THE DREAM CHARACTER AS PROTOTYPE FOR THE MULTIPLE PERSONALITY ALTER

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ABSTRACT

This article describes similarites of the states of dreaming and MPD, including amnesia and other alterations of memory. It suggests that the dream character, as an hallucinated projection of aspects of the self, can be seen as a prototype for the MPD alter. Dreaming may even be a more literal precursor whose physiologic mechanisms for amnesia and the manufacture of alternate identities are recruited in the development of MPD.

There are constellations of cognitive and personality processes which operate outside conscious awareness and normally are observable primarily in dreams. Extreme early trauma may mutate or overdevelop these dissociated parts and call upon them to "wake up" and function in the external world. We will describe how that this dream model parallels the observed phenomena of MPD more directly than do explanations relying on waking fantasy processes.

> I hazard the guess that man will be ultimately known for a mere polity of multifarious, incongruous, and independent denizens . . . If each, I told myself, could but be housed in separate identities, life would be relieved of all that was unbearable...How, then were they dissociated?
> (Robert Lewis Stevenson, *The Strange Case of Dr. Jekyll and Mr. Hyde*, 1886/1979, p. 82)

It is probably no coincidence that the story of Dr. Jeykll and Mr. Hyde, which is often discussed as a literary example of multiple personality disorder, originated in a dream of Robert Lewis Stevenson. Dreaming has often been described as a dissociative state of consciousness (Prince, 1910; Gabel, 1989, 1990) and waking dissociative symptoms have been referred to as "dreams" (Freud and Breuer, 1895/1955; Janet, 1929). Radestock emphasized the dissociative nature of dreams when he wrote:

> In dreams the personality may be split – when for instance, the dreamer's own knowledge is divided between two persons and when, in the dream, the extraneous ego corrects the actual one (quoted by Freud 1900/1965, p. 123).

E. Hilgard invoked a strong dreaming/dissociation analogy in the instructions he used to elicit a hypnotically dissociated entity, the "hidden observer":

> . . . there may be intellectual processes also of which we are unaware, *such as those that find expression in night dreams.* (E. Hilgard, 1992, p. 75, italics added)

Two recent articles by Gabel (1989, 1990) suggest that dreams can benefit from being examined from the standpoint of modern dissociation theory.

This article will describe how the dream character can be seen as at least a model – and possibly a literal physiologic precursor – for the MPD alter. Table 1 compares characteristics of dissociative disorders with REM (rapid eye movement) sleep – in which most dreaming occurs, NREM (non-rapid movement) sleep, and waking fantasy. Later, we will discuss more specific similarities between MPD alters and dream characters.

COGNITION/SENSORIUM

One simple similarity between dissociative states and REM sleep is that they are both periods of alertness with much mental activity ongoing. They share this with most normal waking mentation including fantasizing but not with non-REM sleep, from which mentation reports are usually simpler and more sluggish or absent. (Snyder, 1967; Goodenough, 1991). On the other hand, despite this alertness and some genuine sensory input, hallucinations in any or all senses are possible in a way not usual in waking consciousness. A research study (Barrett, 1979) comparing nighttime dreams, waking fantasies, and "hypnotic dreams," found that for most subjects the nocturnal dreams were more hallucinatory in their vividness, and more likely to involve unpleasant content and well-developed strangers as characters – all common traits for dissociative phenomena.

TABLE 1
Comparison of Characteristics of Dissociative Disorders with Other States of Consciousness

	MPD and Related States	REM Sleep	NREM Sleep	Waking Fantasy
Cognition	Active, alert.	Active, alert.	Not alert.	Usually alert.
Sensorium	Often hallucinatory, especially alters self-image.	Hallucinatory.	Dulled, rarely hallucinatory.	Usually clear.
Amnesia	Often present. Sometimes breachabel. Motivational initially. State dependent later.	Often present. Sometimes breachable. Some motivational. Much State-dependent.	Usually present. Not breachable. Not motivational. All State-dependent	Rare. No data.
Hyperamnesia	Occasionally.	Occasionally.	No.	No data.
Continuity with normal waking	Discontinuous, may be remembered as dream.	Discontinuous.	Discontinuous.	Usually continuous.

AMNESIA

Perhaps the trait which most clearly distinguishes dissociative disorders and dreams from normal waking is their propensity for amnesia. REM sleep neurophysiologists conceptualize the failure to recall dreams as a lack of transfer from short to long-term memory – that transfer being one in which waking aminergic neuronal activity seems to play a crucial role (Hobson, 1988). However, this short-term/long-term model of memory has generally come into question as new research on implicit memory and state-dependent learning demonstrate that memories are not lost as completely as the older paradigm claimed (Squire, 1994).

In terms of dreaming, the short-term/long-term model also does not fit the observation that – at anytime during the day – something can trigger a sudden "deja vu" or "tip-of-the-tongue" experience, and then a whole dream floods back from the night before or even several nights previously. (Kanzer, 1955). Obviously the forgetting of dreams is neither instant nor complete and is subject to cueing. Although repression has fallen into disrepute as the major saboteur of dream recall (Cohen & Wolfe, 1973), some recent evidence suggests that a significant amount of dream-forgetting does have a repression-like motivation (Erdelyi & Goldberg, 1979) which makes it much more analogous to the memory lesions in dissociative disorders.

HYPERAMNESIA

In *The Interpretation of Dreams* (1900/1965), Freud gave several examples of what he termed "hyperamnestic dreams" – ones in which memory is superior to conscious waking recall. Most of his examples involve another character than the dreamer as the repository of forgotten memories. He quotes Maury's description of how a dream character gave him accurate geographic information about a place he had been trying to recall. He describes the poet Scalinger having a man calling himself Brugnolus show up in a dream complaining of being overlooked in Scalinger's epic about Verona; the poet later confirmed Brugnolus had existed. Freud also recounts the Marquis de St. Denys having had two dreams, the first containing a character he believed might exist in waking life. In a second one, the character reappeared, St. Denys asked her where they had met, and she named a time and place years before – about which St. Denys then recalled more detail upon awakening.

Freud was also aware that psychological illnesses could involve hyperamnesia. He quoted and agreed with Radestock that:

> . . . in dreamers, memories arise from the remote past; both sleeping and sick men recollect things which waking and healthy men seem to have forgotten (quoted by Freud 1900/1965, p. 123).

TABLE 2
Similarities of Dream Characters and MPD Alters

	Dream Characters	MPD Alters
Cognitive abilities	Occasionally exceed normal waking ones.	Occasionally exceed normal waking ones.
Personality	Traits rejected for normal waking self.	Traits rejected for normal waking self.
Most Common	Persona. Shadow. Puer. Anima/us.	Host. "Bad" alter. Child alter. Cross-gender alter.
Movement	Only very rarely when REM paralysis breached.	Yes, when out, inhibited while other alters out.
Therapy	Communication facilitates integration.	Communication facilitates integration.

Much more recently, Schatzman (1992) describes a hyperamnestic dream in which an entire chorus sang a passage from Monteverdi's Vespers to the dreamer which she recalled in enough detail to write it down and confirm it as correct. Compare that to Schreiber's (1974) account of Sybil listening to a tape recording of her alter playing the piano and being amazed that music she was taught in childhood had been retained outside of awareness all those years.

Only in severe PTSD does one have full-blown flashbacks during the day. However, the majority of people who experience a trauma have recurring dreams in which they relive it rather literally (van der Kolk, Blitz, Burr, Sherry, & Hartmann, 1984). In a survey of 48 dissociative disorder patients (Barrett, 1994), 74% were observed to have some of the same repressed memories accessible in their dissociated ego states as in their dreams. These included memories of childhood traumas and the content of recent fugue episodes that followed stressful events.

One group of theorists (Ross et al., 1989) go so far as to suggest that all trauma sequela are due to long-term disruptions between the barriers of waking and REM sleep. They reviewed the sleep laboratory studies of combat veterans which all find some degree of disruption or fragmentation of REM. They conclude that these veterans' PTSD symptoms are normal phenomena for REM, which became abnormal as they manifested as nonREM nightmares – which do not occur in nontrauma populations, waking flashbacks, and a level of autonomic arousal that is dysfunctional for waking but would be normal in REM. It may be that this adult trauma sequelae of REM fragmentation which Ross et al. describe is much like that of repeated early childhood trauma. However the latter allows for more implications for disorder development since dream content is still evolving during childhood (Foulkes, 1982).

CONTINUITY WITH NORMAL WAKING

A last note concerning resemblance between memory in MPD and dreaming is that a survey of 23 MPD patients found that four of them had remembered what later turned out to be actual waking experiences of their alters as "dreams" which they at first believed had occurred only in their sleeping psyche. One woman who had recurring "nightmares" of fighting with cats awoke from one to find herself covered with cat hair (which her therapist confirmed was actually on her clothing). Sizemore and Pittillo (1977, p. 64-65) describe "Eve" as having a similar experience as a child when she lay down for a nap and "dreamed" of watching a red-headed girl steal and smash her cousin's coveted new watch "only to awaken to find the ruined treasure in her own hand."

PROJECTION OF PARTS OF THE SELF IN DREAM CHARACTERS AND ALTERS

In addition to these general similarities between dreams and dissociative states, MPD alters and dream characters share the further distinction of being the two most dramatic instances in which parts of the self are split off and fashioned into somewhat autonomous-looking entities. The thesis of the present article is that this process occurs naturally in REM

sleep and can also mutate and move out into the waking state in response to extreme early traumas.

The claim here is not that dream characters are the only antecedents of MPD alters, but that they are the strongest. Certainly imaginary companions and other waking fantasy content are somewhat analogous, but dreams universally feature formed, autonomous characters of hallucinatory vividness. Fantasized characters rarely surprise – much less frighten – their authors while dream characters routinely do so. Only very extreme imagers or hypnotic virtuosos experience their daydreams this way. Furthermore, research has found these virtuosos to have such a high rate of childhood abuse that a number of them may fall into a pathologically dissociative group rather than being seen merely as having a precursor ability (J. Hilgard, 1970; Frischoltz, 1985; Barrett, 1991, in press).

Table 2 outlines some of these more specific similarities between dream characters and MPD alters.

COGNITIVE PARALLELS

Schatzman's (1983a, 1983b, 1986) accounts of problem-solving dreams involve some dramatic examples of dream characters in possession of cognitive abilities or knowledge that both the dream ego and the waking self lack. His procedure was to have subjects study a "brain teaser" type problem at bedtime for ten minutes and then notice whether their dreams contained solutions. After working on the problem: what English words both begin and end with the letters "HE," one subject dreamed of a doctor, a "word specialist" who prompted him to describe his angina in plain English (as heartache), his headache likewise, all the while laughing at him "hee-hee-hee." Schatzman observed:

> It was as though during the dream, some component of the dreamer's mind, knowing the answer, played hide-and-seek with him. Possibly before the dream began, part of the dreamer's mind of which he was unaware had already solved the problem, and the dream used a dramatic means of presenting the solution to ensure that the dreamer's attention was called to it (1983a, p. 693).

In others of Schatzman's examples, characters state solutions more directly. A man trying to solve a problem about what is distinctive about a sentence (the first word of which contains one letter, second contains two, etc.), dreamed that he was typing and his supervisor told him to stop using words and instead to type "123456789" (1983b, p. 417). A woman working on a problem whose solution is that one sentence forms another when the first letter of each word is removed (Show this bold . . . How his old . . .) had a dream character tell her "Too many letters!" (1986, p. 37) And a subject who had read two of Schatzman's puzzles dreamed of Michael Caine taking the puzzles in hand and miming the correct answers to each in turn, as in the game of charades (1986, p. 38).

Dream character Caine is behaving much like alters who hold cognitive faculties when intellectual pursuits have been associated with traumatic punishment. It is common for people with MPD to report experiences in school of hearing voices in their head say answers to exam questions which are eluding the host.

PERSONALITY PARALLELS

Although the dream examples above are somewhat unusual in the specific cognitive details of their characters' separateness, several major dream theories have as their central premise the assertion that dream characters are projected parts of the dreamer's self that have been denied expression in the waking personality. Jung (1974) conceptualized dream characters as "archetypes" appearing in the dream, archetypes being enduring constellations of traits within the psyche.

Jung's four main archetypes: Persona, Shadow, Puer, and Anima/us correspond almost exactly to the four most common personalities in MPD. The host personality is usually nice, socially compliant, and conforming like the "persona" archetype. Most MPD's have an alter who is "bad" at least in the sense of manifesting forbidden sexuality and aggression, and many have one that is even "evil" and identified with an abuser, as with the Shadow archetype. The majority also have at least one child alter who has never grown up, like the Puer archetype. The other common alter is a cross-gender one manifesting gender-stereotyped traits that have been denied only for the person's own gender – the Anima/us archetype. Jung believed that the archetypes existed in the psyche at all times, but had their most obvious manifestations in the dream state.

Gestalt therapy (Perls, 1969) takes a very similar view of dream characters. Again, the idea is that these characters are split-off parts of the self that exist with some autonomy all the time and manifest most clearly in dreams. The main purpose of Gestalt dreamwork is to open a dialogue between these parts with the eventual goal of their integration. Note the language used by a Gestalt therapist in describing dreamwork with a person *without any dissociative disorder.*

> This method seems to be useful in the treatment of 'rejected subpersonalities,' of 'parts' that do not 'want' to contact each other.
> (Pisarevitch, 1992, p. 1)

These theorists frequently emphasize recurring dream characters as especially strong manifestations of repressed archetypes or dissociated selves trying to communicate. Recurring characters have also been noticed in the trauma literature to be associated with a higher rate of childhood

abuse (Zadra, 1994). Trauma seems to give characters more autonomy. In milder instances this results in more strength and persistence in dreams, in extreme cases in their transition into the waking world.

These dream theories suggest that dream characters are not entirely a product of the dream state. Schatzman's examples imply that temporary constellations of memories, emotions, or information processing systems formed around transient problems may solve these outside consciousness but present the results in a dream. More importantly, Jung and Perls suggest that dream characters – especially recurring ones – can be fairly permanent ego states, existing at other times but released into consciousness predominantly in REM sleep. Such characters are occasionally hyperamnestic because they hold dissociated memories but they are more often amnestic, or have weaker associational links for experiences which would be easily cued in the normal waking state.

One issue relevant to the dream character/MPD alter analogy is that dream characters obviously often draw on real people as their sources. When one dreams about one's grandmother, characteristics of that person's real grandmother are obviously likely to be major determinents of what the dream character "Grandma" is like. At the same time, some aspects of the self that empathasize with, understand (or even misunderstand) the grandmother must be called into play to manufacture the dream character. Jung described archetypes as often being represented by a real person with the archetypal traits. However this is not so dissimilar from MPD alters; a number of them are based on a real external person – childhood friend, relative, or occasionally fictional character.

It may seem that we are at risk of overstating the primacy of dream origins to make the point here. Clearly these dissociative processes for both cognition and personality compensation do go on quietly outside REM. However the discrete, autonomous, personification of these processes is normally a REM phenomena and it seems to take early trauma to disrupt this boundary.

ALTERS AS DREAM CHARACTERS

A survey of therapists about their MPD patients' dream characteristics (Barrett, 1994) yielded further data on how well MPD alters fit the dream character model. Thirteen of 23 patients (57%) in the survey reported that their alters actually appeared as dream characters. One dreamed of a blond little girl begging her repetitively, "Don't let them hurt me; take me home with you." The patient was not yet in touch with this child alter but the therapist recognized the description as an alter that had come out in moments for which the host was amnestic to implore the therapist with exactly those words. Two patients who had made suicidal gestures which they attributed to accidents or intoxication had dreams which later played a great role in explaining them. One had dreamed of a woman determined to commit suicide, the other of one vowing to kill the dreamer. These turned out to be alters responsible for self-mutilation and a drug overdose.

Six patients (26%) had personalities who reported the same dream from different perspectives, experiencing each other as characters. Sometimes one personality only watched and was not observed as a character by the others. When they met in a dream early in treatment, the host and sometimes the alter did not recognize each other until the dream experiences were discussed awake. Further into the therapy process they were likely to recognize each other as soon as they appeared. This may actually happen much more often because, in many cases, the therapist had asked only the host about dreams and it is unclear what the alters were dreaming.

Other writers also mention alters appearing as dream characters. Paley (1992) describes a persecutory alter appearing as a recurring character. Salley (1990, p. 153) describes alters using this ability to appear to hosts strategically to influence their behavior or communicate information. Gruenewald (1971, p. 44) reports asking an alter to introduce herself to the host in a dream, which the alter proceeds to do successfully.

REM-SLEEP PARALYSIS AND WHAT HAPPENS WHEN IT FAILS

Usually during REM sleep, the body is paralyzed except for the eyes and the extreme tips of the fingers, but there are a few situations in which this paralysis is breached. Most dramatically, in Chronic Behavior Disorder of REM sleep, the usual paralysis during dreaming is totally absent; these patients move around their bedroom acting out their dreams in the real world, often with dangerous consequences (Schneck et al., 1986). Many common "sleep walking" occurs only in non-REM and is not accompanied by dream recall or other correlated mentation reports. (Spielman & Henrara, 1991; Kales et al., 1966) Sleep talking can occur across all stages of sleep, but significantly, it is REM sleep from which the most elaborate utterances come and also from REM that associated dream recall correlated with the utterances is most likely (Arkin, 1991; Arkin et al., 1970a ,1970b; Rechtshaffen et al., 1962).

Lucid dreams – those in which one knows one is dreaming while the dream is in progress – have provided further evidence of the ability to move in accord with dream events. Laberge (1985) has described many lucid dreamers being able to move the eyes of their dream body in Morse Code signals and these movements stand out from normal REMs in their sleep record. One unusual subject was able to breach sleep paralysis and move real his limbs in correspondence with actions in lucid dreams (Schatzman et al., 1988).

These actions that occur with disinhibition of REM however, there are two instances known to the present author

which demonstrate that this is not always the case. The first dream is that of a clinical psychologist who in waking life was evaluating an inpatient who displayed a distinctive motor pattern of tracing the outline of one hand and then the other repetitively. The psychologist had a dream in which she was watching the patient do this and trying to learn what it meant by playing on an old Victrola the patient's hospital "record." At this point, the therapist's – real life – partner woke her up and told her that she had been tracing the fingers of each hand alternately as she slept. She had not made any movements suggestive of the dream ego's use of the phonograph.

The second anecdote comes from an undergraduate psychology major. She dreamt of a boating trip with friends which was pleasant until a shark appeared, leaped out of the water, and grabbed the dreamer's forearm in its jaws, biting hard. She felt pain and struggled with the shark; it held its grip until she awoke in a panic. She found she had bitten her own arm hard enough to leave deep red marks which subsequently lingered as bruises.

The present author has also seen one dissociative disorder patient who regularly manifested a dream character in overt action. The patient's major complaint was nightmares about alien-appearing beings. While dreaming, he also spoke out loud as these entities, rather than as himself, although he was otherwise immobilized. Although anecdotal, these examples do seem to support the idea that projected dream characters can sometimes move the body during REM sleep – a further similarity to MPD alters.

SUMMARY AND IMPLICATIONS FOR THERAPY

Normal dissociative cognitive and personality processes which operate largely outside consciousness manifest as dream characters. They can be crystalized by trauma into permanent constellations that become recurring characters. Extreme and early enough trauma disrupts REM so greatly and demands such extraordinary defenses that these dream characters holding important skills and memories begin to manifest when the victim is awake. At the very least these dream characters who "wake up" make the closest existing normal analogy to MPD, but the REM state also may prove to be the concrete physiologic precursor of MPD. It is the thesis of the present article that these parallels are stronger than those with waking fantasy processes or any other known states of consciousness.

One implication of this is that when working with MPD clients, the use dream interpretation techniques may be appropriate for many aspects of the patients' behavior rather than just their dreams. Jungian and Gestalt therapy approaches to dreams are those already especially close to many techniques that have been "newly" developed for MPD therapy. It would also seem to be appropriate to pay attention to recurring dream characters as possible unknown alters. And considering dream accounts that are in the more realistic range as possibly waking events dimly remembered is much more relevant for this population than other dreamers. Lastly, if the production of alters is actually physiologically linked to REM sleep processes, this would have interesting implications for the pharmacotherapy of MPD. The present author has encountered one patient who self-administered amphetamines to inhibit switching, and anti-depressants are a commonly prescribed class of drugs with these patients (Barkin, Braun, & Kluft, 1986). These are all REM-suppressing agents, so it would be interesting to explore whether they exert any effects on dissociation via this aspect of their biochemistry. ■

REFERENCES

Arkin, A. M. (1991). Sleeptalking. In S. J. Ellman & J. S. Antrobus (Eds.), *The mind in sleep* (pp. 415-436). New York: Wiley.

Arkin, A. M., Toth, M. F., Baker, J., & Hastey, J. M. (1970a). The frequency of sleep-talking in the laboratory among chronic sleep-talkers and good dream recallers. *Journal of Nervous and Mental Disease, 151,* 369-374.

Arkin, A. M., Toth, M. F., Baker, J., & Hastey, J. M. (1970b). The degree of concordance between the content of sleep talking and mentation recalled in wakefulness. *Journal of Nervous and Mental Disease, 151,* 375-393.

Barkin, R., Braun, B., & Kluft, R. (1986). The dilemma of drug therapy for multiple personality disorder. In B.G. Braun (Ed.), *Treatment of multiple personality disorder* (pp. 107-132). Washington, DC: American Psychiatric Press.

Barrett, D. L. (1979). Hypnotic dreams: A comparison to nocturnal dreams and waking fantasies. *Journal of Abnormal Psychology, 88,* 584-591.

Barrett, D. L. (1991). Deep trance subjects: A schema of two distinct subgroups. In R. Kunzendorf (Ed.), *Mental imagery* (p. 101-112). New York: Plenum.

Barrett, D. L. (1994). Dreams in dissociative disorders. *Dreaming: Journal of the Association for the Study of Dreams, 4,* 165-177.

Barrett, D. L. (in press). Fantasizers and dissociaters: Two types of high hypnotizables, their developmental antecedents, and relationship to other dimensions of hypnotizibility. In R. Kunzendorf, N. Spanos, & B. Wallace (Eds.) *Hypnosis and imagination*. New York: Baywood.

Breuer, J., & Freud, S. (1895/1955). Studies on hysteria. In J. Strisky (Ed. & Trans.), *The standard edition of psychological works of Sigmund Freud* (Vol. 2, pp. 3-305). London: Hogarth.

Cohen, D. B., & Wolfe, G. (1973). Dream recall and repression: Evidence for an alternative hypothesis. *Journal of Consulting and Clinical Psychology, 41,* 349-355.

Erdelyi, M. H., & Goldberg, B. (1979). Let's not sweep repression under the rug: Toward a cognitive psychology of repression. In J. F. Kihlstrom & F. J. Evans (Eds.), *Functional disorders of memory* (pp.355-402). Hillsdale, NJ: L. Erlbaum Associates.

Fisher, C., & Dement, W. (1963). Studies on the psychopathology of sleep and dreams. *American Journal of Psychiatry, 119,* 1160-1168.

Foulkes, D. (1982). *Children's dreams: Longitudinal studies.* New York: Wiley.

Freud, S. (1900/1965). *The interpretation of dreams.* New York: Avon.

Frischoltz, E. J. (1985). The relationship among dissociation, hypnosis, and child abuse in the development of multiple personality. In R. P. Kluft (Ed.), *Childhood antecedents of multiple personality* (pp. 99-120). Washington, DC: American Psychiatric Press.

Gabel, S. (1989). Dreams as a possible reflection of a dissociated self-monitoring system. *Journal of Nervous and Mental Disease, 177,* 560-568.

Gable, S. (1990). Dreams and dissociation theory: Speculations on beneficial aspects of their linkage. *DISSOCIATION, 3*(1), 38-47.

Goodenough, D. (1991). Dream recall: History and current status of the field. In S. J. Ellman & J. S. Antrobus (Eds.), *The mind in sleep* (pp. 143-171). New York: Wiley.

Hilgard, E. (1992). Dissociation and theories of hypnosis. In E. Fromm & M. Nash (Eds.), *Contemporary Hypnosis Research* (pp. 69-101). New York: Guilford Press.

Hilgard, J. (1970). *Personality and hypnosis: A study of imaginative involvement.* Chicago: University of Chicago Press.

Hobson, J. A. (1988). *The dreaming brain.* New York: Basic Books.

Janet, P. (1929). *The major symptoms of hysteria* (2nd Ed.). New York: MacMillan.

Jung, C. G. (1974). *Dreams.* (R. Hull, Trans.). Princeton, NJ: Princeton University Press. Original works published 1916-1945.

Kales, A., Paulson, M. J., Jacobson, A., & Kales, J. (1966). Somnambulism: Psychophysiological correlates. II - Psychiatric interviews, psychological testing, and discussion. *Archives of General Psychiatry, 14,* 595-604.

Kanzer, M. (1959). The recollection of the forgotten dream. *Journal of the Hillside Hospital, 8,* 74-85.

Kluft, R. P. (1987). First-rank symptoms as a diagnostic clue to multiple personality disorder. *American Journal of Psychiatry, 144,* 293-298.

LaBerge, S. (1985). *Lucid dreaming.* Los Angeles, CA: Jeremy Tarcher.

Paley, K. S. (1992). Dream wars: A case study of a woman with multiple personalities. *DISSOCIATION, 5*(2), pp. 111-116.

Perls, Fritz (1969). *Gestalt therapy verbatim.* Moab, Utah: Real People Press.

Pisarevitch, Maria H. (1992, July). *On the use of Erikson's hypnosis in the treatment of dreams.* 12th International Congress of Hypnosis, Jerusalem, Israel.

Prince, M. (1910). The mechanism and interpretation of dreams. *Journal of Abnormal Psychology, 5,* 139-195.

Putnam, F. W. (1989). *Diagnosis and treatment of multiple personality disorder.* New York: Guilford.

Rechtshaffen, A. Goodenough, D., & Shapiro, A. (1962). Patterns of sleep-talking. *Archives of General Psychiatry, 7,* 418-426.

Ross, R. J., Ball, W. A., Sullivan, K. A., & Caroff, S. N. (1989). Sleep disturbances as the hallmark of post-traumatic stress disorder. *American Journal of Psychiatry, 146,* 697-707.

Schatzman, M. (1983a). Solve your problems in your sleep. *New Scientist, 9,* 692-693.

Schatzman, M. (1983b). Sleeping on problems can really solve them. *New Scientist,* August 11, 416-417.

Schatzman, M. (1986). The meaning of dreams. *New Scientist,* December 25, 36-39.

Schatzman, M. (1992, June). *Hyperamnestic Dreams.* Paper presented at the 9th international conference of the Association for the Study of Dreams, Santa Cruz, CA.

Schatzman, M. Worsley, A., & Fenwick, P. (1988). Correspondence during lucid dreams between dreamed and actual events. In J. Gackenbach & S. Laberge (Eds.), *Conscious mind, sleeping brain* (pp. 155-179). New York: Plenum Press.

Schneck, C. H., Bundlie, S. R., Ettinger, M. G., & Mahowald, M. W. (1986). Chronic behavior disorders of human REM sleep: A new category of parasomnia. *Sleep, 9,* 293-308.

Sizemore, C. C., & Pittillo, E. S. (1977). *I'm Eve.* Garden City, NY: Doubleday.

Snyder, F. (1967). In quest of dreaming. In J. A. Witkin & H. B. Lewis (Eds.), *Experimental studies in dreaming.* New York: Random House.

Spielman, A.J. , & Herrera, C.O. (1991). Sleep disorders. In S. J. Ellman & J. S. Antrobus (Eds.), *The mind in sleep* (pp. 25-80). New York: Wiley.

Squire, L. (1994). *The neuropsychology of memory.* New York: Guilford.

van der Kolk, B. A., Blitz, R., Burr, W., Sherry, S., & Hartmann, E. (1984). Clinical characteristics of traumatic and lifelong nightmare sufferers. *American Journal of Psychiatry, 141,* 187-190.