

Has The Time Come To Resurface 'The Royal Road To The Unconscious': Reflections, Research and The Case For Embracing Dream Work in Clinical Practice and Therapist Development.

by *Mike Hackett*



*If one advances confidently in the direction of
one's dreams, and endeavours to live the life
which one has imagined, one will meet with a
success unexpected in common hours.*

Henry David Thoreau (1817 - 1862)

Introduction

Today, dreaming seems as elusive as it was when man was first roused by this nocturnal phenomenon. In my 25 years working with dreams, I have observed the study of this phenomenon broaden from an anthropological special interest and early psychological theory into the fields of biology, neurology, chemistry and evolutionary science, applied psychology and beyond. Indeed, within the field of counselling psychology there now exists a branch of science dedicated to the study

of dreams, culminating in 2004 with the arrival of the American Psychological Association's first multidisciplinary journal publication devoted specifically to dreams. It is within this scientific exploration that the questions 'do dreams have a psychological function' and 'how can they be used to support client growth and development' still remain central to the study of dreams. Moreover, as an accredited therapist and dream worker, I have been fascinated by the questions of how can attending to our own dreams be used for our own personal development, supervision and within our families and communities? In my experience, the subject of dreams is an enormously rich area of study and practice, so my focus in this article will be to build a short case, with an example, for attending to your dreams and how they can support both your personal and professional growth and that of your clients'.

Heller (2013) highlights how current sleep science has established that we spend one third of our lives asleep, and between twenty and twenty-five percent of our sleeping lives dreaming. More often than not however, we tend to report not having dreamed at all, being aware that we have dreamed but not being able to recall them, or only recalling vague, distant

fragments of our night-time visitors (Heller, 2013). Contrastingly in my life and my practice, I tend to hear reports of the vivid, anxious and fearful memories of our nightmares, which for some, when they take root in our nightly rest, can unravel the most ordinarily resilient lives.

Despite the potential for dreams to be positive or negative, I observe that the majority of people I speak to about dreams are curious about the meaning of the dreams they can remember. Furthermore, they are eager for them to be decoded in order to understand something new about themselves or their life situation. How many times on a train, Luas, bus, in a queue, at a social event, a coffee shop or other public space has your ear tuned in to someone saying ‘I had an amazing dream last night’ and proceed to tell their company all about it! Dreams leak into the waking world in this way, just as they occupy us at night when the committee of sleep meets to agree the agenda of our night’s work.

In exploring the frequency of the occurrence of dream work in psychotherapy “According to several surveys, most therapists reported that they attend to dreams at least occasionally, although dreams were rarely a major focus of therapy” (Hill, 2010). The same research however says that despite this occasional attention to dreams “[those therapists report]...they had spent about 5% of therapy time working on these dreams”. This elicits some interesting questions: Why so little time (only 5%) attending to dreams? What training have therapists had to work effectively with dreams? Have therapists a solid foundation in dream ethics to inform their

dream tending with clients (in other words, tending to their dreams as a gardener would tend to his plants)? Is their dream tending with clients informed by the latest research in the field? For those therapists who do not attend to the dreams of their clients, what rich avenues of therapeutic work remain unexplored? Finally, in line with Yalom’s (2010) questioning of whether we can take our client’s farther than we’ve gone ourselves, could it be that it is difficult to dream tend with a client if the therapist hasn’t tended to their own dreams?

Dreams support the therapeutic process

Much of the literature on the clinical utility and effectiveness of using dreams in therapy consists of case reports and descriptive studies. Pesant and Zadra (2004) have compiled a synthesis of clinical observations and found typically three distinct types of improvements present in the application of dream work in therapy: a) client insights – also described as enhanced client self-knowledge, self-understanding or self-awareness, b) increased involvement of the client in the therapeutic process and c) a better understanding of client dynamics and clinical progress e.g. transference and counter transference (see example later).

In support of the improvement in client insight, Murgatroyd (1985, p.97) argues that dreams can “be developed for understanding ones feelings”. He postulates that by re-enacting the dream in the present, by taking responsibility for every character, symbol and event in the dream as an aspect

of the dreamer (employing Perls’ projection hypothesis) the therapist can facilitate a movement into awareness of the dreamer’s emotional state and their thoughts about themselves. Thus he notes, “by reliving the dream, and acting it out in consciousness, the person is able to ‘get in touch with’ or examine their feelings more directly” (Murgatroyd, 1985, p.97).

In addition, Pesant and Zadra (2004) went on to categorise the ways in which the client’s experience in therapy can be supported using dreams:

- *Connection – to uncover some patterns in one’s existence or some links between different aspects of one’s experience;*
- *Suddenness – an affective reaction of surprise, as if things fell into place in one’s mind;*
- *Metaphorical vision – to see oneself in a new light; and,*
- *Newness – the sense of having discovered something that was not previously known.*

In relation to the second improvement of increased involvement in the therapeutic process from employing dream work in therapy, Heaton, Hill, Petersen, Rochlen and Zack (1998, p.115) found that “clients rated session outcome higher, got involved more quickly in therapy, gained more dream insight, and kept fewer secrets”. Pesant and Zadra (2004, p.498) also suggest that clients may “be less reluctant to discuss disturbing issues when these are approached through dream exploration, partly because dreams are often seen as not being real, and a safer distance exists between the client and the material evoked by the dream”. For

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example, the use of dream work has been especially effective for war veterans who would otherwise find it difficult to explore the impact of combat experiences (Cohen, 1999). This highlights how the dream can be held in the room, without it overwhelming the client and potentially sabotaging the work.

With regard to the third improvement of developing a better understanding of clinical progress, dreams can be used to uncover therapeutic issues like transference and the relationship dynamics between therapist and client. Clients find it difficult to deal with their feelings toward a therapist, especially if these feelings are seen to be negative or critical of a person who is actually trying to help them (Hill, 2004). In one pivotal session, my client brought a dream where he saw me as the mythical figure Atlas – holding the weight of the world on my shoulders. He mentioned this in passing almost as a joke, but I suggested that we explore this dream sequence further. This was achieved by employing Hill's Three Stage Cognitive Experiential Model which is a modern, scientifically tested method for working with dreams (Hill, 2004). It involves an immediate exploration of content, symbols, feelings and situations of the dream gaining insight into the links to the client's waking life and presenting issues. From this, tangible actions can be formed which can be implemented in the life of the client. By using the

dream as a vehicle, the client was able to explore the image of me as a super human being carrying the world on his shoulders, dutifully without complaint. This allowed him gain insight into the connection between feelings he had toward his father (who he saw as being able to 'hold up any burden') and myself carrying his burdens, compared to how he saw himself; inadequate and powerless (his presenting issue), resulting in him feeling inadequate to us both. These insights formed the action to therapeutically focus on this critical parental relationship and its affects on him in his life.

Similarly, the therapist can gain key insights by using his own dreams to reveal particular aspects of the relationship with the client. For example, Woskett (1999, p.207) describes how her own dreams "often provide clues to my unacknowledged responses to clients [I dream of] or the unexpressed dynamic between us".

Dream work can be taught to clients for use outside of therapy

In my experience, dream work, unlike other therapeutic tools e.g. the empty chair from Gestalt, or Free Association from Psychoanalysis, is not dependent on the presence of a therapist but rather can be taught as a therapeutic tool for the client's use outside of therapy. I have found that equipping the client with such a method provides an extra resource for them to gain

rich insights into their current life situation. Particular therapists and academics have developed tools, methods and processes in support of client empowerment by study and self-analysis of dream material (Zack in Hill 2004; Van De Castle 1994; Cushway & Sewell, 2013). Hill (2004, p.xi) puts it most eloquently by exercising poetic license on a classic saying "If you give a person a dream interpretation, she will feel enlightened for a day, but if you teach her to explore her own dreams, she will have a source of inner wisdom for a life-time".

Scientific evidence on the efficacy of dream work

"Romantic psychology, with its focus on introspective investigation of the mind's mysteries, was the province of writers and poets; but by the end of the nineteenth century, it had given way to a philosophy of science which venerated empirical observation and looked askance at anything speculative" (Freud, 1900, p.vii). As the development of psychology progressed from the romantic 19th century, to the analytic 20th century, the study of dreams have similarly undergone a rebirth in the last 50 years. Today, the scientific study of dreams has taken root in a number of ways; the creation of the International Association for the Study of Dreams (IASD); the publication of a code of ethics for those working with dreams (accessible on IASD website); and the quarterly publication by the American Psychological Association of 'Dreaming'.

In particular, one key contributor to contemporary dream work is Dr. Clara Hill of the University of

Maryland USA. Hill and her team have not only created Hill's Three Stage Cognitive Experiential Model, but have also conducted dozens of peer-reviewed studies dedicated to the efficacy of dream work (each of the many studies is enumerated in the appendix of her 2004 publication "*Dream Work in Therapy: Facilitating Exploration, Insight, and Action: Facilitating Exploration, Insight and Action*").

Perhaps the most impressive findings which have been replicated across ten studies found "that dream interpretation resulted in client ratings of session process (quality of sessions, insight and understanding) that were about one standard deviation higher, than for therapy not involving dream interpretation" (Hill, 2004, p.15). Further, Hill also found that "people with positive attitudes towards dreams expressed more interest in participating and gained more from dream interpretation than people who had more negative attitudes to dreams" (Hill, 2004, p.15).

Finally, with regard to the usefulness of dreams to enhance client's existential and spiritual growth, Davis (in Hill, 2004) notes that modest effects have been found on "measures of symptomatology and interpersonal functioning and that changes in existential well-being and spiritual insight occurred" (p. 149).

Dreams for personal development

Perhaps an illustration of how I use my own dreams in my personal development may help demonstrate the power of dreams in revealing something outside of my current awareness and thus signpost what I need to do in life.

I am somewhere strange, it

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is dark and I feel vulnerable. I notice in my hand, a tooth, then all of my teeth start falling out. I wake feeling embarrassed.

I begin by looking at the images and the feelings in sequence (the Exploration stage of Hill's Model);

The situation of the dream (somewhere strange) orientates me to my current life situation – life seems strange. I am in the dark and can't see anything other than my hand. My hand is what I use to hold things. One of my teeth is in my hand. My tooth is what I use to chew. All of my teeth fall out, I imagine my grandmothers face – her face shape totally changed when she took out her false teeth. Her face looked sunken.

Next, I develop a narrative from the loose story and the associations from the dream (combining the Insight and Action stage of Hill's Model).

My life at the moment feels strange, I am in the dark about my current situation. I need to hold on though. I need to chew on the situation or I will lose face.

Thus you can see how, while this dream snippet appears at first to be highly symbolic and confusing, when worked through associatively, it reveals my current life situation

and also, what I need to do as well as the potential impact if I don't attend to my own dreaming advice!

What we need to re-pave 'The Royal Road'

The following steps are a good beginning in engaging with dreams and working with them in personal and professional contexts.

1. First start recalling and recording your dreams. How? Here are a few suggestions:
 - a. Each night, before sleep, express your intent to remember your dreams when you wake.
 - b. When you do wake, stay perfectly still in your sleeping position and gently let your mind wander to what feelings, images you are feeling/remembering.
 - c. Let those expand naturally. But if you can only grab a few snippets, and a feeling or two, that's fine.
 - d. When you have something of the dream, write what you do recall down using pen and paper (which you keep handy beside your bed).
 - e. Ask yourself what do the images, symbols etc. you remember represent for you and write those associations over the symbols, images etc. Repeat through the dream.
 - f. Beginning at the start, re-read the dream but instead, substitute in the associations for images, symbols etc. creating a new narrative from the dream.
2. Bring the dream to personal therapy or hold it for your own personal development, listening

to the message of the dream and what it says about your current life situation.

3. Next, take a course in dream work (staying away from dream dictionaries and symbol databases) or join a dream group.
4. Introduce dream work to your clients and express your openness to work with their dreams should they wish to bring them. Ensure you have undertaken some training and are familiar with the IASD Dream work Code of Ethics.

Keep up to date with the latest in dream research by reading 'Dreaming' the Journal for the study of dreams.

Conclusion

My own journey into my inner world of dreams and nightmares has been travelled over 25 years. As a therapist working with dreams in the therapy room, I am always surprised at how, despite initial trepidation, clients embrace working with their dreams and have reported significant insights into their therapeutic process. Having developed and built dream training programmes and facilitated dream groups, I am awed and profoundly moved by the shifts which accompany the experience of the meaning and significance of a dream connecting deeply with a participant. I dearly wish that all therapists could experience this profound, moving and at times unsettling, but always insightful and authentic, moment of connection with their inner world, conveyed in such a unique way through the vehicle of dreams. And perhaps, with a little curiosity, faith and a spirit of adventurous travel, we

Use of dream work has been especially effective for war veterans who would otherwise find it difficult to explore the impact of combat experiences

can all re-pave that 'Royal Road', creating a super-highway into deeper self-understanding and enrichment of our own lives and the lives of our clients. ☺

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