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THE DREAM PATTERN IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION A RETROSPECTIVE ANALYSIS FROM ONTOPSYCHOLOGICAL PSYCHOTHERAPY IN THE STEP IN AMI TRIAL

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Resumo: Studies on the organization and structure of dreams before and after acute myocardial infarction are lacking. Therefore, we retrospectively studied dream patterns before and after acute myocardial infarction (AMI) in the STEP-IN AMI (Short TErm Psychotherapy IN Acute Myocardial Infarction) trial. We also tried to describe if and how this pattern may change during an ontopsychological short term psychotherapy (STP). A total of 47 patients, 31 to 70 years old (mean age 54.89), could be analyzed. 4 /47 pts (8.1%) couldn't refer any dream memory related to all their life, and during psychotherapy; 22 /47 pts (47%), couldn't remember dreams from childhood to the AMI time, and started remembering some dreams during psychotherapy; 21 /47 pts (44.6%) could report dream material referred to their past life, and dreams during the individual psychotherapy. The high percentage of patients not remembering dreams before AMI may be expression of a censure and psychic repression. Globally, there was a progressive increase of the ability of patients to remember dreams during psychotherapy, with a peak at the fifth meeting. 8 of 47 patients referred nightmares in the years before AMI. 34% of the patients (16/47) had recurring dreams in the years before AMI. The main symbols emerged in infancy and childhood reinforce the interpretation of a difficulty in personal growth and evolution emerging very soon in life. In the year before AMI the scenery set is still worse; most symbols of people dead of a cardiac disease clearly indicate to the person his/her dreadful psychosomatic condition. Here the strict connections between death warning symbols and the incident AMI, may confirm the ontopsychological hypothesis that the In-Itself dream signals are connected to the biological status of the dreamer, warning in advance of months the dreamer. All the patients referring dreams during psychotherapy showed an evident and drastic change in the symbols and scenery reported, suitable for clinical analysis. If confirmed, dreams might be considered the very first signal for prevention and for a medical diagnosis of ischemic heart disease and myocardial infarction.

Palavras-chave: Ontopsychology, Dream Analysis, Psychosomatics, Acute Myocardial Infarction.

1. INTRODUCTION (contexts and objectives)

Sleep isn't merely a period of brain inactivity and passive abandon of cerebral functions, but it is a period of complex cerebral activity, which deeply impact body functions, both during rapid eye movement (REM) sleep [1] and non-REM (NREM) sleep. Dreams may cause sudden variations in sympathetic/parasympathetic balance activity, despite an haemodynamic and respiratory stability. Sleep is an activity which impacts biologic functions and has been associated to cardiac events and may trigger major cardiovascular events [2].

Studies on the organization and structure of dreams before and after acute myocardial infarction are lacking. Therefore, we endeavoured to retrospectively study dream patterns before and after acute myocardial infarction (AMI) in the STEP-IN AMI (Short TErm Psychotherapy IN Acute Myocardial Infarction) trial [3-6]. We also tried to describe if and how this pattern may change during an ontopsychological short term psychotherapy (STP).

2. METHODS

In the STEP IN AMI trial 101 patients,aged ≤70 years and admitted to San Filippo Neri hospital in Rome for AMI, were randomized either to receive or not to receive additional short-term ontopsychological psychotherapy (STP) on top of standard contemporary treatment for AMI [3-6]. The ontopsychological method was specifically adapted by the psychotherapist herself to the context of the research in the field of cardiac psychology, [3, 7,8]. Psychotherapy was delivered initially in individual and then group sessions over a 6- month period after the incident AMI (individual sessions ranging from 3 to 11, anf 5 standardized group sessions).

The dream investigation and analysis was a fundamental component of the psychotherapeutic training. Every detail of the dialogue with the patients after each single session was systematically recorded by the psycotherapist to retrospectively analyze the clinical case and the dream material. Written reports review has permitted the classification of dreams referred to different patient's past lifetime periods, and to the psychotherapeutic sessions..

The dreams have been classified as follow: 1) dreams referred to childhood and adolescence; 2) dreams referred to adult life; 3) dreams referred to the year before AMI; 4) new dreams emerged during the psychotherapeutic training. In this section the dreams have been adjudicated to every single session, from the first one to the tenth session, that was the last one in which one patient referred a new dream.

Moreover main specific symbols related to different periods of life, were classified as follow: people, animals, non animated objects, places, landscapes, environment, situations, actions, state of mind, recurrent dreams and nightmares

3. RESULTS AND DISCUSSION

Among the patients initially randomized to the STP group, 47 patients could be analyzed. These patients were 31 to 70 years old (mean age 54.89). There were only three female patients. Dreams collected during the individual sessions were in Italian, and were later faithfully translated in English and classified following the previous indications.

Considering the ability to globally recall dreams, we could observe 3 classes of patients:

A) 4/47 pts (8.1%), who couldn't refer any dream memory related to all their life, and during psychotherapy; B) 22 /47 pts (47%), who couldn't remember dreams from childhood to the AMI time, and started remembering some dreams during psychotherapy; C) 21 /47 pts (44.6%) could report dream material referred to their past life, and dreams during the individual psychotherapy

Globally there was a progressive increase of the ability of patients to remember dreams during psychotherapy, with a peak at the fifth meeting.

A total of 8 of 47 patients referred nightmares and 34% of the patients (16/47) had recurring dreams in the years before AMI. All the recurrent dreams were referred as a state of anguish, despair, the perception of an inability to complete an action, or the grief of own mother's early death. Some recurrent dreams started in childhood and adolescence, other started in adult life; the majority of them persisted up to the incident AMI. Some recurring dreams were reported until the third therapeutic session, and stopped completely during the next sessions.

Here are reported the more frequent symbols, dream actions and states of mind referred to different periods of life until AMI. They, from a psychodynamic point of view, seem to point out a very dreadful psychological condition:

A) In childhood and adolescence: dead mother; dead mother; mother; mud; half-dark room; nightmare; danger coming from unlikely beings; I follow a downhill street that arrives to the sea, I can see the sea, but I never arrive to touch it; I was sinking in the mud; I remained in the half-dark room of the basement; with a big effort, I was struggling to free myself, and I woke up; I was living at the last floor of a building; desperate anguish.

B) In adult lifee: my dead wife; school; my secondary school; lower secondary school; very distressing dreams; nightmares; military service; nightmare; nightmares; I had to take my exams again; I can see the sea, but I never arrive to touch it; to do military service; to loose 2 years of one's life; stones rolling down against me; I enter in a small door; I try to defend myself inside a fortress or over a hill; to fall down; I was driving my car and I had an accident; a tsunami is sweeping away and destroying everything; I was a young boy at the lower secondary school; I couldn't succeed to pass my exams; I was anxious that I wasn't up to it.

C) In the year before AMI: my father and mother (who were dead in real life); my dead father; my grandmother who had died for a liver disease; my mother in law, dead when she was 86 years old for a cardiac disease; the father of my wife's actual partner, who had died for a cardiac disease; my son' father in law, dead for sudden death; it was raining; distressing dreams, nightmares; I had lost my car; my father and mother (who were dead in real life) following me; to be run over by a tsunami; I sow myself reflected in a mirror, and there was the image of my dead father; I was falling down an abyss; falling off while I was sleeping; my grandmother, dead for liver disease, was very fat, and we were having lunch with many relatives; my mother in law, dead for a cardiac disease, entering in my house and giving me her hand; I accept and I give my hand to my mother in law, dead for a cardiac disease; my son called me to tell me that he had had a car accident; my father in law, dead for sudden death, invited me to go with him, telling that beyond one can stay very well.

From a psychotherapeutic perspective, the 47 patients were considered as a whole and dreams were divided in two phases: a first phase, putting together the symbols referred during the first 3 sessions, and a second phase, putting together the symbols referred from the forth to the tenth session.

Some symbols connected to an inability, a difficulty and symbols of people dead for a cardiac disease, were still persisting, but new positive symbols, reported in bold, showed an initial unequivocal psychological positive change. The majority of symbols haven't been reported, as they mainly referred to material related to patients' daily problems, useful for clinical analysis.

A) In the first psychotherapy phase: a very nice and open-minded girl; small very beautiful child; little 8 year girl, who is my daughter; lake shore; I took a small child in my arms.

B) In the second psychotherapy phase: a beautiful half-naked girl; my little grandson; a very tall and robust build friend of mine; a dark blue sea; greenery; a small lake; many trees, a chestnut tree, fir trees; a blue and calm sea; I was in a green valley; the sky was blue; a green valley; the Maldives islands landscape; the blue sea; many meadows and green places; the Alps; my little grandson taken in his mother's arms; I am driving my car in the traffic; my children are happy; there is peace.

4. FINAL CONSIDERATIONS

Ontopsychology represents the very last evolution of psychodynamic dream analysis. Its perspective is mainly based on the discovery that uncounscious is guided by a natural criterion, through which it is possible to distinguish what is useful and functional for the dreamer's identity, the ontic In Itself (In Sè) [9] (In Sé). The In-Itself is our specific identity, the psychic project throughout one's life, trying to bring a person to self-realization, in the biological, affective, social and spiritual dimensions. In the ontopsychological perspective dreams are In-Itself signals, a symbolic language of the unconscious [7, 10, 11], nature's clinical assessment of the dreamer's behavior; they show how life judges our existential praxis in the perspective of what is functional to the dreamer's identity.

In this group of patients the high percentage of them not remembering dreams before AMI may be expression of a censure and psychic repression caused by a strict education in infancy.

We can hypothesize that "not remembering dreams" may have here a clinical significance, and from a psychodynamic point of view it seems a lack of awareness of the individual related to her/his interior and personal life, like a progressive psychic repression started very early in life.

The main symbols emerged in infancy and childhood reinforce the interpretation of a difficulty in personal growth and evolution emerging very soon in life. Difficulties highlighted by dreams in the first periods of life are strongly reiterated in adult life.

This hypothesis is coherent with the principles of psychosomatics [8, 12].

This said, also in ischemic heart disease emotional and mental states and their neurohumoral correlates play important roles and might have a part in the clinical manifestation of AMI [13]. This mechanism reinforces the view that these patients have acquired the habit to continuously repress their vital and emotional boosts, that are turned to a psychosomatic reaction.

In the same perspective we might evaluate the nightmares and recurrent dreams in the life periods before psychotherapy. The In-Itself signals iteratively to the conscious ego a problem, that might compromise the harmonic psycho-physic evolution of the individual.

The recurrent dreams showed always a difficulty, an inability to overcome an obstacle or to reach a goal, an anguish, a danger, or the need to pass an exam.

In the year before AMI the scenery set is still worse than before. Most symbols of people dead of a cardiac disease clearly indicate to the person his/her dreadful psychosomatic condition.

Here the strict connections between death warning symbols and the incident AMI, may confirm the ontopsychological hypothesis that the In-Itself dream signals are connected to the biological status of the dreamer, warning in advance of months the dreamer.

Symbols seem emerge here like knots of a net delineating the common ground of a collective unconscious, in a very similar and repetitive psychodynamic mechanism.

During psychotherapy, for the 22 patients who started remembering dreams during the analysis, the psychotherapeutic encounter had worked as a stimulus for the unconscious material to emerge. This is a sign of trust toward the psychotherapist and open-mindedness evicted by psychotherapy. All the patients referring dreams during psychotherapy showed an evident and drastic change in the symbols and scenery reported. In this phase are richly emerging many different symbols, the majority of them expressing a psychodynamic situation, suitable for clinical analysis. It is also possible to highlight symbols of an internal rebirth in some patients.

Globally, during psychotherapy patients are telling "another story" and the scenery set appearing is another "movie", maybe "problematic", but not "frightening" as it was before AMI.

This report cannot substitute the dreams analysis performed in the psychotherapeutic setting, that implies the complete knowledge of the patient's story. It might represent a basis for new researches on this topic.

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