Review article

Working with dreams in therapy: What do we know and what should we do?

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Abstract

Although a potentially helpful therapeutic tool, dream interpretation or dream work is only used occasionally in most forms of psychotherapy. Despite an interest from clinicians and clients alike in using dreams within therapy, many therapists feel unprepared to attend to their clients' dreams. The main goals of this article are to make clinicians aware that integrating dreams into their clinical practice is both accessible and potentially valuable and to allow them to make an informed decision as to what role they want dream work to play in therapy. The paper begins with a brief overview of some of the more common approaches to dream work. The literature on the usefulness and effectiveness of the clinical use of dreams is then reviewed. Finally, based on the integration of the clinical and empirical literature, several guidelines for conducting dream work are presented.
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1. Introduction

To work with dreams in therapy implies a belief that they are somehow psychologically meaningful and thus have clinical value. In this respect, empirical studies have shown that the content of everyday dreams can be related to the dreamer's waking concerns (for a review on the continuity hypothesis between dream content and waking concerns, see Domhoff, 1996, 2002), that the occurrence of specific types of dreams (e.g., recurrent dreams, nightmares) are related to one's psychological well-being (e.g., Brown & Donderi, 1986; Zadra & Donderi, 2000), and that the dream reports of people suffering from certain psychopathologies (e.g., depression) sometimes differ from those of normal controls (see Kramer, 2000, for a review). These results support the view that dreams are a valid topic of scientific interest for researchers and of clinical interest to clinicians.

That being said, relatively few therapists attend to their clients' dreams (Cartwright, 1993). One empirical study and three surveys on the use of dreams in psychotherapy revealed that, except for psychoanalysts, most clinicians work with dreams only occasionally, if at all (Crook & Hill, 2003; Fox, 2002; Keller et al., 1995; Schredl, Bohusch, Kahl, Mader, & Somesan, 2000). Moreover, dream work is more frequently initiated by the clients themselves, and a relatively large proportion of psychotherapists do not feel competent working with clients' dreams (Crook & Hill, 2003; Fox, 2002; Keller et al., 1995; Schredl et al., 2000).

Hill (1996) suggests that misconceptions about dreams and dream interpretation hinder the use of dreams in therapy. For instance, some clinicians believe that dreams are a meaningless, unscientific object of study, or that dream interpretation is limited to psychoanalysis or long-term therapy. However, recent evidence indicates a growing interest in the clinical use and management of dreams. For example, a growing number of empirical studies have focused on the therapeutic use and effectiveness of dream work (for a review, see Section 3), cognitive therapists have shown increasing interest in integrating dream material into their practice (Rosner, Lyddon, & Freeman, 2002), and cognitive–behavioral

techniques, such as imagery rehearsal, remain the treatment of choice for nightmares (e.g., Krakow et al., 2001; Krakow, Kellner, Pathak, & Lambert, 1996).

Given the large number of approaches to dream interpretation and the complexity of the theories often attached to them, clinicians unfamiliar with the literature but interested in working with clients' dreams may feel confused or overwhelmed. Where does one start? Is it worth the investment of one's time? As indicated by Widen (2000), it is not surprising that many therapists feel that they do not have enough time or knowledge to do effective clinical work with something as varied and potentially complex as dreams.

The main goals of this article are (a) to make clinicians aware that integrating dreams in their clinical practice is both accessible and potentially valuable and (b) to allow them to make an informed decision as to what role they want dream work to play in therapy.

We begin by presenting an overview of different methods of dream interpretation. Descriptive and empirical reports on the use of dreams in therapy are then reviewed, and data concerning the clinical efficacy of dream interpretation are examined. Based on a synthesis of the clinical, theoretical, and empirical literature, and as a complement to the preceding sections, guidelines and suggestions for using dreams in therapy are presented.

The most common expression to describe the clinical use of dreams is *dream interpretation*. Some researchers and clinicians object to the use of this term because it is often associated with the view that only highly trained therapists have the requisite knowledge to decipher the supposed meaning of dreams and that much of this work is conducted independently of the dreamer. Other terms, such as *dream appreciation* (Ullman, 1996), have been proposed to highlight the active participation and insights provided by the dreamer and to underscore the fact that understanding dream content is possible for professionals and nonprofessionals alike. In this article, the terms dream interpretation and dream work are extended to include all forms of clinical work involving dreams.

2. Review of models

Due to space constraints, only the better known approaches to dream work are covered and only summarily. Readers interested in a more comprehensive account of the clinical and theoretical foundations of these and other methods are referred to the cited literature.

2.1. Psychoanalytical approaches: Freud and his successors

Freud (1953) proposed that dreams had two interrelated functions. One function was to give expression to previously repressed wishes from the id, thereby allowing the release of psychic tension. A second function of dreams was to protect sleep from being disturbed. In essence, the dream was seen as a compromise between unacceptable unconscious wishes, often sexual in nature and dating from early childhood, and the desire to remain asleep. Because of their antimoral and antisocial characteristics, these wishes needed to be distorted to be acceptable to the dreamer, thereby allowing their partial expression (dreams as 'wish-fulfillment') while assuring the continuation of sleep (dreams as 'the guardians of sleep'). This task is accomplished by the dream censor (or dream work) through the defense mechanisms of condensation, displacement, symbolization, and secondary elaboration.

Freud (1953) thus made an important distinction between the manifest and the latent content of dreams. The former refers to the actual dream as experienced and reported, whereas the latter refers to the true meaning of the dream. According to his theory, dream interpretation involves retracing the various distortions that produced the manifest dream back to their sources in the latent dream thoughts (i.e., the unconscious conflicts and desires).

Free association was considered by Freud to be the fundamental tool for deciphering a dream's underlying meaning. To reverse the dream work, the client is asked to provide an uncensored description of the feelings and thoughts evoked by each element of the dream's manifest content. These associations form an associative chain that allows the therapist to uncover the latent dream content. Since the dreamer's initial associations to the dream images are followed by associations to those associations, and so on, the manifest content is quickly abandoned. The analyst plays a crucial role by offering the client his or her own interpretation of the dream based on an understanding of the client's dynamics. This approach thus requires the mastery of various psychoanalytic concepts. Although other psychoanalytical approaches (e.g., ego psychology, object relations theory, and self-psychology) proposed revised conceptions of dream formation or of the psychic apparatus (e.g., French & Fromm, 1964), free association has remained at the heart of most psychoanalytically inspired dream interpretation. Despite some agreements, psychoanalysts from different orientations tend to obtain very different interpretations for the same dream series (Fosshage & Loew, 1987). Freud may thus have developed a widely used tool for exploring the significance of dreams; but what one finds depends, in part, on the one's views and theoretical inclinations. Other controversies in psychoanalytic dream work (e.g., the place that dreams should hold in psychoanalysis, the usefulness of the manifest content, the diagnostic or prognostic value of dreams) are presented by Lane (1997).

2.2. Jungian approach

Jung viewed unconscious processes as being in opposition to conscious ones. Within this context, Jungian dream theory sees the dream as serving a compensatory function by presenting the ego viewpoints that are complementary to its dominant waking attitudes (Jung, 1974). Jung's theory emphasizes the transparent and creative nature of dreams, which are viewed as a direct, natural expression of the psyche's current state. The manifest content of dreams is not a facade intended to deceive, and there is no need to posit a latent content as described by Freud.

Jung (1969) distinguished between objective dream interpretations (i.e., relating dream elements to something or someone who is part of the dreamer's external reality) and subjective ones (i.e., relating dream elements to the dreamer himself, including his personality). Jungians believe that a dream image can be interpreted both ways, but tend to emphasize their subjective meaning (Hall, 1983; Jung, 1969; Mattoon, 1984).

The first step in Jungian dream interpretation is to examine the dream's context in the individual's waking life. By describing his or her waking life in relation to the dream, the dreamer provides information that helps guide the therapist towards an accurate interpretation. The therapist then seeks *amplifications* of the dream images. Hall (1983) describes three levels of amplifications: personal, cultural, and archetypal. Personal amplifications consist in obtaining the dreamer's personal dream-related associations (thoughts, feelings, and recollections) to explore links to the dreamer's life. Cultural amplifications seek to enrich dream images with the transpersonal meaning that they might convey in a given culture. Archetypal amplification consists in drawing parallels between a dream image and, for

instance, a myth, a fairy tale, a literary, historical, or religious reference that connects the dreamer to what Jung called the collective unconscious. In all three cases, the goal of amplification is to uncover deeper elements of the dream's potential meaning for the individual while remaining rather close to the dream's manifest content and by bringing the client back to other images in the dream.

Active imagination is another method devised by Jung to explore a dream's significance that involves using one's imagination to recreate all or part of a recalled dream. This method, well described by Shafton (1995), consists of having an individual enter a quiet state, deliberately invoke and focus on dream images, and then observe the imagery evolve. This requires active participation with the images rather than mere passive observation of them.

2.3. Existentialist approaches

Alfred Adler postulated continuity between the manifest content of dreams and the dreamer's waking concerns and lifestyle. This view greatly influenced the existential–phenomenological, cultural, and Gestalt approaches to dream interpretation.

The existential–phenomenological perspective seeks to describe things as they are (Boss, 1977). Dreams are thus conceptualized as an authentic mode of existence in continuity with waking experiences (Boss & Kenny, 1987). Existentialists let the dream unfold as it is by suspending all preconceived beliefs or ideas, and without trying to analyze or interpret its content (Craig, 1990; Craig & Walsh, 1993). The therapist encourages the dreamer to relate even the smallest detail of the dream and emphasizes emotions as to allow the client to relive the dream here and now (Boss & Kenny, 1987; Craig, 1990). Rather than trying to decipher a dream's hidden meaning, existentialists help the client identify what is happening in the dream and focus on what this dream, considered as an experience of being-in-the-world as real as any waking experience, expresses in and of itself (Boss & Kenny, 1987; Craig & Walsh, 1993). If focusing on the manifest dream content yields a spontaneous emergence of memories or insights (Boss, 1977), then clients might be encouraged to establish parallels between the dream experience and their waking life (Craig, 1990).

2.4. Culturalist approach

According to the culturalist approach developed by Bonime (1962), it is essential that the therapist and the client develop a collaborative alliance because the dreamer is viewed as the only person who can judge the value of the meaning ascribed to the dream. Along with Boss and Craig, Bonime greatly contributed to popularize the notion that it is ultimately up to the dreamer to interpret his or her own dreams and that the role of the therapist resides in being a helpful guide rather than an expert. The approach of Bonime (1962, 1989) focuses on emotions in dreams, whether they are truly experienced or expressed through symbols. Emotions are deemed important because "when detected and fully understood, [they] are probably the most subtle, precise and comprehensible indicators of personality" (Bonime, 1962, p. 49).

2.5. Gestalt approach

In the Gestalt approach of Perls (1992), all dream elements are understood as projections of the accepted or unwanted aspects of the dreamer's personality. Dream work aims at integrating the rejected

and disowned parts of the self. Typically, the client is first asked to recount the dream in the present tense and in first person as to reexperience the dream (Fantz, 1987). The dreamer then identifies with different dream elements and describes his emotions, thoughts, and actions as if he actually was those elements. The dreamer then enacts the dream components and characters. A dialog between the various dream elements is then initiated, a process which may highlight tensions and polarities between different aspects of the dreamer's personality. According to Perls, clinical progress arises from the awareness and insights that emerge when the client reexperiences the dream and not from intellectual interpretation alone.

2.6. Focusing

Gestalt dream work is sometimes viewed as a somatic approach, in that dreams are explored through the dreamer's bodily sensations during a session. Another experiential and body-oriented approach is the focusing technique of Gendlin (1986), in which the client reflects on the dream's content while paying attention to bodily sensations. This helps the dreamer develop a felt sense of the dream experience, which, in turn, can result in a visceral "Eureka" of the dream's meaning. The dreamer is also encouraged to obtain information from the dream that does not merely restate what the client usually says about himself. One technique, named bias control, consists of finding an opposite interpretation, but without adopting it. For instance, what at first appears to be unpleasant, wrong, or threatening in a dream might arouse a positive new quality in the dreamer's body if attention is paid to it.

2.7. Dreams in cognitive therapy

An increasing number of cognitive therapists have endorsed the view of Beck (1971) that dreams reflect the client's conception of the self, the world, and the future. Consequently, dreams are seen as reflecting clients' schemas and are "subject to the same cognitive distortions as the waking state" (Freeman & White, 2002, p. 39). Moreover, Doweiko (2002) contends that since dream work occurs during waking, the way that clients view their dreams and talk about them will most likely be biased by the same cognitive distortions that affect the way they experience external reality. Working with dreams can therefore help identify cognitive distortions, schemas, and maladaptive thought patterns (Barrett, 2002; Freeman & White, 2002; Hill, 1996, 2003).

2.8. Quantitative dream analysis: The Hall and Van de Castle coding system

Hall and Van de Castle (1966) developed a coding system to quantitatively analyze the content of dreams on a number of dimensions (e.g., characters, emotions, social interactions). This system is applied to a series of dreams from the same individual but does not require any other information about the dreamer. This approach rests on the assumption that the frequency with which a dream element or theme appears reveals the dreamer's preoccupations and interests. Content analysis on a dream series can be used in various ways. These include obtaining unique information about the dreamer by comparing the resulting scores and patterns to normative data, exploring the significance of specific dream elements (e.g., animal figures), establishing gender differences, and exploring developmental patterns of dream content (for a review, see Domhoff, 1996; Van de Castle, 1994). Although this approach has been used primarily in research settings rather than for therapeutic endeavors, it can yield insightful clinical information.

While many approaches to the clinical use of dreams are based on specific and often complex views of dream construction and interpretation, two models have been developed that integrate several aspects of the aforementioned approaches. Since these models make few theoretical assumptions, they are accessible to clinicians from different orientations.

2.9. The Dream Interview Method

The Dream Interview Method (DIM), elaborated by Delaney (1991), rests on the basic assumption that dream images are symbols or metaphors representing aspects of waking life. Therapists using the DIM pretend to come from another planet to establish a client–therapist relationship in which the latter is not an expert and has no preconceived ideas regarding the potential meaning of dream elements (e.g., characters, objects, locations). In Phase 1, the interviewer (or therapist) asks the client some questions to encourage her to formulate, in her own words, a subjective description of each major dream element. In Phase 2, called *bridging*, the interviewer asks the client questions to help her recognize how the dream might be a metaphor of a current waking life situation. Dream characters may be seen as projections of some aspects of the dreamer's personality. At the end, the dreamer is asked to think about changes that she could make in her life based on what was learned, and the therapist encourages the dreamer to consider different options for changes as a function of the meaning attributed to the dream.

2.10. Cognitive-experiential model of dream interpretation

The second integrative approach, developed and revised by Hill (1996, 2003), also relies on the interactive collaboration between therapist and client. This model includes three stages: exploration, insight, and action. During the exploration stage, clients must recount their dream in the present tense, while concentrating on felt emotions to better immerse themselves in the dream experience. The most important dream images are then explored by describing them in detail, by reexperiencing the feelings linked to them, by providing associations, and by identifying potential waking life triggers of these images. The acronym DRAW (description, reexperiencing, association, and waking life triggers) summarizes the steps of the exploration stage.

At the insight stage, the therapist helps the client find a meaning to the dream by integrating what has been learned from the exploration stage. A dream can be understood from several perspectives or levels of interpretation. First, one can link dream images and emotions to current life situations, experiences, concerns, emotions, thoughts, or to past memories (waking life level). Second, one can consider certain dream elements as projections of the self (parts of self-level). Third, the dream experience can be explored as it is, in the here and now of the therapy session, without considering the dream as a metaphorical representation of something else (experience in and of itself level). Fourth, clients can explore how the dream reflects the spiritual and existential stakes of their own life (spiritual level; see Davis & Hill, 2001, for a thorough description of the spiritual level of dream interpretation). Finally, a dream can be understood as reflecting the state of a given relationship (relationship level), an approach specifically developed for couple therapy (Kolchakian & Hill, 2000).

As with DIM, the action stage is when possible changes in the dreamer's life are considered based on the new understanding of the dream. In most cases, the therapist introduces this stage by asking clients in what way they would change the dream if they could. This question serves as a starting point to reflect on how changes could be brought about in waking life.

2.11. Dream work in groups

Although the aforementioned models may be adapted for use in group settings, the dream appreciation approach of Ullman (1996) was developed specifically for group sessions. After the dreamer has described and clarified the dream's content, he listens to the other members of the group who use the "If it were my dream..." technique (Taylor, 1992; Ullman, 1996; Ullman & Zimmerman, 1979) to share their personal projections about the dream. In other words, the other members take turns making associations and reflecting on the dream and what it could mean for them as if the dream was their own. This exercise helps stimulate and widen the dreamer's own associations and reflections. The dream is then returned to the dreamer, and an interactive discussion ensues. Extensive information on this approach, the role held by the group and each individual member, as well as the obstacles that may be encountered in such group sessions, can be found in Ullman and Zimmerman (1979) and Ullman (1996). Variants of this approach to group dream work have also been described (Shuttleworth-Jordan & Saayman, 1989; Shuttleworth-Jordan, Saayman, & Faber, 1988). For a review of various models for dream work in group therapy, see Derr and Zimpfer (1996).

2.12. Dream work in specific clinical settings

Dream work has also been described in numerous other contexts and with specific populations. A review of this literature is beyond the scope of this paper. A partial list includes studies having examined the relation between dream content and drug abuse (e.g., Christo & Franey, 1996; Flowers & Zweben, 1996; Reid & Simeon, 2001), eating disorders (e.g., Brink & Allan, 1992; Brink, Allan, & Boldt, 1995), and bereavement (e.g., Moss, 2002). Systemic approaches to dream interpretation in couple or family therapy have been described (e.g., Andrews, Clark, & Zinker, 1988; Cirincione, Hart, Karle, & Switzer, 1980; Sanders, 1994). Considerable literature also exists on the spiritual dimensions than can be explored through dream work (e.g., Bulkeley, 2000; Davis & Hill, 2001; Gilbert, 2002).

Many of the approaches described above share common principles and do not require extensive knowledge of complex theories, and more recent models have focused on integrating aspects from different schools of thought. Dream interpretation is thus a tool accessible to therapists interested in incorporating dream work in their practice, irrespective of their theoretical background. However, no matter how interesting or stimulating dream work may be, clinicians will not use it unless they are reasonably certain that it is clinically useful. This key consideration is addressed in the following section.

3. Usefulness and effectiveness of using dreams in therapy

3.1. Case reports and descriptive studies

Much of the literature on the clinical utility and effectiveness of using dreams in therapy consists of case reports and descriptive studies. A review and synthesis of these clinical observations reveal that three types of gains are generally described as a result of dream interpretation: (a) client insights, (b) increased involvement of the client in the therapeutic process, and (c) a better understanding of clients' dynamics and clinical progress.

Many researchers and clinicians report that the clinical use of dreams enhances clients' insights, or what others have called a better self-knowledge, self-understanding, or self-awareness (Bonime, 1962, 1989, 1991; Flowers, 1988; Hill, 1996, 2003; Kuiken, 1986; Weiss, 1986). Elliott et al. (1994) conceptualize insights as containing four elements: (a) metaphorical vision—to see oneself in a new light; (b) connection—to uncover some patterns in one's existence or some links between different aspects of one's experience; (c) suddenness—an affective reaction of surprise, as if things fell down into place in one's mind; and (d) newness—the sense of having discovered something that was not previously known. Although gaining insight may not in and of itself result in therapeutic change, it is viewed as an important component of successful therapy (Crits-Christoph, Barber, Miller, & Beebe, 1993), and insights based on dream work can initiate or increase a client's motivation to change (Bonime, 1991).

Clinical reports suggest that using dreams in therapy can enhance a client's active involvement in the therapeutic process (Bonime, 1987; Derr & Zimpfer, 1996). Although some therapists believe that working with dream material in therapy will take them away from the client's immediate difficulties, others have argued that dream work can actually provide a rapid access to clients' most important issues (Bonime, 1989; Glucksman, 1988; Weiss, 1986; Widen, 2000). In some cases, 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 a dream. Two groups described as being more open to exploring their dreams than participating in more direct therapeutic approaches are trauma victims (Cohen, 1999) and clients suffering from eating disorders (Brink & Allan, 1992; Brink et al., 1995). According to these authors, negative emotions and social interactions present in dreams are often perceived by clients as being less threatening than are the waking life experiences that they might reflect. In many cases encountered by these authors, working with dreams allowed clients to bypass their fear of losing control by revealing themselves and thus helped them discuss issues, concerns, and conflicts that they would have normally avoided. This suggests that dream work can be beneficial in building a trusting relationship, even when clients are initially distrustful of the therapeutic process.

Several clinical case reports have documented that clients' dreams can reflect clinical progress or difficulties in the therapeutic process (e.g., Bonime, 1962; Dimaggio, Popolo, Serio, & Ruggeri, 1997; Warner, 1983; Weiss, 1986). Dream work is also thought to help clinicians access their clients' cognitive schemata (Hill, 1996, 2003), and dream content to reflect the evolution of clients' self-concept, defense mechanisms, core conflicts, and transfer reactions (Glucksman, 1988). When combined with other clinical observations, some dreams may suggest that the client is improving or ready to stop therapy (Warner, 1983; Weiss, 1986).

Case studies thus provide evidence that dream work can facilitate clients' insights and involvement in therapy, and that it may be used to clarify, confirm, complement, or enrich clinical comprehension. Although clinically useful, case reports suffer from a multitude of problems, including selection bias and lack of generalizability. Empirical investigations on the clinical merits of working with dreams will now be reviewed.

3.2. Empirical studies on dream work

What exactly constitutes dream interpretation? Is it a separate process that can be extracted or separated from the rest of therapy? Can one delineate where dream interpretation begins and where it

ends, or is it too intertwined with everything else that goes on during a therapy session? This difficulty in operationalizing the process of dream interpretation constitutes one of the major obstacles to the scientific assessment of dream work outcomes in clinical settings. On one hand, there is a problem of internal validity: Are therapy outcomes due to dream interpretation or to other factors that occurred during therapy? On the other hand, there is a problem with construct validity: Even if the positive outcome can be attributed to the process of dream interpretation, then what exactly in what we call dream interpretation led to this outcome? Despite these and other important methodological problems, researchers have tried to assess the clinical value of dream work.

Webb and Fagan (1993) tested the impact of a dream interpretation session on the frequency of recurrent dreams using a technique based on psychological kinesiology (PK). Instead of verbally exploring their dream content, participants answered the experimenter's questions with a yes or a no using different types of muscular pressure. Participants were often surprised by their physical answers, and a single 45-min PK session was found to significantly reduce the frequency of recurrent dreams. These results led the authors to suggest that understanding a troubling recurrent dream can reduce its occurrence and its associated distress. However, because postsession follow-up data were only collected at 1 month, the long-term effects of this body-oriented method are unknown.

Researchers have long sought an explanation for the process by which reflecting on a dream can lead to insights or greater self-awareness. Reyher and Morishige (1969) compared the physiological reactions of 10 participants in a free visual imagery condition and in a dream recall condition. Unlike free imagery, revisualization of dreams during waking was associated with electrophysiological reactions (i.e., heart rate acceleration and alpha desynchronization), indicative of central and autonomic nervous system activation considered by the authors as manifestations of anxiety. This study was replicated with two groups of volunteer undergraduate students and one group of clients undergoing emergent uncovering psychotherapy based on free imagery (Morishige & Reyher, 1975). The results were consistent with the findings of Reyher and Morishige (1969) on the anxiety-producing effects of revisualized dream images. The clients' arousal, indicated by an increase in alpha percent, heart rate, eye movements, and galvanic skin response, was greater than in a free imagery and free imagery recall conditions. Thus, reflecting on and revisualizing dream images can stir up a certain degree of emotional activation or anxiety. It is possible that heightened sensitivity during the dream interpretation process facilitates the emergence of insights. This hypothesis is consistent with the idea that insights do not merely arise from an intellectual understanding of dreams.

Cartwright, Tipton, and Wicklund (1980) investigated whether clients at risk for early therapy dropout were more likely to remain involved in therapy if they paid attention to their dreams. Forty-eight patients, considered as potential dropouts, took part in a 2-week sleep laboratory program that could help them benefit more fully from psychotherapy. Thirty-two of the 48 participants spent eight nights in the laboratory (four consecutive nights each week before psychotherapy began), 16 in REM awakening condition, where approximately 85% of awakenings result in dream recall, and 16 in a non-REM awakening condition. The latter served as a control for the expectations associated with the sleep laboratory procedures and to explore the effectiveness of discussing nondream material. In both conditions, participants were awakened on Nights 3, 4, 5, and 6. The first two nights were used for baseline recording and adaptation to the laboratory, while the last two were used to determine if the level of spontaneous dream recall had changed as a function of the training. Every morning, patients discussed their dreams or any other material that they remembered from the preceding night with a

technician who was trained to help participants elaborate on their inner life material without offering any interpretations (e.g., by asking if they saw a pattern among their dreams or connections between their dreams and waking life). A third group of 16 participants who went directly to therapy without taking part in the 2-week program served as controls.

After the first 10 therapy sessions, the dropout rate was 31% for the REM-awakened subjects, 44% for the non-REM-awakened subjects, and 63% for the controls. Based on these results, it was suggested that encouraging clients to pay attention to their dreams increases their commitment to therapy. However, as mentioned by the authors, the exact cause of the sleep laboratory program's positive effects cannot be determined. Were they attributable to the fact that clients talked specifically about their dreams or to the mere fact that they talked to a professional, regardless of the nature of the discussion?

Based on the clinical literature and previously cited studies (Cartwright et al., 1980; Morishige & Reyher, 1975; Reyher & Morishige, 1969), Nielsen, Kuiken, and McGregor (1989) hypothesized that since affective/kinesthetic feedback is reduced during dreaming but restored upon awakening, waking dream reflection should increase sensitivity to feelings associated with dream imagery. To test this hypothesis, they conducted a laboratory study in which participants were awakened and asked to reflect either on their dreams (dream imagery condition), or on guided fantasies based on dream narratives (fantasy imagery condition). Surprisingly, participants in the dream imagery condition reported less awareness of their feelings. The results were viewed as a demonstration of a carry-over effect of kinesthetic/affective feedback inhibition occurring immediately after awakening from REM sleep. This carry-over effect appears to be limited to feelings related to the dream being recalled, since fantasy imagery was associated with a greater awareness of feelings. These data suggest that reflecting on dreams while awake can increase the awareness of one's feelings, but not immediately after awakening from the dream.

Most of the empirical work on the usefulness and effectiveness of dream interpretation in individual therapy has focused on the cognitive-experiential model of Hill (1996, 2003) (for a review of empirical studies specific to this model, see Hill & Goates, 2003). Taken together, these studies indicate that when compared with regular therapy sessions not involving dreams, dream work sessions with Hill's approach yield equivalent or higher scores on measures of insight, quality of session or depth scale (i.e., how a session is perceived as being powerful and valuable), working alliance, and action-related gains (e.g., obtained ideas during the session for how to change aspects of one's self or life; Cogar & Hill, 1992; Diemer, Lobell, Vivino, & Hill, 1996; Heaton, Hill, Hess, Leotta, & Hoffman, 1998; Heaton, Hill, Petersen, Rochlen, & Zack, 1998; Hill, Diemer, & Heaton, 1997; Hill, Diemer, Hess, Hillyer, & Seeman, 1993; Hill et al., 2001; Hill, Rochlen, Zack, McCready, & Dematatis, 2003; Hill et al., 2000; Rochlen, Ligiero, Hill, & Heaton, 1999; Wonnell & Hill, 2000; Zack & Hill, 1998; for a detailed description of the ways that dream and regular therapy sessions were compared in terms of their outcome, see Hill & Goates, 2003). Similar results were obtained when Hill's model was used in couple (Kolchakian & Hill, 2002) as well as in group therapy (Falk & Hill, 1995). However, the cognitive-experiential approach to dream interpretation apparently had little or no significant impact on symptomatology and self-esteem (Cogar & Hill, 1992; Falk & Hill, 1995).

Several studies have investigated whether dream interpretation brings unique benefits to clients that may not be obtained with other therapeutic interventions. Overall, the results have been mixed. Using three groups of 20 undergraduate volunteers, Hill et al. (1993) compared the outcomes of different types of therapy sessions involving the cognitive-experiential approach to dream interpretation. In the first group, the participant's own dream was the focus of the interpretation. In the second, participants

interpreted the dream of someone else unknown to them as if it were their own, to test the hypothesis that projecting personal meanings on any material is an effective ingredient in dream work. In the third condition, the interpretation addressed a recent troubling event, to test the idea that it is the interpretative process itself that is beneficial, regardless of what is being interpreted. When compared with the two other groups, participants who interpreted their own dreams reported higher scores on measures of insight and depth. Having one's own dream as the object of interpretation appears to have a unique impact on session outcome. These data suggest that the effects of dream interpretation cannot be solely attributed to projection or to the process of interpretation.

Hill et al. (2000) compared the effects of dream- and loss-centered therapy in clients suffering from psychological distress caused by troubling dreams and a recent loss. Seven participants were assigned to each form of therapy for 8 to 11 weekly sessions, and both quantitative and qualitative data were collected. Both types of therapies decreased the psychological impact of the loss and led to new insights and changes in the clients' lives. When compared with the loss-centered group, clients in the dream-centered group gained a better understanding of their dreams and interpersonal relationships and rated the therapeutic process higher in terms of working alliance, depth, insight, and action gains. By contrast, clients in the loss-centered group gained greater insight concerning the loss and the effects of the past on their present situation and had a greater appreciation for their therapist's advice. The authors conclude that dream interpretation makes a unique contribution to therapy by enhancing clients' involvement in the therapeutic process. Consistent with case reports (e.g., Glucksman, 1988; Weiss, 1986; Widen, 2000), the researchers found that clinical work with dreams allows for a rapid access to issues that are central to clients' lives; it provides a safe environment that helps overcome clients' defenses.

Diemer et al. (1996), however, were unable to replicate and extend the results of Hill et al. (1993) in the context of brief psychotherapy. Twenty-five distressed clients took part in 12 weekly sessions of a therapy program. Two sessions were devoted to dream interpretation based on the Hill model, 2 to the interpretation of a recent disturbing event using the same three stages of Hill's model, and the remaining 8 sessions were unstructured. The overall treatment reduced clients' symptoms, improved their interpersonal functioning, and helped them achieve greater insight into troubling events. Nevertheless, dream interpretation sessions were not found to be more effective than the other types of sessions on postsession measures of depth, working alliance, understanding, mastery, and insight. The authors conclude that both the interpretation of dreams and waking life events were equally effective in identifying clients' most central issues.

In sum, although dream interpretation based on Hill's cognitive-experiential model appears to constitute an effective therapeutic tool, whether it contributes something unique to the therapeutic process beyond what can be obtained by a corresponding interpretation of elements from the client's waking life remains unclear.

The importance of the therapist's presence when using the model of Hill (1996, 2003) was assessed by Heaton, Hill, Petersen, et al. (1998). Twenty-five volunteer clients took part in a therapist-facilitated, as well as a self-guided, dream interpretation session. Although both conditions were effective, participants benefited more from dream interpretation when accompanied by a therapist, as assessed by postsession measures of depth, mastery, insight, exploration-insight gains, and action-related gains. At a 1-month follow-up interview, 88% of the clients said that they preferred the therapist-facilitated to the self-guided session. The authors conclude that the therapist's supportive and facilitating presence contributes to dream work's efficacy, especially in terms of clients' involvement

in therapy, insight, and action-related gains. These results are consistent with the finding that having someone else's feedback on one's dream is reported by clients as being among the most helpful aspects of dream interpretation (Hill et al., 1997).

Furthermore, Hill et al. (2003) compared session outcome for three types of dream work sessions among 94 undergraduate students: (a) computer assisted, (b) therapist empathy (where volunteer clients were guided by a therapist who used several helping skills, such as asking questions, reflecting feelings, and empathy, but without offering any interpretations), and (c) therapist empathy + input (where therapists helped volunteer clients interpret their dreams and offered at least one interpretation in the insight stage and one suggestion for action in the action stage). Although all conditions were rated positively in terms of session outcome, the two conditions involving a therapist received higher ratings on measures of session quality, depth, insight, exploration-insight gains, action-related gains, quality of action ideas, and overall client perceptions of session quality. At a 2-week follow-up, the therapist empathy + input sessions were rated higher than the therapist empathy condition, which, in turn, received better ratings than the computer-assisted condition. These results suggest that although clients can benefit from self-help dream work sessions, the therapist's supportive and facilitative presence can result in even greater benefits. Therapists' dream-related interpretations or suggestions, however, appear to be of lesser importance than empathy.

Client characteristics and their impact on the efficacy of dream interpretation have also been investigated. In a series of studies, Hill and her colleagues evaluated the impact of clients' attitudes toward dreams on their involvement in dream interpretation sessions, as well as on therapy outcomes. When they invited a group of students to take part in a dream interpretation session, Hill et al. (1997) found that those who volunteered to participate had more favorable or positive attitudes towards dreams (e.g., tendency to pay attention to one's dreams, to believe that dreams have meaning, to share one's dreams with others) than those who did not. In line with these findings, Hill et al. (2001) and Zack and Hill (1998) both found a significant relationship between attitudes towards dreams and session outcome; clients with more positive attitudes had better session outcomes than did those with negative attitudes. One interpretation of the data is that clients' attitudes towards dreams influence their level of involvement in the dream interpretation process, which, in turn, has an impact on how much they benefit from it. This finding linking positive attitudes towards dreams and favorable session outcomes is in line with the previously cited study by Cartwright et al. (1980), which showed that potential dropout clients' involvement in therapy could be increased by explaining to them beforehand how reflecting on dreams could be useful in therapy.

Rochlen et al. (1999) had 42 participants with below-average dream recall and attitudes towards dreams undergo skills training for dream recall, dream interpretation, or, as a control condition, for educational counseling. Two weeks after having received their respective training, participants took part in a dream interpretation session. The three groups were compared on their ability to recall dreams, on their attitudes towards dreams, and on the session's outcome. No statistical differences were found between the control group and the two experimental groups, although effect sizes favored the dream interpretation skills condition. Furthermore, all participants benefited as much from their session as did participants from three previous studies who had not been through such training, some of them scoring comparably low on dream recall and attitude toward dreams, while others had a wide range of scores on dream recall and attitudes (Heaton, Hill, Petersen, et al., 1998; Hill et al., 1997; Zack & Hill, 1998). Thus, training in dream interpretation is not a prerequisite for benefiting from the approach of Hill (1996, 2003) to dream work, even for people with relatively low levels of dream recall and less favorable

attitudes towards dreams. Moreover, clients who are initially reluctant to discuss their dreams do not seem to be significantly less likely than others to benefit from dream work.

The impacts of several other client characteristics on the outcome of dream interpretation sessions have also been investigated. Client variables have included self-reported measures of psychological mindedness (Cogar & Hill, 1992; Diemer et al., 1996), need for cognition (Hill et al., 2001), dream recall (Hill et al., 1997), absorption (Hill et al., 1997), openness to inner experience (Diemer et al., 1996), the verbalizer–visualizer dimension (Cogar & Hill, 1992), waking level of life stress (Zack & Hill, 1998), and cognitive complexity of client dialogue (Diemer et al., 1996). Except for clients' level of dream recall and cognitive complexity, the overall results have been inconclusive, even in the case of client psychological mindedness, considered by many therapists as a facilitative factor for dream work (Crook & Hill, 2003; Wonnell & Hill, 2000). Students who volunteer for dream interpretation sessions recall more dreams (as measured by self-estimates) than do nonvolunteers (Hill et al., 1997). Surprisingly, among students who took part in a dream work session, those who reported fewer dreams in a 2-week dream diary had better session outcomes in terms of insight, depth, and understanding. Superior session outcomes, as assessed by measures of working alliance, insight, and depth, were also reported by clients whose dialogue was more complex (i.e., deep, elaborative, and conclusion oriented) during dream work sessions (Diemer et al., 1996). However, results did not permit to determine whether this variable predicted outcome or if sessions with good outcome increased the complexity of the participants' dialogue. In sum, no client characteristics have been consistently identified as significantly enhancing outcomes related to dream interpretation.

The characteristics of the dreams themselves, however, may affect session outcomes. In one study (Zack & Hill, 1998), the dream reports of undergraduate students taking part in a single session of dream interpretation were categorized into one of six categories of dream valence, ranging from *extremely unpleasant* to *extremely pleasant*. Participants whose dreams were unpleasant or extremely pleasant had better outcomes than those who reported extremely unpleasant, neutral, or moderately pleasant dreams. The authors hypothesize that extremely unpleasant dreams are too disturbing to be worked on within a single session, while neutral and moderately pleasant dreams are not sufficiently interesting to the dreamers to get them involved in the interpretation process.

In a subsequent study (Hill et al., 2001), clients who shared pleasant rather than unpleasant dreams were found to have greater gains from their dream interpretation session. The authors suggest that dream pleasantness leads to higher levels of hope and openness towards conflict resolution, whereas unpleasant dreams remind the dreamer of other unresolved conflicts or impending threats. However, Hill et al. (2003) found no significant correlations between dream valence and session outcome, even if conditions were similar to those of the two aforementioned studies.

Many other dream-related variables do not appear to predict session outcome. These include dream arousal (i.e., the affective response to one's dream; Zack & Hill, 1998), dream vividness (Hill et al., 2001), dream recency (Hill et al., 2001; Wonnell & Hill, 2000), and dream distortion (Hill et al., 2001). However, lack of variability in the levels of vividness and arousal ascribed by the participants to their dreams may account for the negative findings for these variables. In sum, characteristics of dreams, much like those of clients, have not been shown to significantly influence session outcome thus far.

Finally, the impact of different components of Hill's model on session outcomes have also be investigated. Hill, Nakayama, and Wonnell (1998) found that two of the main components of the exploration stage (i.e., describing dream images in detail and associating to them) were comparably effective, although the associations led to more exploration and insight gains.

Hill et al. (2001) compared two possible ways of carrying out the insight stage of dream interpretation, by using the "waking life" (i.e., understanding a dream as a reflection of waking life concerns) and by using the "parts of self" levels (i.e., interpreting dream images in as representations of the self). The two approaches were equally effective, suggesting that both can be used in therapy.

In an article on the integration of spirituality in dream work using Hill's model, Davis (2003) describes a study in which the effects of the spiritual versus the waking life levels of interpretation were compared in 64 spiritually oriented volunteer clients. Both types of sessions led to comparable positive session outcomes. As expected, participants in the "spiritual" condition gained more spiritual insights and reported greater increases in existential well-being than those in the waking life condition, whereas the latter group gained a better understanding of their dreams in relation to their waking life.

Of the three stages in Hill's approach to dream interpretation, participants in one study reported that the action stage was not as helpful as the exploration and insight stages (Hill et al., 1997). This is not surprising, given that the dream work process was conducted over a single session. When the outcomes of sessions involving the action stage were compared with sessions without the action stage, no differences were found on measures of participant-reported insight and session depth (Wonnell & Hill, 2000). Nevertheless, when compared with participants who were only exposed to exploration and insight stages, participants who also completed the action stage obtained significantly higher scores on a problem solving measure of clients' gains and reported significantly clearer plans of action, as assessed by three external judges.

Although Hill and her colleagues have made important contributions to a field where empirical studies are exceedingly rare, the validity and generalizability of their findings are limited by methodological problems. First, the sample size in some of their studies is small. Second, the populations studied are usually student volunteers, as opposed to more heterogeneous or clinical populations. Third, the interpretation process often occurs within a single session. By contrast, clinicians typically work with dreams in the context of multisession therapy. That being said, the data clearly support the idea that the cognitive-experiential model of Hill (1996, 2003) represents both an effective and useful approach to working with dreams.

This review has highlighted two major findings on the clinical use of dreams. First, results on measures of insight, exploration/insight gains, and understanding indicate that exploring dream content can help clients obtain insights and achieve a better understanding of themselves by, for instance, establishing links between the dream's content and some aspect of the dreamer's personality or waking life (Cogar & Hill, 1992; Diemer et al., 1996; Falk & Hill, 1995; Heaton, Hill, Petersen, et al., 1998; Hill et al., 1993, 2000, 2001; Rochlen et al., 1999; Wonnell & Hill, 2000). Insights resulting from dream interpretation may arise from an increased awareness of the feelings that are evoked by revisualizing and reflecting on dream images (Morishige & Reyher, 1975; Nielsen et al., 1989; Reyher & Morishige, 1969).

Second, scores obtained on process measures like depth (or quality of session) and working alliance confirm the assertion of Bonime (1987), that in addition to facilitating insights, collaborative dream interpretation contributes to clients' engagement in psychotherapy. In fact, the Hill group has interpreted scores on such process measures as indicating that dream work both enhances and accelerates clients' involvement in therapy (Heaton, Hill, Petersen, et al., 1998; Hill et al., 2000; Rochlen et al., 1999). However, more specific measures of involvement are needed to support the claim that dream work facilitates clients' commitment to therapy. These data have important clinical implications because client involvement can be a good predictor of session and therapy outcome (e.g., Eugster & Wampold, 1996; Gomes-Schwartz, 1978). The results also provide empirical support for the view that dream work is

relatively less threatening for clients who are reluctant to talk about personal issues and thus facilitates their involvement in therapy (e.g., Brink & Allan, 1992; Brink et al., 1995; Cohen, 1999).

Although considerable progress has been made in the empirical evaluation of Hill's model, more research is needed to determine how and why various approaches to dream interpretation lead to positive outcomes. For instance, the three stages of Hill's model appear to be important and useful (Davis, 2003; Hill, Nakyama, et al., 1998; Hill et al., 2001; Wonnell & Hill, 2000), but the additive and interactive effects of client characteristics, the therapist, their relationship, and the dream remain unclear. What we do know is that the therapist's presence is important and valued by volunteer clients (Heaton, Hill, Petersen, et al., 1998; Hill et al., 1997) and that client- and dream-related variables do not predict session outcome well enough to suggest that specific factors are necessary for dream work to be beneficial (Cogar & Hill, 1992; Diemer et al., 1996; Hill et al., 1997, 2001; Rochlen et al., 1999; Zack & Hill, 1998). Taken together, the results on client- and dream-related variables are encouraging because they suggest that dream interpretation is effective with different types of people and dreams. Finally, very little data are available on other approaches to dream interpretation. While there is no indication that Hill's model is more effective than other techniques, it has the strongest empirical basis.

4. An integration of what to consider when working with dreams

Based on a synthesis of the clinical, theoretical, and empirical literature on dream interpretation, we offer general guidelines for clinicians interested in integrating dream work into their practice.

4.1. Introducing dream work in therapy

Not all clients will spontaneously share their dreams. Therapists may open the door to dream work simply by informing their clients that it is possible to discuss their dreams in therapy, for instance, if sleep-related issues are discussed. A more direct approach consists of asking clients at the end of the first session whether they remember a recent dream (Widen, 2000). By contrast, others have suggested that clients should be invited to talk about their dreams when therapists and clients have reached an impasse in the therapeutic process (e.g., Fantz, 1987).

Some people interested in dream interpretation report that they rarely remember their dreams. Although training for dream recall is not related to better session outcome (Rochlen et al., 1999), clients interested in remembering more dreams should be informed that dream recall can usually be increased. Methods for improving dream recall include: telling yourself several times before going to sleep that you will remember your dreams in the morning; keeping a dream journal or a tape recorder next to your bed; remaining quietly in bed with eyes closed upon awakening and concentrating on what was going through your mind before you awakened; and writing down a recalled dream immediately even if all that is remembered is a static image. Merely asking clients whether they recalled a dream in the past month can result in an increase in dream recall, as can strong encouragement (Halliday, 1992).

4.2. The meaning of dreams and the constructivist stance

In many approaches to dream work, there is an implicit belief that dreams contain hidden meanings that need to be uncovered. However, there is no evidence that dreams have concealed meanings, that particular

dream elements symbolize specific aspects of the dreamer's life, or that dreams always contain new information about the dreamer. In addition, dream material becomes so intertwined with waking life information about the client during dream work that it is impossible to know exactly to what extent dream interpretation is based on the dream itself rather than on elements from waking life (Antrobus, 2000). Furthermore, it is likely that individual differences among therapists, even of the same orientation, result in significant differences in their interpretation of a given dream (Fosshage & Loew, 1987).

The uncertain aspect of a dream's interpretive sense has led some authors (e.g., Cohen, 1999) to advocate a constructivist approach to clinical dream interpretation. Here, the meaning of the dream is viewed as being coconstructed by clients and therapists, as opposed to a positivist stance based on the assumption that there exists a true, objective meaning to the dream awaiting to be uncovered. Thus, the quest for a dream's true meaning is replaced by the search for a meaning that has a heuristic and pragmatic value, whether in terms of insight, involvement in therapy, or any other therapeutic goal beneficial to the client. This stance urges therapists to be both cautious and critical with regard to the meaning ascribed to a dream. It has been suggested that the best criterion available to measure the heuristic value of dream interpretation is the client's subjective reaction to the interpretation, often called "aha" or "felt shift" (Cohen, 1999; Gendlin, 1986; Taylor, 1992). These terms refer to the intuitive and emotional comprehension of one's dream, and these experiential dimensions go beyond a merely intellectual appreciation of a dream. This underscores the view that the appropriateness and usefulness of an interpretation is ultimately determined by the dreamer.

When the aha experience does not occur, the client and therapist should be willing to reassess interpretations that do not fully connect with the client's experience. However, the absence of such a reaction does not necessarily imply that the interpretation is not valid or useful. Sometimes, initial dream interpretations generate new information that sheds light on the dream in such a way that the client only comes to understand it later. Taylor (1992) also describes the "negative aha," which occurs when an interpretation is so off the track that it paradoxically makes the dreamer realize the actual significance of the dream.

Many clinicians distrust the aha reaction as a criterion for assessing the usefulness of dream-related interventions (see Shafton, 1995). Clients may be simply trying to please the therapist or, conversely, resisting an interpretation that hits too close to home. Nevertheless, it is reasonable to assume that an interpretation that yields new information about the client as well as a positive subjective reaction (during the session or later) will most likely be therapeutically useful and meaningful to the dreamer.

4.3. Collaboration and the safety factor

Given the personal nature of dreams and the fact that they have no predetermined meaning, therapists should be viewed as dream interviewers or helpers instead of dream experts who work almost independently from their clients (Delaney, 1991; 1993). In this context, therapists can share their own ideas, associations, or interpretations; but although studies support the usefulness of such feedback during dream work (Heaton, Hill, Petersen, et al., 1998; Hill et al., 1997, 2003), they should never be imposed on clients. Collaboration between therapist and client is a cornerstone of many approaches to dream work and is appropriately reflected in the following statement that Bonime (1987) would often tell his clients: "I don't know what your dream means and you don't know what your dream means, but we can work on it together" (p. 80). Collaborating also means respecting the client's pace when dealing

with issues brought forth by a dream. Even when the link between the client's dream and waking life difficulties appears obvious to the therapist, it might be so painful for the client that he might not necessarily be ready to see and process it at that time (Flowers & Zweben, 1996). It is also important to stress that although some approaches to dream work can be learned relatively easily, they remain powerful clinical tools and, as such, should always be used responsibly and with great care. Finally, because recalled dream content can sometimes be mistaken for actual real-life events (Mazzoni & Loftus, 1996), clinicians need to be particularly aware that dream material can give rise to false memories.

4.4. Description, associations, and levels of interpretation

Despite the variations in their formulation, most approaches to dream work are based on two guiding principles: (1) a description of the dream must be provided by the client and (2) the client must make associations based on the dream's content. The dreamer has to provide a description that is as rich and detailed as possible in terms of the images, thoughts, feelings, and physical sensations that were present in the dream (Delaney, 1991; Hill, 1996, 2003). Sometimes, additional details are remembered by simply having the dreamer reaccess the phenomenological experience of the dream (Boss, 1977; Craig, 1990).

Since the main objective of dream interpretation is to give a dream a meaning that fits into the dreamer's subjective frame of reference, the client's associations have an obvious heuristic value because they come directly from this subjective frame of reference. Associations can be obtained by different methods (e.g., free associations, amplifications, and direct questions). Generally, most contemporary approaches favor techniques that remain relatively close to the dream's manifest content. Associations may be made by relating dream elements to waking life experiences (e.g., a police officer in a dream reminds the dreamer of an uncle who was a policeman, or of an authoritarian mother, or of a recent speeding ticket) or by highlighting intrinsic qualities of the oniric elements themselves (e.g., the police officer being associated to someone who serves and protects people, or to someone who ensures that laws are respected).

The descriptions of a dream, as well as the associations to its images, have received empirical support with respect to their clinical usefulness (Hill et al., 1998). Descriptions of dream content and ensuing associations can occur at different levels of one's subjective experience. Dream work can be conducted at corresponding levels, including waking life, phenomenological, subjective, and spiritual levels (Hill, 1996; 2003). Data support the usefulness of the waking life, subjective, and spiritual levels of interpretation (Davis, 2003; Hill et al., 2001), thus further supporting their use during dream work. However, because we do not know whether some levels of interpretation are more useful than others are, clinicians should remain open to associations and descriptions occurring at any of these levels.

4.5. From understanding the dream to making concrete changes in the dreamer's life

Studies testing the action stage of the model of Hill (1996, 2003) have shown that after a session of dream work, it can be beneficial to ask clients what they think they gained from the process and to inquire about any changes that they would like to bring to their lives as a function of what was discussed (Hill et al., 1997; Wonnell & Hill, 2000). Desired changes can concern thoughts, emotions, or behaviors

related to waking life situations, but they may also concern the client's dreams. Discussing how the dream's content could be altered represents a creative, nonthreatening, and often empowering experience (Hill, 1996; 2003). In this context, the therapist and client can also explore how changes brought to dreams can be applied to waking life (Davis & Hill, 2001). Finally, clients' decisions about what to change in dreams can be important because they can provide meaningful indications on how the person usually deals with conflict in waking life. However, quantitative and qualitative data suggest that the action phase might be best used after dream work and therapy have progressed over a number of sessions (Hill et al., 1997; Wonnell & Hill, 2000).

4.6. Awareness of the dream interpretation process

Several authors make a distinction between the content of dream interpretation (i.e., the dream report and the reflections surrounding it) and the process of dream interpretation (i.e., the relational and communicative aspects of dream interpretation; Friedman, 2000; Reynes, 1996). Clients report dreams in varied ways. Some share their dreams only upon request. Others use dream descriptions as a way of changing the topic when troubled by the therapist's intervention. Some clients introduce their dream as a precious gift, whereas others perceive dreams as meaningless or revolting. Hence, beyond the dream content itself, the context and manner in which dream reporting occurs can be important and revealing in itself. For this reason, it is useful to pay attention to how, when, and why clients tell their dreams (e.g., Bonime, 1989; Friedman, 2000). To this end, therapists can ask themselves the following questions. Beyond the dream meaning that we are trying to construct, what is the client trying to communicate to me by reporting this dream? Why does the client report this dream at this particular moment of the session, and what were we talking about when it was brought up?

Clients sometimes report very long and rather confusing dreams that appear to go in several directions. Weiss (1986) suggests a simple technique to initiate the work on such dreams, which consists of asking the client to identify the most striking elements of the dream (e.g., a character, a detail in the setting, an emotion). A different and creative way of applying this idea is to ask the dreamer what title could be given to the dream.

4.7. Working with dream series

Although many clinicians and clients interested in dream work tend to focus on individual dreams, working on a series of dreams can be extremely beneficial. As previously discussed, multiple dream reports from the same person can be scored with quantitative scales (e.g., Hall & Van de Castle, 1966) and the results compared with normative data. Dream series can also yield great amounts of objective information about the dreamer and reflect the progression or deterioration in the dreamer's ideas or states of mind (Domhoff, 1996; Van de Castle, 1994). In addition, exploration of dream series can reveal the occurrence of repetitive dream elements, which can be clinically insightful because recurrent dreamers tend to have lower levels of self-reported well-being than nonrecurrent dreamers do (Brown & Donderi, 1986). Finally, a number of case reports have described positive changes in repetitive dream elements as a function of successful psychotherapy (e.g., Bonime, 1962; Maultsby & Gram, 1974; Rossi, 1985). Gradual shifts in recurrent themes or patterns over a series of dreams may thus be a more reliable indicator of clinical progress than one particularly salient dream.

5. Conclusion

The goal of this article was to provide the reader with an overview and synthesis of the clinical and empirical literature most likely to be useful to clinicians interested in working with clients' dreams. Section 2 showed that psychotherapists can be inspired by different, complementary ways of working with dreams. Section 3 presented data that suggest that dream work can (a) help clients gain insights about themselves, (b) increase their involvement in therapy, (c) facilitate access to issues that are central to the clients' lives, (d) contribute to establishing a safe and trusting environment, and (e) enrich the clinician's understanding of the client's dynamics and clinical evolution. Although most empirical studies have relied on students as volunteer clients, the utility of dream work has been described in a variety of clinical populations and as part of individual, couple, and group therapy. Clients' descriptions of their dreams and related associations often represent two key aspects of dream work that give rise to clinically rich and useful material. Research on Hill's cognitive-experiential approach also shows that integrating aspects of different approaches to dream work into one eclectic and flexible method can be very effective. In addition, promoting concrete changes in the client's life based on the understanding of a dream has been shown to be helpful. However, more research is required to identify specific factors that contribute to the positive outcome of dream work. Finally, Section 4 presented general guidelines for working with clients' dreams based on an integration of the clinical, theoretical, and empirical literature.

In sum, there is strong evidence to suggest that clinicians have much to gain by attending to their clients' dreams and that effective dream work is accessible to most clinicians. The process of establishing an empirically based model of dream interpretation along with data on the clinical value and specific benefits of various forms of dream work will undoubtedly be long and difficult. Until then, sufficient clinical and empirical information exists to support the conclusion of Diemer et al. (1996) that dream interpretation may not be the royal road to a better self-understanding, but is nonetheless a useful and effective road among others.

References

Andrews, J., Clark, D. J., & Zinker, J. C. (1988). Accessing transgenerational themes through dreamwork. *Journal of Marital and Family Therapy*, *14*, 15–27.

Antrobus, J. (2000). Theories of dreaming. In M. H. Kryger, T. Roth, & W. C. Dement (Eds.), *Principles and practice of sleep medicine* (3rd ed.) (pp. 472–481). New York: W.B. Saunders.

Barrett, D. (2002). The "royal road" becomes a shrewd shortcut: The use of dreams in focused treatment. *Journal of Cognitive Psychotherapy*, *16*, 55–64.

Beck, A. T. (1971). Cognitive patterns in dreams and daydreams. In J. H. Masserman (Ed.), *Dream dynamics: Science and psychoanalysis, vol. 19* (pp. 2–7). New York: Grune & Stratton.

Bonime, W. (1962). *The clinical use of dreams*. New York: Basic Books.

Bonime, W. (1987). Collaborative dream interpretation. In M. L. Glucksman, & S. L. Warner (Eds.), *Dreams in new perspective* (pp. 79–96). New York: Human Sciences Press.

Bonime, W. (1989). *Collaborative psychoanalysis: Anxiety, depression, dreams, and personality change*. Cranbury, NJ: Associated University Presses.

Bonime, W. (1991). Dreams, insight, and functional change. *Journal of the American Academy of Psychoanalysis*, *19*, 124–140.

Boss, M. (1977). *«I dreamt last night...»*. New York: Gardner.

Boss, M., & Kenny, B. (1987). Phenomenological or daseinsanalytic approach. In J. L. Fosshage, & C. A. Loew (Eds.), *Dream interpretation: A comparative study* (Rev. ed.) (pp. 149–189). New York: PMA Publishing.

Brink, S. G., & Allan, J. A. B. (1992). Dreams of anorexic and bulimic women. *Journal of Analytical Psychology*, *37*, 275–297.

Brink, S. G., Allan, J. A. B., & Boldt, W. (1995). Symbolic representation of psychological states in the dreams of women with eating disorders. *Canadian Journal of Counselling*, *294*, 332–344.

Brown, R. J., & Donderi, D. C. (1986). Dream content and self-reported well-being among recurrent dreamers, past recurrent dreamers, and nonrecurrent dreamers. *Journal of Personality and Social Psychology*, *50*, 612–623.

Bulkeley, K. (2000). *Transforming dreams: Learning spiritual lessons from the dreams you never forget*. New York: Wiley.

Cartwright, R. D. (1993). Who needs their dreams? The usefulness of dreams in psychotherapy. *Journal of the American Academy of Psychoanalysis*, *21*, 539–547.

Cartwright, R. D., Tipton, L. W., & Wicklund, J. (1980). Focusing on dreams: A preparation program for psychotherapy. *Archives of General Psychiatry*, *37*, 275–277.

Christo, G., & Franey, C. (1996). Addicts' drug-related dreams: Their frequency and relationship to six-month outcomes. *Substance Use and Misuse*, *31*, 1–15.

Cirincione, D., Hart, J., Karle, W., & Switzer, A. (1980). The functional approach to using dreams in marital and family therapy. *Journal of Marital and Family Therapy*, *6*, 147–151.

Cogar, M. C., & Hill, C. E. (1992). Examining the effects of brief individual dream interpretation. *Dreaming*, *2*, 239–248.

Cohen, E. (1999). Contemporary application of Ferenczi: Co-constructing past traumatic experiences through dream analysis. *American Journal of Psychoanalysis*, *59*, 367–384.

Craig, P. E. (1990). An existential approach to dreamwork. In: S. Krippner (Ed.), *Dreamtime and dreamwork* (pp. 69–77). Los Angeles: Jeremy P. Tarcher.

Craig, P. E., & Walsh, S. J. (1993). Phenomenological challenges for the clinical use of dreams. In G. Delaney (Ed.), *New directions in dream interpretation* (pp. 103–154). Albany, NY: State University of New York Press.

Crits-Christoph, P., Barber, J. P., Miller, N. E., & Beebe, K. (1993). Evaluating insight. In: N. E. Miller, L. Luborsky, J. P. Docherty, & J. P. Docherty (Eds.), *Psychodynamic treatment research: A handbook for clinical practice* (pp. 407–422). New York: Basic Books.

Crook, R. E., & Hill, C. E. (2003). Working with dreams in psychotherapy: The therapists' perspective. *Dreaming*, *13*, 83–93.

Davis, T. L. (2003). Incorporating spirituality into dream work. In C. E. Hill (Ed.), *Dream work in therapy: Facilitating exploration, insight, and action* (pp. 149–168). Washington, DC: American Psychological Association.

Davis, T. L., & Hill, C. E. (2001). Dream interpretation from a spiritual perspective. In L. VandeCreek, & T. L. Jackson (Eds.), *Innovations in clinical practice: A source book, vol. 19* (pp. 79–94). Sarasota, FL: Professional Resource Press.

Delaney, G. (1991). *Breakthrough dreaming*. New York: Bantam Books.

Delaney, G. (1993). The changing roles of dream interpreters in the understanding of dreams. *International Journal of Psychosomatics*, *40*, 6–8.

Derr, D. B., & Zimpfer, D. G. (1996). Dreams in group therapy: A review of models. *International Journal of Group Psychotherapy*, *46*, 501–515.

Diemer, R. A., Lobell, L. K., Vivino, B. L., & Hill, C. E. (1996). Comparison of dream interpretation, event interpretation, and unstructured sessions in brief therapy. *Journal of Counseling Psychology*, *43*, 99–112.

Dimaggio, G. G., Popolo, R., Serio, A. V., & Ruggeri, G. (1997). Dream emotional experience changes and psychotherapeutic process: An experimental contribution. *New Trends in Experimental and Clinical Psychiatry*, *13*, 271–273.

Domhoff, G. W. (1996). *Finding meaning in dreams: A quantitative approach*. New York: Plenum Press.

Domhoff, G. W. (2002). *The scientific study of dreams: Neural networks, cognitive development, and content analysis*. Washington, DC: American Psychological Association Press.

Doweiko, H. E. (2002). Dreams as an unappreciated therapeutic avenue for cognitive-behavioral therapists. *Journal of Cognitive Psychotherapy*, *16*, 29–38.

Elliott, R., Shapiro, D. A., Firth-Cozens, J., Stiles, W. B., Hardy, G. E., Llewelyn, S. P., & Margison, F. R. (1994). Comprehensive process analysis of insight events in cognitive-behavioral and psychodynamic-interpersonal psychotherapies. *Journal of Counseling Psychology*, *41*, 449–463.

Eugster, S. L., & Wampold, B. E. (1996). Systematic effects of participant role on evaluation of the psychotherapy session. *Journal of Consulting and Clinical Psychology*, *64*, 1020–1028.

Falk, D. R., & Hill, C. E. (1995). The effectiveness of dream interpretation groups for women undergoing a divorce transition. *Dreaming*, *5*, 29–42.

Fantz, R. E. (1987). Gestalt approach. In J. L. Fosshage, & C. A. Loew (Eds.), *Dream interpretation: A comparative study* (Rev. ed.) (pp. 191–241). New York: PMA Publishing.

Flowers, L. K. (1988). The morning after: A pragmatist's approach to dreams. *Psychiatric Journal of the University of Ottawa*, *13*, 66–71.

Flowers, L. K., & Zweben, J. E. (1996). The Dream Interview Method in addiction recovery. *Journal of Substance Abuse Treatment*, *13*(2), 99–105.

Fosshage, J. L., & Loew, C. A. (Eds.) (1987). *Dream interpretation: A comparative study* (Rev. ed.). New York: PMA Publishing.

Fox, S. A. (2002). A survey of mental health clinicians' use of dream interpretation in psychotherapy. *Dissertation Abstracts International. Section B: The Sciences and Engineering*, *62*(7-B), 3376.

Freeman, A., & White, B. (2002). Dreams and the dream image: Using dreams in cognitive therapy. *Journal of Cognitive Psychotherapy*, *16*, 39–54.

French, T. M., & Fromm, E. (1964). *Dream interpretation: A new approach*. New York: Basic Books.

Freud, S. (1953). *The interpretation of dreams*. London: Hogarth, Original work published in 1900.

Friedman, R. (2000). The interpersonal containment of dreams in group psychotherapy: A contribution to the work with dreams in a group. *Group Analysis*, *33*, 221–233.

Gendlin, E. (1986). *Let your body interpret your dreams*. Wilmette, IL: Chiron Publications.

Gilbert, T. (2002). The spiritual art of working with dreams. *Journal of Holistic Nursing*, *20*, 305–310.

Glucksman, M. L. (1988). The use of successive dreams to facilitate and document change during treatment. *Journal of the American Academy of Psychoanalysis*, *16*, 47–70.

Gomes-Schwartz, B. (1978). Effective ingredients in psychotherapy: Prediction of outcome from process variables. *Journal of Consulting and Clinical Psychology*, *46*, 1023–1035.

Hall, J. A. (1983). *Jungian dream interpretation*. Toronto: Inner City Books.

Hall, C. S., & Van de Castle, R. L. (1966). *The content analysis of dreams*. New York: Appleton Century Crofts.

Halliday, G. (1992). Effect of encouragement on dream recall. *Dreaming*, *2*, 39–44.

Heaton, K. J., Hill, C. E., Hess, S. A., Leotta, C., & Hoffman, M. A. (1998). Assimilation in therapy involving interpretation of recurrent and nonrecurrent dreams. *Psychotherapy*, *35*, 147–162.

Heaton, K. J., Hill, C. E., Petersen, D. A., Rochlen, A. B., & Zack, J. S. (1998). A comparison of therapist-facilitated and self-guided dream interpretation sessions. *Journal of Counseling Psychology*, *45*, 115–122.

Hill, C. E. (1996). *Working with dreams in psychotherapy*. New York: Guilford Press.

Hill, C. E. (2003). *Working with dreams in therapy: Facilitating exploration, insight, and action*. Washington, DC: American Psychological Association.

Hill, C. E., Diemer, R. A., & Heaton, K. J. (1997). Dream interpretation sessions: Who volunteers, who benefits, and what volunteer clients view as most and least helpful. *Journal of Counseling Psychology*, *44*, 53–62.

Hill, C. E., Diemer, R., Hess, S., Hillyer, A., & Seeman, R. (1993). Are the effects of dream interpretation on session quality, insight, and emotions due to the dream itself, to projection, or to the interpretation process? *Dreaming*, *3*, 269–280.

Hill, C. E., & Goates, M. K. (2003). Research on the Hill cognitive-experiential dream model. In C. E. Hill (Ed.), *Working with dreams in therapy: Facilitating exploration, insight, and action* (pp. 245–288). Washington, DC: American Psychological Association.

Hill, C. E., Kelley, F. A., Davis, T. L., Crook, R. E., Maldonado, L. E., Turkson, M. A., Wonnell, T. L., Suthakaran, V., Zack, J. S., Rochlen, A. B., Kolchakian, M. R., & Codrington, J. N. (2001). Predictors of outcome of dream interpretation sessions: Volunteer client characteristics, dream characteristics, and type of interpretation. *Dreaming*, *11*, 53–72.

Hill, C. E., Nakayama, E. Y., & Wonnell, T. L. (1998). The effects of description, association, or combined description/association in exploring dream images. *Dreaming*, *8*, 1–13.

Hill, C. E., Rochlen, A. B., Zack, J. S., McCready, T., & Dematatis, A. (2003). Working with dreams: A comparison of computer-assisted, therapist empathy, and therapist empathy + input conditions. *Journal of Counseling Psychology*, *50*(2), 211–20.

Hill, C. E., Zack, J. S., Wonnell, T. L., Hoffman, M. A., Rochlen, A. B., Goldberg, J. L., Nakayama, E. Y., Heaton, K. J., Kelley, F. A., Eiche, K., Tomlinson, M. J., & Hess, S. (2000). Structured brief therapy with a focus on dreams or loss for clients with troubling dreams and recent loss. *Journal of Counseling Psychology*, *47*, 90–101.

Jung, C. G. (1969). The structure and dynamics of the psyche. (2nd ed.). *Collected works, vol. 8*. Princeton, NJ: Princeton University Press.

Jung, C. G. (1974). *Dreams*. Princeton, NJ: Princeton University Press.

Keller, J. W., Brown, G., Maier, K., Steinfurth, K., Hall, S., & Piotrowski, C. (1995). Use of dreams in therapy: A survey of clinicians in private practice. *Psychological Reports*, *76*, 1288–1290.

Kolchakian, M. R., & Hill, C. E. (2000). A cognitive-experiential model of dream interpretation for couples. In L. VandeCreek, & T. L. Jackson (Eds.), *Innovations in clinical practice: A source book, vol. 18* (pp. 85–101). Sarasota, FL: Professional Resource Press/Professional Resource Exchange.

Kolchakian, M. R., & Hill, C. E. (2002). Dream interpretation with heterosexual dating couples. *Dreaming*, *12*, 1–16.

Krakow, B., Hollifield, M., Johnston, L., Koss, M., Schrader, R., Warner, T. D., Tandberg, D., Lauriello, J., McBride, L., Cutchen, L., Cheng, D., Emmons, S., Germain, A., Melendrez, D., Sandoval, D., & Prince, H. (2001). Imagery rehearsal therapy for chronic nightmares in sexual assault survivors with posttraumatic stress disorder: A randomized controlled trial. *Journal of the American Medical Association*, *286*, 537–545.

Krakow, B., Kellner, R., Pathak, D., & Lambert, L. (1996). Long term reductions in nightmares treated with imagery rehearsal. *Behavioral and Cognitive Psychotherapy*, *24*, 135–148.

Kramer, M. (2000). Dreams and psychopathology. In M. H. Kryger, T. Roth, & W. C. Dement (Eds.), *Principles and practice of sleep medicine* (3rd ed.) (pp. 511–519). Philadelphia: W.B. Saunders.

Kuiken, D. (1986). Cognitively based theoretical considerations of dreaming: Dreams and self-knowledge. In J. Gackenbach (Ed.), *Sleep and dreams: A sourcebook* (pp. 225–250). New York: Garland Publishing.

Lane, R. C. (1997). Dream controversies. *Psychotherapy in Private Practice*, *16*(1), 39–68.

Mattoon, M. A. (1984). *Understanding dreams*. Dallas, TX: Spring Publications.

Maultsby, M. C., & Gram, J. M. (1974). Dream changes following successful rational behavior therapy. *Journal of Rational Living*, *9*, 30–33.

Mazzoni, G. A., & Loftus, E. F. (1996). When dreams become reality. *Consciousness and Cognition*, *5*, 442–462.

Morishige, H., & Reyher, J. (1975). Alpha rhythm during three conditions of visual imagery and emergent uncovering psychotherapy: The critical role of anxiety. *Journal of Abnormal Psychology*, *84*, 531–538.

Moss, E. (2002). Working with dreams in a bereavement therapy group. *International Journal of Group Psychotherapy*, *52*, 151–170.

Nielsen, T. A., Kuiken, D. L., & McGregor, D. L. (1989). Effects of dream reflection on waking affect: Awareness of feelings, Rorschach movement, and facial EMG. *Sleep*, *12*, 277–286.

Perls, F. S. (1992). *Gestalt therapy verbatim*. Highland, NY: Gestalt Journal (Original work published in 1969).

Reid, S. D., & Simeon, D. T. (2001). Progression of dreams of crack cocaine abusers as a predictor of treatment outcome: A preliminary report. *Journal of Nervous and Mental Disease*, *189*, 854–857.

Reyher, J., & Morishige, H. (1969). Electroencephalogram and rapid eye movements during free imagery and dream recall. *Journal of Abnormal Psychology*, *74*, 576–582.

Reynes, R. L. (1996). The dream, communication, and attunement. *Psychotherapy*, *33*, 479–484.

Rochlen, A. B., Ligiero, D. P., Hill, C. E., & Heaton, K. J. (1999). Effects of training in dream recall and dream interpretation skills on dream recall, attitudes, and dream interpretation outcome. *Journal of Counseling Psychology*, *46*, 27–34.

Rosner, R. I., Lyddon, W. J., & Freeman, A. (2002). Cognitive therapy and dreams: Introduction to the special issue. *Journal of Cognitive Psychotherapy*, *16*, 3–6.

Rossi, E. (1985). *Dreams and the growth of personality*. (2nd ed.). New York: Brunner/Mazel.

Sanders, C. M. (1994). We are the stuff that dreams are made on: The use of dreams in systemic therapy. *Journal of Family Therapy*, *16*(4), 367–381.

Schredl, M., Bohusch, C., Kahl, J., Mader, A., & Somesan, A. (2000). The use of dreams in psychotherapy: A survey of psychotherapists in private practice. *Journal of Psychotherapy Practice and Research*, *9*, 81–87.

Shafton, A. (1995). *Dream reader: Contemporary approaches to the understanding of dreams*. Albanym, NY: State University of New York Press.

Shuttleworth-Jordan, A. B., & Saayman, G. S. (1989). Differential effects of alternative strategies on psychotherapeutic process in group dream work. *Psychotherapy*, *26*, 514–519.

Shuttleworth-Jordan, A. B., Saayman, G. S., & Faber, P. A. (1988). A systematized method for dream analysis in a group setting. *International Journal of Group Psychotherapy*, *38*, 473–489.

Taylor, J. (1992). *Where people fly and water runs uphill: Using dreams to tap the wisdom of the unconscious*. New York: Warner Books.

Ullman, M. (1996). *Appreciating dreams: A group approach*. Thousand Oaks, CA: Sage Publications.

Ullman, M., & Zimmerman, N. (1979). *Working with dreams: Self-understanding, problem-solving, and enriched creativity through dream appreciation*. Los Angeles: Jeremy P. Tarcher.

Van de Castle, R. L. (1994). *Our dreaming mind*. New York: Ballantine Books.

Warner, S. L. (1983). Can psychoanalytic treatment change dreams? *Journal of the American Academy of Psychoanalysis*, *11*, 299–316.

Webb, D. E., & Fagan, J. (1993). The impact of dream interpretation using psychological kinesiology on the frequency of recurring dreams. *Psychotherapy and Psychosomatics*, *59*, 203–208.

Weiss, L. (1986). *Dream analysis in psychotherapy*. New York: Pergamon Press.

Widen, H. A. (2000). Using dreams in brief therapy. *Psychoanalytic Social Work*, *7*, 1–23.

Wonnell, T. L., & Hill, C. E. (2000). Effects of including the action stage in dream interpretation. *Journal of Counseling Psychology*, *47*, 372–379.

Zack, J. S., & Hill, C. E. (1998). Predicting outcome of dream interpretation sessions by dream valence, dream arousal, attitudes toward dreams, and waking life stress. *Dreaming*, *8*, 169–185.

Zadra, A., & Donderi, D. C. (2000). Prevalence of nightmares and bad dreams and their relation to psychological well-being. *Journal of Abnormal Psychology*, *109*, 210–219.