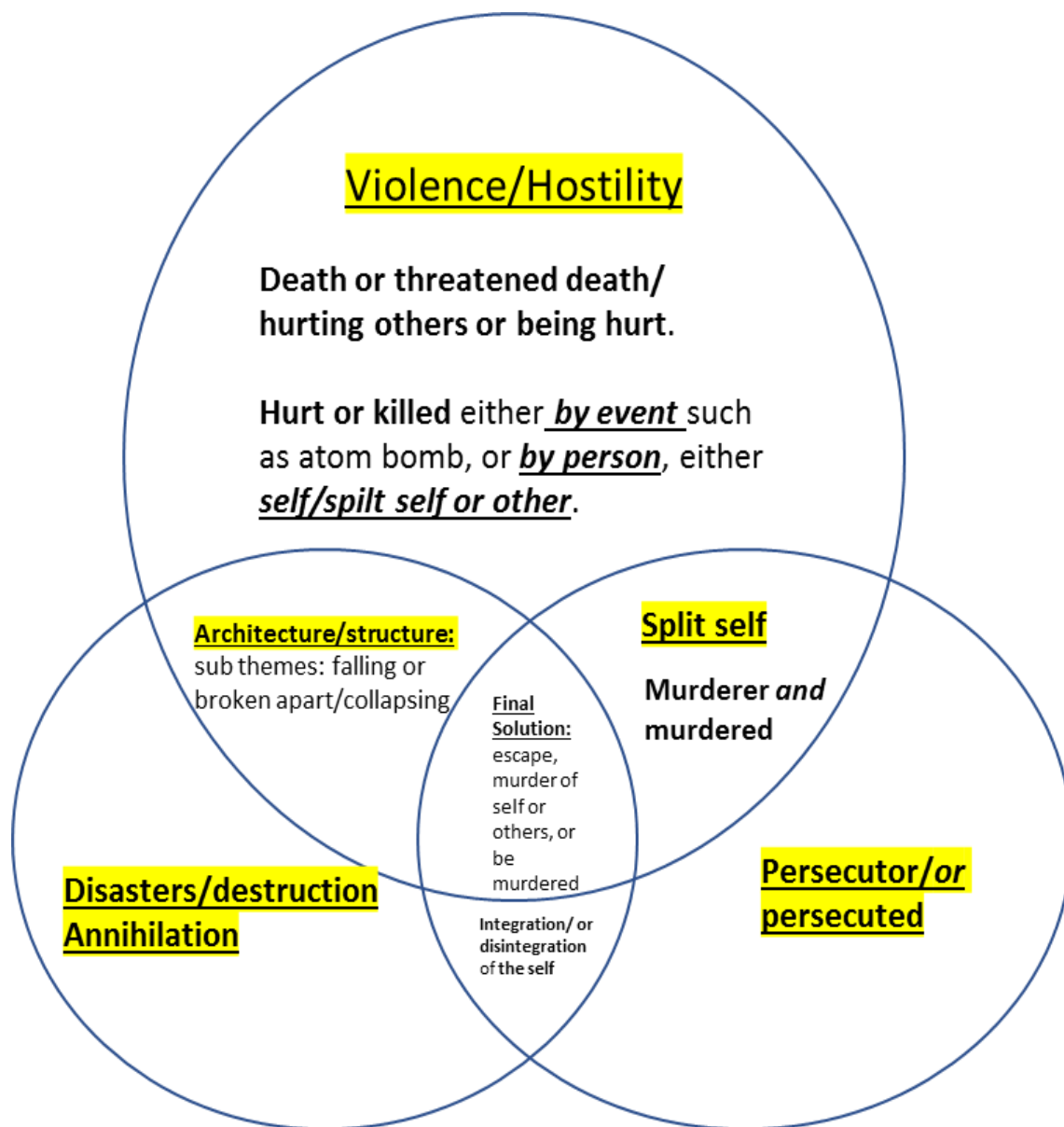


Illustration 8. Demonstrates the three main rings identified in **thematic network one:** containing overlapping themes of **Violence and Hostility, Split Self, Persecutor/Persecuted, Architecture/Structure, Disasters/Destruction/Annihilation.** When I merged these themes together, subthemes emerged. These subthemes are presented in the centre, where there is the **Integration or Disintegration of the self**, and the definitive **Final Solution.**

Themes of Violence and Hostility emerged as a **major theme** in my analysis and flows through all of the dream themes found in this first thematic network. I also found some of these themes were also contained amongst the dreams of thematic network two, (**Pathway/Crossroads**), which I will be outlining following the description of this network.

In Illustration 8, I see themes of an **unconscious struggle** and **either/or type** quality of these themes, which can be seen here, with the ideas of **either being hurt/ or hurting others, through personal violence or by event**.

Sub themes of: death, or threatened death, murderer or murdered. Including the ‘wish’ to kill oneself or another. Main emotions are of Anger, Hostility, Fear, and Confusion.

Chapter nine: Thematic network 2: Pathway/Crossroads

Note: In this study, my findings, along with the prevalence of disturbing and violent material, are *other* concerning themes, that *also* seem to represent a **struggle between life and death instincts**.

Pathway/Crossroads:

This thematic group seems to have emerged as **highly significant** in my thematic analysis. Where the dreamer is faced with **choices of pathway or direction**. This perhaps signifies the dreamers’ unconscious trying to work out an answer, to questions between **choosing the ‘pathway towards, or away from, life’**.

Code words: Pathway/Crossroads, direction

Some examples are:

“for some reason our paths separate, she stops, and I walk on”

“through a maze of rooms and corridors, like a labyrinth”

“I couldn’t find my way to where I wanted to go”

“I kept asking for directions, but everyone gave me the wrong directions”

“I go into a dark hallway”

“I walk towards the horizon”

“was to go into the field”

“I was walking down the street”

“I make a trip to the mountains, it is winter”

“but soon I see that there is nothing ahead, I must go back”

“he walked into a dirty dark, dangerous alley filled with garbage and filth”

“I turned and walked off the road into a beautiful meadow with flowers and sunshine, peaceful and lovely”

Struggle: Helplessness/hopelessness

The dream themes of a **struggle**, (perhaps with the question of whether to **live or to die**) including **main emotions** of **helplessness/ hopelessness/ and impotence**.

Code words: struggle, helplessness/hopelessness and impotence

Some examples are:

“...a wounded dog being dragged around and around by the current...it is going to die...I feel helpless and go away...then come back and don’t know what to do”.

“[She] saw herself as an infant.... swaddled in tapes and bandages”.

“I didn’t know what to do to get them out of there because I was way up, standing on a hill”.

“a man puts a scarf around my neck...I do not make a sound...I am terrified...this really is the end”.

“you were standing nearby with your pockets in your hands, doing nothing to help me and laughing”

“...balls have to be thrown and battled back, with participants swapping sides. When it becomes the participants turn, the ball becomes smaller and his throws are in-effectual”

“Feeling alone and abandoned”

“...and you cannot reach me”.

Obstruction

It seems that the dreamer’s struggle with **pathway/crossroads** (choices of direction) is often compounded by a sense of **obstruction**, something in the dreamers’ way, that perhaps also contributes to feelings of **helplessness and hopelessness and impotence**.

Some examples are:

“I just couldn’t go down to get them, because it was too far”

“It is winter”

“the landscape is snow and ice”

“They can be pulled together to block the entrance”

“a man blocked the gate...and would not let her through”

“A large black cube which lay in his way as he tried to walk along the path...and no matter how hard he tried to move, the cube moved with him, so that he could not proceed”

Holding on/Letting go:

In combination with themes of a **struggle, hopelessness and helplessness and obstructions**, are themes of **holding on** (to life) and **letting go** (of life). Perhaps indicating the dreamers’ experience of depression, overwhelm and **exhaustion**.

Code words: **holding on/letting go, giving up, struggle, exhaustion**

Themes of **holding on** suggests the dreamer is still energised by the wish to live, yet the **struggle** is significant, with main emotions of **helplessness and hopelessness and exhaustion**. These dream themes show the struggle for the dreamer to **hold on** (to life), and the exhaustion experienced in this, which seems to present the 'other option or choice'...which is to **let go** (to die).

Some examples are:

"I hold on to my pointed cane, which I am using for a crutch, but then I let myself go, and I awaken".

"...and with your hand out-stretched, but I cannot grab hold of it"

"my hands keep slipping off the rocks"

"and I'm afraid I'll let go and drown"

"I fall into a deep pit"

"I grow weaker and weaker"

"I knew she would fall in, I saw her sinking and slowly disappearing"

"the road is very difficult, I can't go on"

"finally, he gave up, and merged with the black cube"

"I fell into a lake full of terrible rough waves, and became exhausted and drowned"

"I see a woman who is swimming in the ocean...and became very tired... then a bottomless hole opened up...and she started to fall in"

The Seductive (peaceful) Solutions

This theme is best described as: the unconscious mind, trying to find a **Final Solution** in response to constant feelings of **helplessness, hopelessness, obstruction, torment, loss, persecution and exhaustion**.

Some examples are:

"there is a long narrow tunnel...and I could see a light at the end of it"

"I see on the other-side of the ravine, a peaceful summer landscape"

"we are going towards the sunset"

"We need to put her out of her misery"

"she won't feel a thing and it will be all over"

"In a beautiful room"

"she walked towards the light...and there she could see a man and a woman standing over a manger"

"returning to that community with a feeling a peaceful resolution"

"Beautiful meadow, with flowers and sunshine, peaceful and lovely"

Reunion

Contains themes of **Reunion** (with lost loved one) and sub themes of **Family and Departure**. The former attachment to the lost loved one seemingly recreated by the dreamer. This seems to show a wish for attachment to this lost one, by an ultimate denial of this loss, which is presented in these dreams.

Code words: Family/Reunion/departure/abandonment

These dreams contained themes of Reunion (with someone already dead).

Some examples are:

“met his (dead) father”

“looking through the glass, sometimes seeing her (dead) mother...and as an echo or did my mother answer?”

“I dreamt of my Aunt (dead), she was like a mother to me”

“I come to mother (who died six years ago), I felt that she had come back and hadn’t died”

“with a childhood friend Mary (dead)”

Family:

Many of these dreams contained themes of Family.

Some examples are:

“my husband’s family was dying”

“there were lots of us, mainly mothers with children and some grandmothers

“I was in a house with my daughter”

“I was with my brother and sister”

“my brother was above, saying that I should be burned”

Departure:

Included in this theme group are themes of Departure.

Some examples are:

“and we said goodbye to each other”

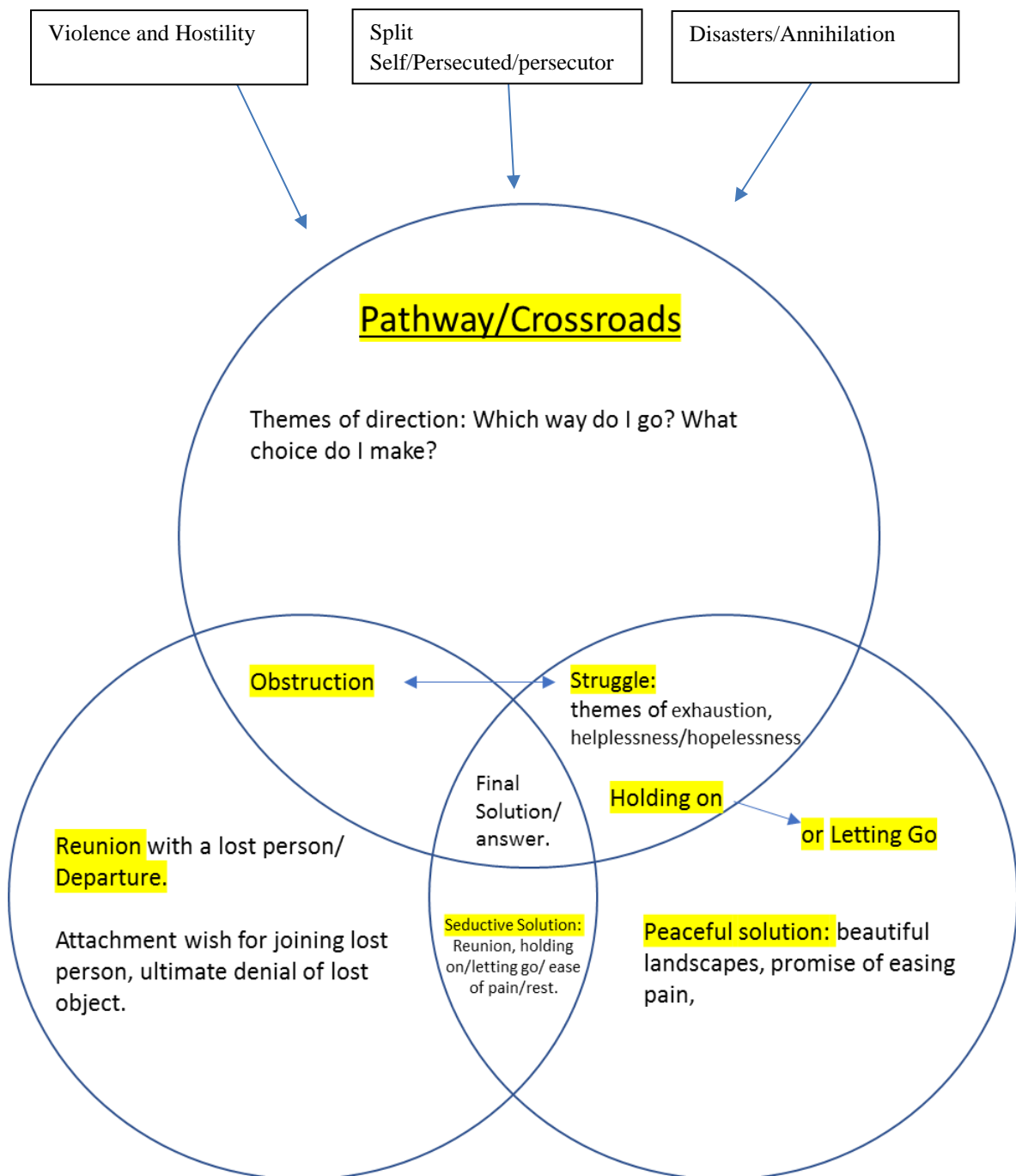
“I said goodbye to everyone, with joyous expectation that I would soon die”

“I had an affair”

“the other man left me”

“I told my class I was leaving them, and they cried”.

Illustration 9: Thematic network 2: Pathway/Crossroads



The thematic network (see **illustration 9**) of **pathway/crossroads** seems to follow almost as an ‘**escape**’ from the themes of **violence and hostility**. When I merged the three main rings of thematic network 2 together, they seemed to indicate that **seductive solutions**, to the ongoing experience of **exhaustion** and **unresolved loss**, are offered to the dreamer as a **final solution**.

This thematic network holds themes of **direction** and a **struggle** with **choices** such as “which way do I go?”. It also encapsulates the **struggle** the dreamer has with themes of **holding on and letting go**, amongst feelings of **helplessness, hopelessness, exhaustion** and **obstructions** in the dreamers path. This thematic network shows possible ‘**options**’ that are presented in the dreams as **seductive/peaceful solutions** to **unresolved loss**, and feelings of **exhaustion**. They seem to point to the dilemma of whether to **live or die**.

Chapter ten: Discussion and synthesis of thematic network themes:

Note: I found that often within the *same dream* there were connections to *both* thematic networks of ‘violence and hostility’ and ‘pathway/crossroads’.

In relation firstly to ‘**violence and hostility**’: Considering the psychoanalytic theory which describes the phenomenon of depression/suicidality as “turning against the self”, which involves the concept of a possible conflict with feelings of hostility and aggression, we can see that there are strong connections of this, in the thematic network of violence, hostility, destruction, annihilation, split-self, persecutor, persecuted, architecture/structure, integration/disintegration of the self and final solutions, processing in the dreams of the suicidal person.

It seems that dream themes are often brutal and frightening and seem to hold a fight/flight or freeze, quality, which indicate a sense of threat to the self or to others. I consider these themes, to contain a sense of a significant struggle with the concept of hostile, aggressive and ambivalent feelings towards the self or others. For example; (Hendin, 1963, p. 236) writes that in the case of suicide that “there would be no suicide without the earlier repressed desire to kill someone else”.

If we think also, in terms of depression and suicidality as involving an unconscious fear of one’s own aggression (and of the repression and suppression that occurs in response to this fear) (Freud 1917, Bowlby 1969) this conflict seems to also show up in these themes, as perhaps an unconscious attempt to ‘master’ this ongoing conflict, by delivering these unconscious, unresolved, hostile and unexpressed impulses and feelings (of the id), into the suicidal individuals dream world, to continue processing. Bowater (2010, p. 79) suggests that “recurring nightmares indicate an unresolved recurring life issue, calling for conscious attention”. Revonsuo (2004) also stresses that an important function of dreaming is to practice facing threats that we consider to be imminent, and that this is a *type of preparation* of the unconscious, for facing these threats, in reality. Considering these ideas which seem to be built on Freud’s (1900) concept of mastery of ongoing conflict in dreams, this seems to be seen in the dreams I have analysed, which would explain why the suicidal individual’s dreams show so much relating to themes of violence and hostility, and I consider these themes as important indicators of potential imminent threat of harm, *not only* to the self, but *also* to others.

Much of the theory supports that in the experience of depression, there is often a conflict of these violent and hostile feelings (towards external and/or internalised objects) and an attempt at controlling or suppressing them, by ultimately turning this aggression, towards the self. I wonder if it is perhaps, amongst these conflictual feelings of *hostility, aggression and fear*, that the depressed person first “chooses depression over expression” Johnson (1994, p. 115). I also wonder, if this eventually becomes too much to bear, if this is when suicide is perhaps presented as another ‘option’, ‘answer’ or ‘*final solution*’ to how to express this unresolved, unexpressed and possibly unconscious, aggression.

Amongst Freud’s development of the structural theory he developed the concept of the death drive, to describe the self-destructive impulses and self-hatred that he observed in his work with severely depressed patients. He pointed out the super-ego’s potential to be harsh and cruel, suggesting that “the super-ego can become a kind of gathering place for the death instincts” (Freud, 1923, p. 54). I believe that this can be seen in these themes, if we think in terms of **internal and external persecutors**, where themes of a *split-self, persecutor and persecuted*, disasters and annihilation, seem to represent the suicidal individuals experience of feeling under threat.

If we think in terms of fight flight or freeze, which is shown to be prevalent in experiences of trauma, where there is a threat (be it towards the self, others, or ideals of the self), this seems to emerge in the themes of a split-self, where *within* the same suicidal individual there is the potential to be *both* the ‘murderer *and* the murdered’. I wonder also, if perhaps conflict over hostile feelings are also presented in either feeling ‘*persecuted or persecuting*’ another (and both also being contained within the suicidal individuals’ inner world) and if this becomes too much for the Self to contain, they are then perhaps ‘*split*’ in a way that is more acceptable for the dreams expression.

There was certainly a prevalence in my analysis of the dreamer feeling persecuted. What I sense from these dream themes is that there is a ‘blurring’ or distorted sensation of whether this threat is from **external or internal forces**, and a sense of an attempt to ‘split’ off these threatening sensations and ideas throughout these themes. For example, Klein (1946, p. 100) writes that “Even if these objects are felt to be external, they become through introjection internal persecutors and thus reinforce the fear of the destructive impulse within”. Perhaps this is representational of the suicidal individuals inner psychic struggle with the concept of suicide, that relate to being both the murderer *and* the murdered. For example, suicide and homicide are thought to have great similarities, as in suicide the hated internalised object is killed and in homicide it is the murder of an external object (Asch, 1980).

In my analysis, as might be expected, I found dreams of a suicidal person *being* the persecutor less prevalent than dreams of being persecuted. However, the presence of hostile feelings is significant, and the persecutor theme should be acknowledged as a relevant thread. This is because I think it is extremely relevant to *not only* think of the suicidal person as capable of turning against the self, but to consider the conflict of themes of violence and hostility as a potential for the external expression of this also *towards others*. I wonder if

themes of *being* the persecutor indicates the defence mechanism, developed by Anna Freud (1946), where in response to experiencing external aggression, the person ‘protects’ themselves from feelings of powerlessness and vulnerability, by identifying with the aggressor, hence becoming the persecutor. For example, Steiner, (1993) quotes Rosenfeld’s (1971, p. 175) description of the psychotic structure as being like a “delusional world or object, into which parts of the self tend to withdraw, it appears to be dominated by an omnipotent or omniscient extremely ruthless part of the self, which creates the notion that within the delusional object there is complete painlessness but also freedom to indulge in any sadistic activity”.

Towards the last year of my friend’s life, I believe that I saw a significant change in his demeanour. I wonder now if he was struggling amongst what these themes of ‘*split-self*’, *persecutor*, *persecuted* represent of a conflict of where and how to express feelings relating to hostility, ambivalence and unresolved loss. He seemed to develop a way of relating that seemed irrational, where he became sensitive to feeling persecuted or criticism (where I believe there was none) and in these moments, he seemed to ‘identify with an internalised aggressor’ by ‘becoming’ the persecutor; often delivering harsh and cruel words. In these times I felt that he seemed to suddenly appear as ‘someone else’ not the empathetic caring person that I had known for most of my life. He seemed to use this ‘identification with the aggressor’ becoming the (internalised) persecutor, which I believe he unconsciously used as a defence mechanism for pushing myself (and others) away. I also believe he used this defence to enable himself to complete the act of suicide. I wonder if many people reading this, who have lost a loved one to suicide, have also experienced a notable change in the demeanour of their loved one, as they became closer to acting suicide out?

Architecture/ Structure: If we think in terms of suicidality, this theme could represent the symbolism of the body and mind’s ‘structure’ being under threat of collapse and destruction. Once again, the sensation of whether the threat comes from external or internal forces seems blurry. However, the sensation of this dream theme seems to symbolise the ‘structure’ of the mind and body being under threat, of falling, breaking or being torn apart.

Integration/disintegration of the self: Themes of either integration or disintegration of the self, seem to be presented in all of the dream themes as perhaps an unconscious attempt to ‘work out’ or resolve hostile feelings by either integration (by way of identification with the aggressor) or disintegration (by turning against the self).

Final Solution: It seems that this thematic group holds within itself an integration of all of the themes above, perhaps in an attempt to find a final solution, which all seem to involve an either/or type quality of either being hurt by another, by an event, hurting the self or hurting others. This theme seems to be presented in the dreams by primitive defence mechanisms from the paranoid schizoid position such as ‘splitting’ (Klein, 1946). I wonder, perhaps if it is when this defense against these feelings, becomes no longer viable, that the individual then, chooses suicide as a form of expression of these intolerable feelings of ‘*hostility*’, finding a ‘*final solution*’ in this as a way to finally express them, through suicide.

Thematic network two, Figure 2, shows that a final solution may be suicide, when themes of direction and choices, (pathways and crossroads) offer seductive and peaceful solutions to ongoing experiences of struggle, helplessness, hopelessness, exhaustion and obstructions. All the themes in this thematic network are interconnected: for example, offers of *reunion with a lost loved one and departure*, could be considered as the dreams offer of *seductive and peaceful solutions*, all of which fall under the main headings of *pathway/crossroads (choices of direction for life or death)*.

Themes of a struggle between the life and death instincts also seem to be prevalent in this thematic network of dream themes, for example; holding on (to life) and letting go (of life) emerged as highly significant in this analysis. The struggle to hold on to life seems compounded in these dreams by feelings of helplessness, hopelessness, impotence, exhaustion and obstructions in the dreamers' path. The theme of '*letting go*' (which I believe represents *suicide as an option*) seem to follow these experiences, as a possible '*final solution*'.

Where the dream shows themes of feelings of *helplessness, hopelessness and exhaustion*, I wonder if these themes are representative of the experience of severe depression. For example, while it is often agreed that most cases of depression, contain themes of aggression, the central dynamic is shown in this theme to be connected also to the experience of feelings of *helplessness, hopelessness and impotence* in situations that threaten the individuals' sense of survival (Bibring, 1953) and (Lazar, 1997).

It could be seen from these themes that it is possible that when the dreamer becomes exhausted, even the fight, flight or freeze responses weaken, perhaps in response to continued unpleasant themes of *violence and hostility*, conflict over which direction pathway/crossroads to take, obstructions in the way, and the experience of having their architecture/structure, feeling as if it is constantly under threat of '*breaking/falling/collapsing*' or '*being torn apart*'.

Perhaps as Gutheil (1999, p. 249) suggests, this is when the "lifesaving function of the dream begins to fail" that we can see the beginnings of the dream easing the dreamers' anxiety and exhaustion, by presenting death as a possible '*final solution*'. For example, as cited in Steiner, (1993) (Rosenfeld, 1971, p. 175) describes the psychotic mind as "The destructive impulses within this delusional world sometimes appear openly as overpoweringly cruel, threatening the rest of the self with death to assert their power, but more frequently they appear disguised as omnipotently benevolent or life-saving, promising to provide the patient with quick ideal solutions to all his problems".

These "quick ideal solutions" seem to be presented in themes of *seductive/peaceful solutions*: These dream themes seem to offer the dreamer an ultimate escape or '*final solution*' (perhaps from their persecutory super-ego, or unacceptable hostile impulse of the id), by offering a seductive/peaceful image of what death (suicide) could offer, such as: "Suddenly I see on the other side of the ravine, something like a peaceful landscape".

Other offers of themes of '*seductive solutions*', such as '*peaceful choices in pathway/direction*' are, for example, themes of a '*reunion with a lost person*'. This dream theme could be understood as the dream representing the dreamers' ultimate denial of their lost object and a 'wish' for re-joining the lost person. It certainly suggests the dreamers struggle with sufficiently mourning the losses they have experienced. Themes of departure could represent the dreamer's unconscious wish to depart from life. These themes presenting a reunion with a lost loved one, or departure, could therefore both indicate the choice (suicide) becoming more defined and closer to action.

In my experience of undergoing this research into the themes of a suicidal person, I felt an overwhelming desire, to make sense of what these themes were telling me. It became almost obsessional, a constant mental process of going over and over these themes, as if trying to piece a puzzle together, trying to find an answer. I kept finding that each piece (theme) also seemed to link to each other in different ways. I then found myself becoming confused and feeling exhausted in the process, as I searched and thought about each 'avenue', connections, or way of seeing it...seeking an answer...and 'relief to the question'.

I began noticing my own dreams, seemed to become involved in this process, where throughout the night I would wake only so much as to realize my dreams were trying to figure out a puzzle...which I would only remember very fuzzily upon fully awakening the next day.

To illustrate, I will include two short examples from my own dreams.

Very late towards the end of this dissertation that I can recall with less fuzziness, was a night again after these dreams of a puzzle...where as I was waking up from the dream, I was literally saying to myself "I've found it!!! I've found the answer!!!" The picture I remember seeing before I properly woke, was that of a long steel pole, there were a few 'tag's coming off each side at the top (I think that during the dream there more 'tags' which I had previously pushed down) and I think I was pushing the last two down in the dream, because it was the end of the puzzle and they 'weren't needed' because... somehow the steel pole was the 'answer' in my dream.

Associating on my dream elements as follows:

The steel pole: I wonder if the 'steel pole' in my dream symbolizes the last ending...the only 'solution' after becoming exhausted to find an 'answer'.... and by pushing the final tags down, until there were no 'tags' left to hold on to, meant that there was 'no choice', just one direction left. I wonder if the final decision to suicide somehow feels like this.

I wonder if the steel pole, could symbolize what once resembled a tree, which was full of life, and life giving. Perhaps there were many 'branches' or 'tags' which included things such as ideas of love relationships, family, friends, personal goals, ideals and strivings. I wonder if when one (or more) of these significant 'branches' disappears, such as in the loss of a loved

one or ideals of the self, that part of the 'tree' itself begins to die, weakening the individuals' sense of survival. Then amongst the struggle to cope with the 'dead or dying' part of the self, the person's ability to hold on to life is weakened, and if amongst the exhaustion of trying to hold on, the frustration becomes so much, that the aggressive impulses are increased to the point that they will push the rest of the 'tags' down, to gain some relief...even if the relief is in death. The moment the last 'tags' are pushed down, the dead 'trunk' of the tree (life) becomes cold (steel), and impossible to hold on to, and perhaps there is both fear and relief in a final answer in this.

For this study I really wanted to understand, what my mind (previously) could not go to, after the suicide of my friend. I wanted to help other practitioners to be alerted to the 'signs' that are often not given consciously by the patient. I wanted to help others who were struggling, as I was, with understanding what happens when a person's mind goes to that place of suicide (where many of our minds cannot). And then finally, I began to wonder... if the experience in my dreams, is somehow representational of the suicidal persons experience. Perhaps in their struggle to 'find an answer' to the plaguing and almost in-comprehensive question, being worked over and over, in their inner psychic world...trying to work out an answer or final solution to "do I live...or do I die?"

Perhaps just as my dreams of trying to work out an answer to a puzzle, were experienced as an exhausting struggle, perhaps it is the struggle amongst the conflicting themes of hurting others or being hurt (Violence and Hostility), direction and choices (Pathway and Crossroads), combined with themes of (obstruction) and feelings of (helplessness/hopelessness), that themes of (seduction) could arise as an 'answer' such as: reunion, departure, letting go and peaceful alternatives to the struggle of holding on to life.

This process seems to show signs of the type of unconscious process that Freud terms as an attempt at 'mastery' in the dream world, of the conflict of something that the unconscious is trying to 'work out' but is, as-yet...unresolved.

These questions seem to be revealed in these themes in the dreams: "what do I do...where do I go?" "kill or be killed" "who is killing who?" "hold on/ or let go?" "murder/ or be murdered?" "reunite/ or depart?" "beautiful meadow/or dark alley?"

Another dream I had whilst writing this dissertation:

There was a 'sausage dog' in this dream, that was split into two halves. The first half was the head, front legs and half torso, the second was the back half-torso, legs and tail. Even though the dog was split into two parts, it was healthy, and both parts seemed without pain and happy to play. This dream again also seemed to contain an unconscious 'working out' of this dissertation, as in the dream I seemed to be thinking that the front part somehow encompassed the 'structural theory' and that the second half contained 'depressive position capacities' (ability to mourn losses and to love and be loved).

My associations to the dream as follows:

I wonder if the dream itself represents the mastery of conflict in dreams, in that it resembles so clearly the ‘day residues’ of my thinking involved in this dissertation, which had persisted in my sleep. The ‘split’ of the dog in this dream, seems to represent the ‘split’ that also emerged in my thematic analysis, where in order to understand the dream elements that I found, it felt necessary to split the themes into two thematic networks. The split-self of the dog in the dream seemed presented ‘as if’ it was a whole dog, so that the danger stayed out of awareness. The front half of the dog could represent the developmental state of the paranoid schizoid position (Klein) while the back half of the dog represented the mature development towards the depressive positions (ability to manage the reality principle).

Chapter Eleven: Conclusion

My question for this study was “What are the themes in the dreams of a suicidal person?”

My aim was to examine so as to further understand the phenomenon when a depressed individual’s mind progresses into a state of suicidality. I wonder what could the themes in their dreams tell us about the person’s current unconscious processes? Is there a potential for dream material and its subthemes to inform us about an individual’s suicidal state of mind?

I used a qualitative interpretive methodology embedded in psychoanalytic theory and research. I used a thematic analysis as a method to investigate potentially recurring themes in the dreams of suicidal patients.

I did this in order to better understand how the suicidal mind (shown through the unconscious dream experience) “might” be different to the depressed mind. This was to inform the understanding of those practitioners whose clients minds may become hard to reach. The intent was to add to the knowledge of the progression of suicide ideation and to contribute in some way to the tackling of the serious problem of suicide that NZ faces.

I found two thematic networks: the first is ‘*violence/hostility*’ and the second is ‘*pathway/crossroads*’. Within each of these are overlapping themes. In the first, ‘*violence and hostility*’ overlaps with themes of ‘*split self*’, ‘*persecuted and persecutor*’, ‘*architecture structure*’, ‘*disasters destruction*’ and ‘*annihilation*’, ‘*integration and disintegration of the self*’ and, ‘*final solution*’. The second thematic network is ‘*pathway/crossroads*’. The overlapping themes are of a *struggle* with direction and choices amongst feelings of *helplessness/hopelessness and exhaustion; obstruction, holding on/letting go, seductive/peaceful solutions, reunion/departure and final solution/answer*.

Even though these two thematic networks have been ‘split’, in this analysis, I found that within the same dream, there were often links to both networks. I found that these themes related to each other and to the question of what dreams can tell us of the suicidal mind. These findings are valuable because there is little research of this kind, specifically focused

on the dreams of **only** suicidal individuals, using thematic analysis to break these dream themes down for interpretation. The strongest finding is that these dream themes are representational and give good indications of the ongoing unresolved conflict of the suicidal individual, that if left untreated, unexplored and unexpressed, may result in the tragic acting out of the unconscious by way of suicide.

There are limitations to my study due to the paucity of the literature available, that provides the reported dreams of suicidal individuals. This may reflect in part perhaps the sensitivity of the subject and a common resistance from the individual who may not easily recall their dreams or want to share them. It could also reflect the reluctance of researchers to venture into this fraught space and that therapists do not yet have a strong underlying theoretical basis, provided by research (to understand the suicidal phenomenon) for investigating their suicidal clients' dreams.

I used existing dreams extracted from these previously published articles as opposed to including reported dreams from life participants, which would need ethical approval and require a much larger scope for study.

While the method of Thematic Analysis is rigorous, it is subjective and other researchers may come up with themes different to the ones I found in this analysis, however, the scarcity of reported dreams of the suicidal individual restricts this. Therefore, this needs further documented research. Ultimately, I would like to do more research on the understanding of the depression and suicidal phenomenon.

I included only dreams of suicidal patients in my data and did not compare these dreams directly with patients who are depressed and non-suicidal. This research was out of the scope of this small study. I wanted to see specifically what the suicidal dreams told us. However, a comparative study would also contribute to a clearer understanding of the different states of mind between the depressed non-suicidal patient and the depressed patient who is suicidal.

As a follow up to this study, I believe a further collection of dreams specifically of the suicidal individual is needed to be analysed with further use of Thematic Analysis. It would be also useful to do some interviews with suicidal individuals on their dreams, because now, I would be more attuned to recognizing the themes of the dreams of a suicidal individual, which would help in knowing what questions to ask and facilitate further exploration.

Implications for practice

From this analysis (and including previous research outlined prior to this study) I would be interested in the development of workshops for psychotherapists and mental health workers to aid understanding as to how to use dreams to reach states of mind that are hidden and destructive and to learn to 'listen' for these themes and support the patient through this process. For example, Bowater (2010, p. 85) states that "When working with a nightmare, I often ask such clients if they would like to bring in an imagined support figure to sit or stand

beside them, such as an ancestor, a hero, a trusted friend, or even a dog, and to take that role for a few moments to absorb its strength. When the action is too threatening, I ask them to imagine that it is happening on a video, and they can control the pause button while they talk to the Other, listen to what it actually wants, and think what to do next. Sometimes this is quite enlightening, reducing the Other to a more manageable human level”.

The workshop should equip practitioners to handle the uncomfortable nature of these themes without recoiling or avoiding them. It also could help in locating where the suicidal mind has gone, and to help the suicidal client to feel ‘met’, and understood, in their experience. There also needs to be additional training offered as to how to bring the suicidal client back from the brink. Perhaps helping the client to explore their conflictual feelings (rather than repress and turn against themselves) and see ‘other’ healthier options or solutions to the feelings and issues that they are finding unconsciously or consciously overwhelming. In my experience one of the tools that might be useful, is incorporating such things as meditation, which seeks to lessen the destructive power of the mind. I certainly found that in my own dreams (throughout this dissertation) there was an experience of my unconscious ‘over-working’ and mediation could help the suicidal individual to lessen the anxious and exhausting and possibly destructive effects of this. However, it is also important to consider how to facilitate the clients experience of feeling ‘held’ in their use of meditation, to prevent any decompensation that could occur in this process. As I have expressed in this dissertation another reparative tool, would be training in how to better understand, empathise and encourage the patient to explore their experience of suicidality, to facilitate an experience of human connection and lessen the suicidal experience of isolation and misunderstanding.

In the case of a suspected suicidal patient, I would consider (but not restricted to) the following

1. How does the client manage and express their feelings of hostility and ambivalence towards the self and others?
2. What does their history tell us about their attachment experiences? Have they lost a significant person in their lives that they may feel conflicting emotions towards? How have they grieved this loss?
3. How do they currently react to experiences of loss, be it of relationships with others or feelings of loss of ideals or self-esteem?
4. How is their mental state presented as architecture/structure (mind and body)? Do they feel under threat of persecution, collapse or destruction, from either internal or external forces?
5. Is the client seeming to be compelled to find an answer or final solution to constant feelings of helplessness/hopelessness and exhaustion?
6. How does the client experience sleep and what do they feel about their dreams?
7. What do their dreams reveal that is helpful to their treatment?

Finally, I would consider, all of the above, when looking at the dreams of a suicidal individual and be alerted to all of the themes that I have outlined in this dissertation (without ignoring any new information) in assessing and using the dream themes to open up the discussion with the client about their possible suicidal thoughts and impulses.

I believe it is important to be alerted specifically to themes of *struggle* which could represent the patient's inner psychic world as it unconsciously tries to process any form of decision or choice which could be related to themes of life and/or death. I have spoken of my friend Paul's notable change in demeanour and suspect others may also have experienced this in their loved one as they became closer to acting out suicide. This may be a fruitful avenue for future research.

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