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## The Psychoanalytic Study of the Child

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### The Examination Dream Revisited: A Clinical Note

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In each of three dreams reported to me fortuitously within a few days of each other, the patient was anxious about a forthcoming medical examination. Two of the patients reported a sense of guilt for immoral behavior; the feared illness could be interpreted as punishment.

In *the interpretation of dreams* (1900, p. 274) Freud suggests that dreams about failing an examination or being unprepared for one occur "whenever, having done something wrong or failed to do something properly, we expect to be punished by the event—whenever, in short, we feel the burden of responsibility." The subject of the examination dream has scarcely been neglected in the psychoanalytic literature. Renik (1981) and Kafka (1979) reviewed the literature; Kafka, in his paper, emphasizes early disagreeable medical experiences as associations and precursors to the examination dream. (See also Myers, 1983, and Sterbe, 1928.) The purpose of this note is to record some clinical observations that I have made in recent months. I have found that every time a patient reports a typical examination dream to me, either spontaneously or in response to my question, he or she will tell me of some medical examination that is anticipated in the near future. The word examination itself links the manifest content and the latent content.

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Let me illustrate with what seems to me a particularly transparent example. The patient was a middle-aged woman who had had a lump removed from her breast about a year before the dream. Because pathologic examination disclosed malignancy—though fairly well circumscribed—she was subsequently treated with a full course of chemotherapy and then a full course of radiotherapy, the latter having been concluded only a few months before the incident here reported. One morning, just before awakening, the patient dreamed:

*I was in a cafeteria, a large room like a gymnasium. I was getting ready for an examination. I hadn't studied. I didn't even read the book or go to class. I turned the pages and anxiously read a little before the examination. I thought that I wouldn't be able to write an essay. All the others were taking seats at large tables. I got a chair and brought it to a table. One guy who had gone to school with me and another fat guy, whom I didn't know, sat at my table. The examination was about munitions, how to assemble a gun. It was very technical. I had two pencils in front of me.*

Without stopping, she continued:

*Speaking of two, I'm worried about my breasts. I have an examination coming up, or rather a few examinations—mammography, bone scan, chest x-ray and blood tests. I've been reassured that everything is okay, but I can't help worrying.*

My own clinical observations concur, for the most part, with Freud's comment that "it is but rarely that the material with which the dreamer provides us in associations is sufficient to interpret the dream" (1900, p. 275). What follows is an exception to that generalization, for my patient led me directly into the reality concerned. Her dream differs from the typical examination dream in another way—namely, that the examination with which she is having difficulty, is an examination that she never took in reality. Therefore it does not carry the reassurance that Freud mentioned, that just as one had passed the given examination previously, so one would successfully negotiate the upcoming ordeal.

The fact that the examination is to take place in a cafeteria reminds me of one of the patient's childhood

fantasies, the fear of being consumed by the witch of the Hansel and Gretel story. In dealing with her illness and treatment, she felt that it was the breast that was being devoured. A remark she made in the following session can be taken as an association to the book she was paging through in this dream. The session had been preceded by further anxious ruminations about the upcoming medical examinations, and during these ruminations she had fantasied that she was a book composed of many pages that had

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been created by sectioning her body into very thin slices, an allusion to the principle of tomography. When she was a young adolescent, her mother had teased her about her small breasts. Analysis had focused on her preoedipal fears of being destroyed by her mother—who incidently had sustained a full mastectomy several decades earlier for malignant disease and had survived. In the complex to which the dream calls our attention, the breast, which had been attacked first by the biting and consuming cancer and then by the surgeon, was now being attacked—in fact sliced into thin sections—by the posttreatment examinations. The phallic images are less easily interpreted, though the dream suggests that she viewed a possible mastectomy as a castration.

I do not know that every examination dream alludes to a feared medical examination but I suppose it would be fair to say that what is anticipated with anxiety in an examination dream is an approaching ordeal. That ordeal is often a worrisome medical examination.

The day after I had written the above, one of my patients began her session as follows:

*I have just come from the eye doctor. He says that I'm all right. One day last week while I was working, suddenly my vision got blurred. It lasted a few minutes. I wasn't scared but I saw the eye doctor that day. He wanted me to come back to complete the examination. Last night I had a dream about some tests that I had to take that I wasn't prepared for.*

My patient then told me that a girlfriend of hers had just divorced her husband because he had been promiscuous, not only before the marriage but also during marriage. As a result she had to “take an aids test.” My patient is a young divorcee, religiously observant, who is willing to engage in intercourse only with the immediate prospect of marriage but will permit herself some lesser liberties with a man she is fond of. Recently, however, she had been somewhat more indulgent than she wished and was remorseful. She did not find it necessary to take an aids test, but she did feel guilty.

The examination dream in this case may allude not only to the medical examination but also to the moral examination that warranted punishment by disease. In Jewish liturgy, with which my patient is quite familiar, Jer. 11.20 reads: “For the Lord of hosts is a just judge, He examines reins and heart.” This dream represented anxiety about examination for somatic disease and also about examination for moral integrity.

A few days later, a third patient reported an examination dream:

*I was with my mother and daughter and my friend. We were trying to get a place to live. I was going from place to place. There was a tree called*

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*a sea grape tree and I was eating from it. I was also taking a test. My daughter was little. Someone called out to me from a high window. My friend was hanging out with me. I told her about school. I had to take a test.*

She then added, “I feel I'm not in good health. I'm too fat, I've had no exercise, I feel tired, that is, depressed.” She was concerned that she had lost interest in graduate school and felt “disconnected from it.” She believed she had done poorly on a test she had taken in preparation for her doctorate a few weeks earlier. She wondered whether she had damaged her mind through overindulgence in drugs when she was an adolescent. She thought she should have surgery because her neck was too fat. She was ashamed of her “bad mothering skills.”

This woman's continuing attempts to retrieve the gratification of early contact with her mother take the form of food craving, which she has constantly to resist because she is already too heavy. She had used street drugs years ago when she was very young and currently is taking antidepressant medication. This dream, like the one reported immediately above, combines somatic anxiety with moral concerns.

It may be merely coincidence that the three vignettes I have just described were reported by women; examination dreams are also reported by men. Galenson (1978) suggested, however, that women experience special test anxieties.

Reviewing these three examples, I observed that each of these patients was struggling with depressive

tendencies. The first exhibited an almost continuous low-level depressive tendency, exacerbated from time to time by a strong response to traumatic events. The second patient is actually a manic depressive in remission for whom recent life events have been rather disappointing and who is trying to resist recurrence of depression. The third woman is a burned-out borderline patient who had recently started medication for a recurrence of mild depression. Somatic anxiety occurs commonly in depression, and so does guilt. The examination anxiety then represents fear of the judgment of the superego, which is activated by the depressive state. Judgment is the prelude to punishment. The depressed patient believes that his depression is a punishment and that he will be punished further by somatic illness, disability, and death.

## Developmental Aspects

The first patient had come to see me years before for treatment of hysterical blindness. This symptom receded quickly as a result of transference influence and the analysis of early voyeuristic experiences. If I

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am to believe her, these occurred only during the first two years of her life, when, as an infant in her crib, she was aware of exciting sounds in the dark through which she attempted to peer. But we learn also that as a small child she always found any physical illness distressing because her mother would become angry with her for being ill. Her mother was a schoolteacher and the child's illness posed the problem of whether she could leave the child alone in the house or, instead, had to stay home from her job. The mother was an unhappy, troubled woman and often treated the child harshly for no reason the child knew. She also was a poor cook, who prepared unappetizing meals and offered only small amounts. Judging from the mother's current behavior, these memories are probably fairly accurate. The patient's mother increased the child's fixation on her body by frequent critical references to her thick lips, curly hair, and small breasts. At that time the child did not associate illness with misbehavior. She was impressed by fairy tales about witches, especially, as I have noted, by the story of Hansel and Gretel, in which the children were in danger of being devoured by the witch and in self-defense pushed her into an oven. To this day, when things go badly, she reports feeling as though she had been cursed by a witch.

Her oedipal phase was stunted by her mother's refusal to allow any relation between the child and her father. She married a man who has filled the role of a good mother to her. However, the sexual relation bears the mark of the incompleteness of oedipal development. That is, she participates happily in intercourse but will not permit her breasts to be touched. As a child, she was told by her mother that touching her breasts would cause cancer, and this fear intensified when the mother subsequently sustained her own mastectomy. When the patient developed her breast malignancy, she thought of her mother's warning, although she still thought even more of being cursed, rather than being punished for sexual or other misbehavior.

The third patient grew up in a fairly chaotic home and early on found her chief gratification in eating. She was exposed to intense sexual stimulation even before puberty. Thereafter she sought out sexual experience frequently and inappropriately and ultimately supported herself by prostitution. During adolescence especially, oral orientation led her to the use of street drugs. The development of a true oedipal structure was impeded by her father's frequent absences and the divorce of her parents when she was seven or eight. Although she had some early religious exposure, first in the Catholic Church and subsequently to various Protestant denominations, she became aware of the issue of morality only in adult life, when she became seriously

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interested in the subject. When circumstances made it possible for her to pursue intellectual interests, she studied the history and mythology of religions.

Clinically she presented as a borderline personality, now in her forties, burned out or stabilized. What was left was a cyclothymia. Her attitude toward the psychiatric drug therapy, to which she responded well, was ambivalent because of her early experience with street drugs. In the incident I reported, she attributed her complaints to having been poisoned by the street drugs, but at the same time she was inclined to find fault with her medication, although she knew and acknowledged how helpful it had been. The patient interpreted her present state of physical and mental distress as punishment for her early indulgence, although she did not believe literally in religious doctrines of reward and punishment.

In these two instances, (case 1 and case 3) the somatic fixations were traceable to oral and rapprochement

phases of development manifest by early memories, preferred mode of gratification, and perceived sources of distress. The specific view of illness as punishment for sin was absent in the first case and present but not prominent in the third case. It was, however, of moment in the second case, presumably because the girl had grown up in a religious environment and continued religious practice and a fairly fundamentalist belief in adult life. Since she was seen in only superficial, though very helpful, psychotherapy, I do not have childhood information, but despite her evident panic in response to the medical problem that precipitated her examination dream, there was no evidence of undue somatic involvement. Relevant to these concerns is the clinical fact that melancholic patients often display profound hypochondria. One hears delusions or fantasies that there is a living creature in the abdomen devouring the viscera.

In these patients, at least, the somatic fixations and anxieties that led to examination dreams related to medical examinations derived from the experiences of the oral phase. The interpretation of the feared disease as punishment for immoral gratification points to elaboration of the complex into the oedipal process.

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