Cognitive Patterns in
Dreams and Daydreams*

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Dreams and their meanings have challenged man for thousands of years. Numerous theories of dreams have had their day in the sun and then died. Among contemporary writers, certain assumptions seem to dominate. The major assumption is that dreams have some meaning. Stemming from this major premise, other assumptions or hypotheses have been advanced.

1. Dreams are wish fulfillment. Alternatively, following Freud, dreams are the guardian of sleep.
2. Dreams are an attempt at problem solving. This has been particularly elaborated by French.
3. Dreams are a manifestation of certain psychological processes of which the dreamer is totally unaware; that is, dreams spring from the unconscious.
4. The content of dreams is continuous with the content of the individual’s waking ideation and behavior (Adler). Or the opposite view has been advanced, namely that the content of the dream is reciprocal to the waking behavior.

As an exercise, it is useful to put aside these assumptions—some of which are by no means verifiable at this stage of our development and start with the simplest proposition: a dream is a visual phenomenon occurring during sleep. Its content is relatively uninfluenced by the immediate external environment. The interpretation of dreams, unlike certain other phenomena, is so dependent on the introspective report of the subject that there is no inter rater reliability regarding the phenomenon of the dream itself. In other words, it is a “private”—as opposed to a “public”—experience.

Starting from this point, what can be said about dreams? There are many obvious dream characteristics that do not require elaboration. In brief, anything can happen in a dream—from a simple prosaic repetition of an event that occurred during the daytime to the most fantastic, grotesque imagery of which the human mind is capable.

An important issue to explore is whether the dream has anything to do with the dreamer; that is, is the dream more than just a random sequence of images that bear no relationship to the psychological life of the individual? Is the dream merely an epiphenomenon dependent upon random neuronal activity, or is it related in some way to the personality or life experiences of the dreamer himself? Do dreams have any characteristics that are specific for the individual dreamer? Although clinical evidence would answer that there is a relationship between the dream and the individual’s personality, such evidence may be biased by the assumptions of the dream collector.

However, we have done a number of controlled systematic studies that support this proposition. In a study of depressed patients whose waking ideation and fantasies contained particular themes, we were able to isolate similar themes in their dreams. For instance, the theme of a negative outcome of any activity that the individual engages in was common both to dream and waking life (Beck, 1967). The sense of passivity and frustration was particularly obvious in the dreams of these patients and was also represented in the waking ideation.

Another study relevant to this question investigated the dreams of convicts. We found a significant preponderance of dream themes relevant to the particular crime that was committed. For instance, sex offenders tended to have a significantly higher proportion of themes involving sexual deviation for which they were convicted than did a control group of other convicts (Goldhirsh, 1961).

An example drawn from my clinical practice was a delinquent boy who, in response to my inquiry about dreams, recounted a dream in which he planned and executed an elaborate crime. Enough features peculiar to dreams were present to warrant my accepting this as a dream rather than a fabrication.
While describing the dream, he did not seem to realize he was exposing himself. When I started to explore the relation of dream content to waking ideation, he immediately became unwilling to discuss the subject. Later (after he had broken treatment), he, indeed, carried out a crime that followed in broad outline what he had described in the dream.

Similarly, in a pilot study we have scored the themes reported in the daydreams of hospitalized patients and found that these could be correlated with their dreams. There appears to be continuity in some dreams between the dream theme and an individual’s waking experiences. At times, however, the dream seems to be quite different from the waking conceptualizations; the dream themes may be reciprocal to the conscious preoccupations. For example, Jean Miller (1970) has indicated that severely depressed patients often report relatively pleasant or neutral dreams but the dreams take on an unpleasant content as the patient emerges from his depression.

Now to return to the question: do dreams have meaning? In man’s thirst for meaning, he has attached esoteric significances to dreams, for example, prophetic power. It is doubtful that every dream of an individual can throw light on his conflicts, difficulties, impulses, life style, or personality. However, certain pathognomonic or idiosyncratic dreams may effect an understanding of a particular nosological category or crystallize a patient’s specific problems. When a single dream does not reveal this crystal, a sequence of dreams may.

In terms of psychopathology in general, certain patterns in dreams appear to correlate with particular diagnostic categories. If a series of dreams is studied, for instance, one can find that certain themes differentiate one psychiatric group from another. Depressed patients, as mentioned previously, will have dreams of being defeated, thwarted, and, as Miller (1970) has pointed out, coerced. The coercion theme seems to be related to the depressed patient’s passivity. Paranoid patients, on the other hand, are more likely to have dreams in which there is some kind of persecution or unjustified abuse. Manic patients tend to have dreams with more expansive themes; anxiety neurotics have an excess of dreams of danger.

Further, a single dream may provide a quick clarification of a patient’s problem. Even in a preliminary diagnostic interview, dreams may present rich information. On the basis of the patient’s report of his current life situation and his past history, a series of alternative hypotheses may be set up. The dream can then serve to support one or the other hypothesis, modify a hypothesis, or offer completely different possibilities.

For example, some time ago I was asked to make a quick evaluation of a college student who was depressed. She gave a history of not getting any gratification out of activities in college or from her relationships with men;
however, she could not account for this fact. I then asked her to tell me her most recent dream and she presented the following:

I was going to give a piano recital [she was in fact a good pianist]. I arrived late for the recital—about one-half hour late. I sat down at the piano. I could not find my notes. I started to play anyhow. Then I started to strike the wrong keys. I tried to play the piece from memory but I couldn’t really remember it. I was disgusted with myself and everybody was disgusted with me. I got up from the piano and ran out.

When I explored how this dream related to her everyday life, her life style emerged. It appeared that whenever she started an activity in college she expected to do badly even though she had previously been very successful in her undertakings. She generally was late for extracurricular activities and dates (since she expected rejection, she would stall until the very last minute). When she overcame her expectations of failure, she could become involved. However, any slight error or faux pas became magnified into major reversals—as in her dream of striking the wrong keys on the piano and not being able to remember the score. After exaggerating her minor problems into major disasters, she would “cop out.” This was analogous to her running away from the piano recital in the dream.

In brief, the reasons for this patient’s lack of enjoyment can be understood as follows: First, she expected to do badly in activities or relationships and consequently held herself back from participating. Second, once she became involved, she selectively abstracted any inefficiencies or exaggerated them. These interpretations confirmed (for her) that she was, indeed, inadequate and that nothing would work out for her. Third, she would break off the relationship or the activity. She always quit before she had a chance to obtain any satisfaction from it.

I discussed the foregoing formulation with the patient and she was struck by its accuracy. Further support for the interpretation was derived from her subsequent behavior. When she later decided to persevere in her activities and relationships, she began to get some favorable feedback from her performance. Her view of herself as an ineffectual, undesirable person changed and she began to anticipate greater success. In technical terms, her cognitive appraisal of herself and the future changed from negative to positive.

A COGNITIVE MODEL OF DREAMS

There is no doubt that some dreams seem to be clear-cut wish fulfillments. One experiment, for instance, indicated that subjects deprived of food had a higher incidence of dreams of eating than did a control group. However, on
the basis of our research, I have concluded that this may not always, or even
generally, be the case.

A more parsimonious way of approaching dream reports is to regard their
interpretation as a kind of biopsy of the patient’s psychological processes. The
cognitive model provides a useful framework for analyzing these processes.
According to this model, the pathognomonic dream dramatizes the way the
individual sees himself, his world, and his future. In the course of an individu-
al’s waking experiences, certain cognitive patterns peculiar to that individual
are activated, but may be obscured by the input of external stimuli. When
the external stimuli are cut off during sleep and a certain state of arousal is
reached, these patterns (or schemata) exert a maximum influence on the
individual’s thinking and are manifested in the thematic content of the dreams.

Cognitive patterns or schemata exert a varying degree of pull on the
individual’s dreams. Although some dreams seem to be a prosaic reflection
of daytime events, pathognomonic dreams, which are often the repetitive
dreams, point to a particular type of conceptualization.

The conceptualizations apparent in dreams also seem to influence the
emotions and behavior of waking life. In his waking experience, an individual
may conceptualize a situation in a variety of ways. He is most aware of
the realistic conceptualization; however, the unrealistic one, based on more
primitive cognitive patterns, may have a greater influence on both his waking
emotions and his dreams, in which it emerges dramatically. The kind of stuff
that dreams are made of may be obtained by training a patient to observe
not only his realistic appraisal of a situation but also the automatic, unrealistic
evaluations that seem to be at the fringe of awareness. I have described these
elsewhere as “automatic thoughts” or distorted cognitions, a kind of ideation
probably analogous to what Freud called the preconscious. These cognitions
are much more closely related to the pathognomonic or idiosyncratic dream
than are the usual realistic cognitions at the center of the person’s awareness.

In psychopathology, however, unrealistic cognitions are dominant in the
waking ideation, and in severe cases, occur at the center of the cognitive
field. The depressed patient perseverates in thinking about his inadequacies,
losses, and bleak future. The anxiety neurotic is preoccupied with hypothetical
dangers. The paranoid patient dwells on the theme of abuse by others. These
dominant patterns in the waking mentation exert their influence in the dreams.
Thus, the depressive, anxiety neurotic, and paranoid patients are prone to
dream respectively of themes of failure, danger, or abuse.

**SUMMARY**

In a study of night dreams and waking fantasies we found a significant
association between the manifest content of the fantasies and of the dreams.
A useful way of presenting the hypothesis is in terms of a continuum as follows: Moving from the verbal to the visual, we have “automatic thoughts”—spontaneous daydreams—drug-induced hallucinations—dreams.

According to the cognitive model of dreams, certain cognitive patterns structure the content of the waking fantasies and other waking ideational experiences as well as the content of the dreams. These cognitive patterns are specific to the individual; in the case of psychiatric patients they represent idiosyncratic ways of conceptualizing themselves and the outside world. When the individual is asleep and external input is withdrawn, the cognitive pattern exerts a maximum influence on the content of dreams. This particular model offers an alternative to Freud’s dictum that dreams serve as the guardian of sleep or as a wish fulfillment.

REFERENCES