Dreamwork in Psychotherapy

A Literature Review

Presented to

The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirement for

The Degree of Master of Arts in

Adlerian Counseling and Psychotherapy

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August, 2018
Abstract

Historically, the field of psychotherapy has been interested in the use of dreams for therapeutic ends. Although varied explanations exist regarding why people dream, there appears to be an agreement across different theories about the underlying connection between dreams, memory, and emotions. This connection between dreams, memory, and emotions can be useful to uncover material that may not otherwise be shared within the therapeutic process. In addition to the combination of Individual Psychology and gestalt therapy techniques, mental health professionals can incorporate dreamwork into practice to support the understanding of psychological dynamics, discover unconscious material, increase client engagement in the therapeutic process, and gain insight in a less threatening manner.

*Keywords*: dreamwork, lifestyle, Individual Psychology, nightmares, gestalt
Dedication

To the memory of my parents and the future of my sons.
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Dreamwork in Psychotherapy

Over the centuries, dreams have served as the inspiration for scientific discoveries, creative masterpieces, and inventions (Kracke, 1992). Dreaming has perplexed, fascinated, and mystified people throughout history, and dreams have been a present and meaning-laden phenomenon in diverse cultures (Caperton, 2012). Often, people share their dreams in different contexts. Many times, people share dreams that appear most bizarre or amusing. People tend to speak about dreaming as something that matters to them, and in the therapeutic environment, individuals frequently narrate the most disturbing or emotionally-charged dreams (Kracke, 1992). Historically, the field of psychology and psychotherapy has been interested in the use of dreams for therapeutic ends. Several theorists and practitioners have refined, refuted, combined, synthetized, questioned, and established various approaches to dreamwork (Caperton, 2012).

Regardless of the explanation of why people dream, there seems to be an agreement across different theories about the underlying connection between dreams, memory, and emotions (Germain, 2013). In the therapeutic relationship, this connection could serve as an effective tool to access unconscious material that can be useful in the healing process, material that otherwise could be threatening to address, or material that is dormant or unconscious to clients. Clients could benefit from mental health professionals who are knowledgeable and confident about the use of dream content as a complementary tool or technique within the systemic structure of the therapeutic sessions (Hill, 2010).

Dream content described and encouraged in this literature review is not dream interpretation (i.e., when the therapist deciphers the dream and ascribes a generic, preestablished meaning to the dream). Rather, the focus of this project will include theoretical models for dreamwork (i.e., when the dream content, and the emotions connected with the content, are at the
center of psychotherapy sessions and explored with active engagement from the client and the therapist). In addition, the connection between dreams and principles of Individual Psychology (e.g., lifestyle, mistaken beliefs, and private logic) will be addressed (Ansbacher, 1982).

Dreamwork could continue to be an additional tool used within the therapeutic process to engage clients and address emotions, thoughts, and beliefs. Individuals may enjoy sharing dreams, more than speaking about fears or feelings, unconscious material may surface, and clients may become more engaged in the therapy sessions.

**The Evolution of Dreams**

According to the *Merriam Webster Online Dictionary*, dreams are defined as a series of thoughts, images, and feelings that involuntarily occur in the mind during sleep while dreamers seem to be unaware of immediate surroundings (“Dreams,” 2011). A wide array of explanations exists regarding the reason people dream. For instance, dream theories range from abstract fantasy descriptions to concrete biological functions (Sayed, 2011).

The earliest dream theories held that some dreams were messages from dead relatives or from the gods (van der Linden, 2011). These messages could be simple or complex, straightforward or so complicated they require the interpretive assistance of an oracle or shaman, but in each case, dreams were understood as communication or messages received during sleep (van der Linden, 2011). Van der Linden posited that the communication explanation continues to have validity in some environments and is the subject of some religious practices.

From the subjective to the more objective, cultural beliefs about dreaming are varied and complex (Kracke, 1992). According to Kracke, one popular concept is that dreams are the experiences of the sleeping person’s soul that wanders during sleep. In contemporary Mayan religion, some dreams are considered sacred and intend to communicate a message; dreams are a
place where spirits, souls, or consciousness can leave the physical body and travel. It is in dreams where ancestors provide guidance and warn of danger (Levi, 2010). With Native North Americans, dreams are typically considered the experience or travels of the soul, and dreams are considered a form of reality or highly-regarded information (Dancheskaya, 2011). Within Christian spirituality, dreams were important because of the belief in the revelatory power of dreams (Nell, 2012). For example, dreams either portrayed or predicted real events, meaningful encounters with God, served as a channel through which God could teach, revealed truth, and exposed the future.

In contrast, there are other theories that explain dreams as noise, as harmless, and as meaningless. In other words, dreams are a byproduct of the way the mind works (Farber, 2002). Similarly, Aristotle claimed that dreams are the after-effects of waking perception; images bouncing around in the mind while sense organs rest. Recently, a neuroscientific component has been added to Aristotle’s theory. The common thread in new views is that dreaming plays a *neural housekeeping* role. That is, dreams clean up or enhance memory traces laid down during the day. In evolutionary terms, the neural housekeeping process of dreaming is an adaptation of the brain that deals with the subjective experience of dreaming as a functionless, meaningless side-effect (Farber, 2002).

One prominent neurobiological theory of dreaming is the *activation-synthesis hypothesis* (Farber, 2002). In the activation-synthesis hypothesis, dreams do not mean anything; they are merely electrical brain impulses that pull random thoughts and imagery from our memories. Additionally, humans, construct dream stories after they awake in a natural attempt to make sense of the dream.
Given the vast documentation of the realistic aspects of human dreaming, as well as indirect experimental evidence that other mammals also dream, evolutionary psychologists theorized that dreaming serves a purpose (Farber, 2002). In particular, according to threat simulation theory, dreaming is an ancient biological defense mechanism that provides an evolutionary advantage because of the capacity to repeatedly simulate potential threatening events (Farber, 2002). This defense mechanism enhances the neuro-cognitive mechanisms required for efficient threat perception and avoidance.

While explanations regarding the reason and purpose of a dream vary along with individual beliefs about the cause or meaning of dreams, the dream material can serve as a therapeutic tool in the psychotherapy field (Hill, 2010). Data from a growing body of research on dreaming provides the necessary elements to support and improve the practice of dreamwork as an effective therapeutic tool.

**Neurophysiology of Sleep and Dreams**

Dreaming occurs in many stages of sleep: at sleep onset, during lighter rapid eye movement (REM), and during deeper or non-rapid eye movement (NREM) sleep (Hoss, 2013). Hoss stated dreams differ in REM and NREM sleep stages. Although the function of each state is not fully understood, research suggests that the REM sleep stage is involved in brain development, psychological restoration and adaption, and the consolidation of procedural memories. The NREM sleep stage is thought to be more involved in physiological restoration and consolidation of episodic and declarative memory (Hoss, 2013). During the REM phase, there is great activation of the cortex of the limbic lobes (i.e., the emotional and episodic autobiographical memory processes) and a deactivation of the frontal cortex, especially the
dorsolateral areas involved with free will, logical thinking, analysis of the real, and voluntary recollection or recognition of memories (Hoss, 2013).

Krystal (2012) stated the REM sleep phase has been the subject of extensive study and linked to psychiatric disorders. For example, distressing dreams and nightmares are among diagnostic criteria in the 5th edition of the *Diagnostic and Statistical Manual of Mental Health Disorders (DSM – 5)* for identified disorders (American Psychiatric Association, 2013). In contrast to the longstanding view of the relationship between sleep problems and symptoms of psychiatric disorders, increasing experimental evidence suggests that the relationship between psychiatric disorders and sleep is complex and includes bi-directional causation (Krystal, 2012).

Marzano (2011) provided compelling insights into the underlying mechanisms of dreaming and the strong relationship between dreams and memories. These findings suggest that the neurophysiological mechanisms employed while dreaming and recalling dreams are the same mechanisms used to construct and retrieve waking memories. Marzano found that vivid, bizarre, and emotionally intense dreams (i.e., dreams people usually remember) are linked to parts of the amygdala and hippocampus. While the amygdala plays a primary role in processing emotions and memories related to emotional reactions, the hippocampus has been implicated in important memory functions such as the consolidation of information from short-term to long-term memory (van der Linden, 2011). This evidence supports the use of dreamwork as a therapeutic tool because dreamers try to make sense of dream content when going through the process of retelling (Pesant, 2004). In this recalling, the individual will use habitual thinking patterns which would allow for increased direct access to lifestyle, mistaken beliefs, and private logic (Ansbacher, 1982).
Nightmares

The International Association for the Study of Dreams (IASD) defined *nightmares* as a distressing dream that typically forces at least partial awakening (IASD, n.d.). According to the American Academy of Sleep Medicine (2006), nightmares are usually associated with negative feelings such as anxiety or fear, anger, sadness, disgust, and other dysphoric emotions. A nightmare can be considered a type of dream (Spaulding, 1981). For example, when individuals dream of nakedness, being chased, or falling, the dream is about the content itself. In contrast, a nightmare is a subjective label placed on the content after the dreamer awakes; hence, a nightmare is dependent on the dreamer’s attitude toward the content. Nightmares might be labeled as a dreamer’s reaction to a dream, or the dreamer’s emotional state after awakening from the dream (Spaulding 1981).

Aurora (2010) suggested nightmares could be considered a common occurrence, and most individuals could recall occasional nightmares. Nightmares become a problem with increased frequency, intensity, and/or a fear of sleep. Nightmares may be *idiopathic* (i.e., without clinical signs of psychopathology) or associated with other disorders (Aurora, 2010). A nightmare disorder diagnoses can be assigned if nightmares cause ongoing distress or problems with daytime functioning (American Academy of Sleep Medicine, 2006). In the *DSM – 5*, recurrent nightmares, or night terrors, are referred to as a symptom of sleep disorders (American Psychiatric Association, 2013).

Aurora (2010) posited that the etiology of nightmares is multifactorial and may be influenced by psychological factors. Some nightmares can be caused by certain drugs or medications or physical conditions such as illness and fever. Aurora stated when individuals suffer with nightmares, they might not seek treatment unless the nightmares are accompanied by
other symptoms that disrupt daily life. Treatment interventions for nightmares may include pharmacological methods and psychotherapeutic interventions (Aurora, 2010). Among the non-pharmacological treatment options, cognitive behavioral therapy (CBT), particularly imagery rehearsal therapy (IRT), has become an effective treatment for sleep-related issues related to posttraumatic stress disorder (PTSD; Aurora, 2010).

Spangler and West (2018) suggested the use of nightmare deconstruction and reprocessing (NDR) to treat trauma-related nightmares. In this approach, Spangler combines deconstruction and exposure to nightmare images, creates meaning and reprocesses content, and dream reconstruction is used to facilitate mastery of the nightmares and facilitate waking life changes. Aurora (2010) stated CBT is often used as an umbrella term for a number of psychological and behavioral techniques tailored to uncover, alter, and correct distortions of cognition and behavior. Under this umbrella, therapeutic dreamwork used to address nightmares may include image rehearsal therapy, systemic desensitization, lucid dreaming therapy, sleep dynamic therapy, exposure, relaxation and rescripting therapy, and self-exposure therapy.

The imagery rehearsal therapy (IRT) is a modified CBT technique that includes recalling the nightmare, writing it down, and changing the theme, storyline, ending, or any part of the dream (Aurora, 2010). The client changes a part of the dream to a positive format and rehearses the rewritten dream scenario. As a result, the client can replace the unwanted ending when the dream recurs. The IRT acts to inhibit the original nightmare, providing a cognitive shift that empirically refutes the original premise of the nightmare. This technique is practiced for 10-20 minutes per day during waking hours. During imagery rehearsal therapy, the focus is on re-scripting the nightmare while avoiding the processing of nightmare content (Aurora, 2010); however, avoiding content processing of nightmares (or content in more generic dreams) has
received criticism from other theorists that focus on the content of the dream during therapeutic dreamwork. Casement and Swanson (2012) suggested that avoiding dream content may reinforce the fear of nightmares, and clients may miss opportunities to process traumatic content.

*Lucid dreaming therapy* is a cognitive restructuring technique, and a variant of IRT, that allows one to alter the nightmare storyline during the nightmare (Aurora, 2010). That is, the dreamer realizes he or she is dreaming and is “lucid” during the nightmare, then the dreamer can realize that there is no real danger, even despite lingering fear. At this point, the dreamer can attempt to break free of habitual responses and consciously choose how to respond. Clients would have already visualized alternate endings to their nightmares in a waking state, so they can tap into these alternate courses of action (Aurora, 2010).

The *exposure, relaxation, and rescripting therapy* (ERRT) is a specialized treatment modality designed to target anxiety that may manifest as physiological, behavioral, and cognitive dysfunction (Aurora, 2010). During ERRT, mental health professionals include psychoeducation, sleep hygiene, and progressive muscle relaxation training. Exposure procedures such as writing out and rescripting nightmares, homework assignments, problem solving, and coping strategies are intended to increase the ability to cope with the nightmares (Aurora, 2010).

Aurora (2010) stated *self-exposure therapy* is a variant of CBT that includes a technique of “graded exposure.” For instance, the client is instructed to make a list based on the severity of anxiety-provoking events or dreams. The client is instructed to move through the situations on the list at his or her own pace (starting with the low anxiety situation) until the fear and/or anxiety decreases. Exposure occurs on a daily basis in conjunction with journal documentation of the client’s experiences (Aurora, 2010).
Nightmare deconstruction and reprocessing (NDR) is an adapted therapeutic tool used to treat trauma-related nightmares (Spangler, 2014). Nightmare deconstruction and reprocessing combines exposure and emotional processing designed to reduce the fear response. During NDR, meaning-making and reprocessing is used to address grief, loss, guilt, shame, and moral injury. The reprocessing treatment component challenges maladaptive beliefs to assist with reconsolidation of nightmare images and trauma memories. Rescripting nightmare content facilitates mastery over nightmares and changes in waking life (Spangler, 2014).

The eye movement desensitization and reprocessing (EMDR) is a specialized treatment modality used to target anxiety that manifests as physiological, behavioral, or cognitive dysfunction (Aurora, 2010). The EMDR treatment process involves psycho-education, sleep hygiene, and progressive muscle relaxation training. During EMDR therapy, the positive cognitions are installed after the desensitization to tap into an adaptive network of positive cognitions. The EMDR therapy provides a structure to foster progress in anxiety ratings with repeated recalls of the distressing dream images. Exposure procedures such as writing out and rescripting nightmares, homework assignments, problem solving, and coping strategies are designed to cope with the nightmares (Aurora, 2010).

Dreamwork Models

Over the last 100 years, several models have been developed for dreamwork in psychotherapy (Hill, 2010). Early models included the same dynamics as other elements of therapy where the psychotherapist was viewed as the expert, and his or her role was to find the meaning of the dream and reveal it to the dreamer. The therapist-as-expert approach changed along with the evolution of the therapeutic relationship (Hill, 2010). That is, different techniques were established, and the role of the therapist became that of a facilitator or guide (Hill, 2010).
Currently, in the majority of dreamwork approaches, the professional dreamwork psychotherapist does not tell the dreamer the meaning of the dream. Instead, the therapist and the client analyze the dream together to determine themes and issues (Kaplan-Williams, 2009). The psychotherapist is there to ground the client in usable aspects of the dreaming experience to facilitate new insight and foster change specific to the individual. As a result, the client can choose whether or not to use the information (Kaplan-Williams, 2009).

Keller et al. (1995) stated many clinicians rely on traditional approaches to dream analysis (e.g., Freudian and gestalt) despite recent interest in cognitive-behavioral perspectives on the use of dreams in therapy. It is possible that the use and practice of these methods has declined to give way to evidence-based therapy approaches and their specific methods of dreamwork.

**Freud**

At the end of the 19th century, it was generally thought that dreams were brief reactions to external or internal stimuli and most often occurred during the process of waking (Sayed 2011). Sigmund Freud (1900) tried to bring some of these perspectives together in his influential book *The Interpretation of Dreams* where he combined current perspectives with his ideas about the role of the unconscious and theories of neurosis. Freud’s work was the first attempt in the field of psychology and psychiatry to provide a systematic theory pertaining to the function and processes involved in dreams and dreaming (Fisher & Greenberg, 1996).

The early psychoanalysts recognized the power of dreams and strongly encouraged therapists to work with clients and their dreams (Hill, 2010). For example, therapists could bring to light both conscious and unconscious conflicts through dreamwork. According to Freud, dreams provided ideal therapeutic material and served as the “royal road” for examining the
unconscious (Hill, 2010). Pesant (2004) stated Freud made an important distinction between the manifest and the latent content of dreams. The manifested content refers to the actual dream as experienced and reported, and the latent content refers to the true meaning of the dream (Pesant, 2004).

Freud (1900) argued that dreams are made possible due to daytime experience, or residue from problems, worries, unsatisfied wishes, or indifferent material. Freud suggested dreams are somehow linked to repressed infantile wishes contained in the subconscious that trigger the emergence of related memories. For example, the images from waking experiences are contained in the clear content of dreams and allow the related infantile repressed wish to be disguised in such way that it can slip past the half-asleep censor and gain a degree of expression.

The obvious content of the dream may be further disguised in the waking mind through a secondary revision to give the dream story a more logical and intelligible presentation (Freud, 1900). Freud viewed this disguise of unconscious wishes as the product of the labor of the dream and could account for bizarre material manifested in dream content. Freud believed this labor involved several processes including condensation, displacement, representation and symbolization.

The process of condensation implies compressing the meaning of the dream so that a particular element of the obvious content represents several underlying themes (Freud, 1900). During displacement, overt elements of the dream represent other, more hidden elements resulting in a discrepancy between the manifest dream content and the underlying dream content (Freud, 1900). Representation involves translating thoughts into acceptable visual images through censor and symbolization (i.e., when a particular character or action is replaced with symbols). Freud (1900) believed that these processes work together and actively contribute to
obscreing and disguising the true meaning of the dream. According to Freud, this disguise is necessary due to the salacious and mainly sexual nature of the hidden content.

Freud (1900) viewed a neurotic symptom as a product of trying to satisfy both a conscious wish and a conflicting, unconscious, repressed wish. Freud theorized that during wakefulness, unconscious repressed wishes (often of an infantile sexual nature) are held in check by a censor that prevents the repressed wishes from entering the conscious mind; however, this censor is less alert during sleep and allows repressed wishes to enter dreams if they are sufficiently disguised in dream content. Freud (1900) proposed dreams are very similar to neurotic symptoms and act as the guardians of sleep by providing a protective role that allows for the expression of unconscious wishes without disturbing sleep. Freud argued that waking from dreams is a result of the dream’s failure to sufficiently disguise the unconscious, repressed wish and arouses the censor to full waking alertness.

Freud (1900) believed that the only way to uncover the true meaning of each element of the dream is through free association. Freud believed free association was the fundamental tool for deciphering a dream’s underlying meaning. To reverse the dreamwork, 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 (Pesant, 2004).
Jungian

Jung rejected Freud’s idea that dreams intentionally disguise their meaning (Sayed, 2011). Jung believed that dreams reflect an individual’s current concerns relating to the external world and thoughts and feelings of the dreamer’s inner world. Jung believed that the unconscious content contained in dreams must be recognized, reflected on, and accepted by the individual to achieve greater psychological balance (Sayed, 2011). The ultimate function of dreams, according to Jung (1931/1969), is to unite the conscious and unconscious in a healthy and harmonious state of wholeness. Jung referred to this process as individuation. Jung believed the need for individuation and integration of the personality increases as life progresses and is reflected in changes of the dream content in the middle years of adult life (Sayed, 2011).

Perhaps one of the most distinctive features of Jung’s theory of dreams is Jung’s belief that dreams express personal content, and the content is derived from the collective unconscious in the form of archetypes (Pesant, 2004). Jung believed the most important dreams are the products of this collective unconscious and contain the inherited experiential record of the human species in the form of archetypes, which are best understood as highly energized patterns or concepts that must be expressed through the personality (Domhoff, 2000).

Jung (1931/1969) argued that the archetypes of the collective unconscious express themselves through a set of inherited symbols that also appear in myths, religious ceremonies, and other waking practices. In Jungian dreamwork, the interpretation of these symbols is based on both individual dreams and cultural parallels (Domhoff, 2000).

Most dreams, but especially those with roots in the collective unconscious, have a compensatory function: to express those aspects of the personality, including archetypes in the collective unconscious, that are underdeveloped in waking life (Jung, 1931/1969). Beginning in
the middle years of adult life, Jung claimed gradual changes occur in dream content that reflect the psychological need for the individuation and integration of the personality under the direction of the self archetype (Domhoff, 2000).

Dream interpretation remains one of the central components in Jungian therapy; however, Jung did not define specific procedures for dreamwork. Rather, Jung supported flexibility when therapists utilize dreams in any way that is most useful for the dreamer. Jung frequently used associations, portrayal of dreams through artistic expressions, and interpretation of dreams via archetypes and myths (Hill, 2010).

The first step in Jungian dream interpretation is to examine the dream’s context in the individual’s waking life (Pesant, 2004). Describing the client’s waking life in relation to the dream allows the dreamer to provide information that guides the therapist toward an accurate interpretation. The therapist would then attempt to amplify the dream images.

Hall (1983) described three levels of amplification: personal, cultural, and archetypal. **Personal amplifications** are the dreamer’s personal dream-related associations (thoughts, feelings, and recollections) used to explore the links to the dreamer’s waking life. **Cultural amplifications** seek to enrich dream images with the transpersonal meaning the dreams may convey within a cultural context. **Archetypal amplifications** include a parallel connection between a dream image and a myth, fairy tale, literary, historical, or religious reference that connects the dreamer to what Jung called the collective unconscious (Pesant, 2004). In all three amplification types, the goal of amplification is to uncover deeper elements of the dream’s potential meaning, remain close to the dream’s manifest content, and bring the client back to other images in the dream (Pesant, 2004).
Active imagination is another method devised by Jung to explore the significance of a dream (Pesant, 2004). Active imagination involves using one’s imagination to recreate all or part of a recalled dream. During this method, an individual enters a quiet state, deliberately invokes and focuses on dream images, and observes the evolving imagery. Pesant stated active imagination requires active participation with the dream images (i.e., rather than mere passive observation).

Gestalt

Fritz Perls (1969/1992), the founder of gestalt therapy, believed that unfinished issues and problems formed a hierarchy that could be accessed through dream work. According to Pearls (1969/1992), the dream is the most spontaneous expression of human existence. Gestalt application to dreams is based on the hypothesis that the elements within a dream are fragments of the dreamer’s personality (Pears, 1969/1992). Pearls hypothesized that the personality fragments are alienated fragments that remain unintegrated because the person’s emotionally charged impasses prevent forward movement in the integration process. Each dream element contains conflicting emotions, and Pearls believed those emotions could almost immediately be revealed if the dream element was allowed to express itself.

Gestalt therapists believe that dreams are existential messages sent to the self regarding current struggles with an unfinished situation (Pesant, 2004). These messages are actively explored to bring dream content into a person's waking life. In gestalt therapy, the general principles in dream interpretation (unlike Freudian or Jungian) is that the therapist does not interpret the dream (Pesant, 2004). The client determines the meaning of all dream content. To assist the client in understanding a dream, the therapist asks the client to tell the dream in the present tense (i.e., as if it is happening at that moment). Furthermore, the therapist may ask the
client to speak to different elements in the dream or conduct a dialogue between elements of the dream. By engaging in a dialogue between opposing sides, the client gradually increases awareness of the range of his or her feelings (Pesant, 2004).

The goal of gestalt dreamwork is to avoid intellectualizing about the dream by reporting the dream in past tense (Pesant, 2004). The techniques used in gestalt dreamwork include (a) role playing, (b) assuming different roles of the dream elements, (c) acting out each of the elements, (d) describing feelings or emotions, and (d) the client’s interpretation or meaning of the dream (Pesant, 2004). At times, gestalt dreamwork is viewed as a somatic approach because dreams are explored through the dreamer’s bodily sensations during a therapeutic session (Pesant, 2004).

From a gestalt point of view, dreams are meaningful because they reveal the various relationships the dreamer has with the physical environment, with the self, and with different aspects of one’s personality (Hoss & Hoss, 2010). Hoss stated these relationships are meaningful; however, they are often obscure and not immediately apparent. The dream itself can be conceptualized as the individual's attempt to bring all parts together in the “proper place.” Ideally, upon waking, individuals would recognize the whole picture as a sum of all its parts; however, this is rarely the case (Hoss & Hoss, 2010). For instance, in the waking state, a person will typically continue to deny or reject unwanted aspects of the self and accept various components of the identified relationships of the dream. When a dream is described, a skillful therapist may be able to identify those relationships that are within the awareness of the dreamer and those relationships alienated from awareness. The therapist would be able to identify the dream relationships by (a) understanding habitual modes of living, (b) listening to the dream story, (c) noting the theme(s) in the dream, (d) conceptualizing the dream forms, (e) sensing the
client’s emotion and how it is described, and (f) noting the verbal and gestural styles that occur during the telling of the dream (Alban & Groman, 1975).

**Adler**

Alfred Adler (1930/2011) believed that dream life is just as much a part of the whole person as waking life. Both waking and dreaming life are determined by the individual goal of superiority. Adler concluded that a dream is always part of the style of life, and people can find a prototype involved in the dream. That is, equal to symptoms, dreams are a form of training to enable people to fulfill the goal of superiority; dreams are an expression of the same mixture of fact and emotion found in waking life (Adler, 1930/2011).

In his dream analysis manual, Robert Willhite (1991) stated that dreams serve many functions in life. According to Willhite, dreams serve as a mechanism to release tension and anxiety and serve as a rehearsal for upcoming, concerning events. In Adlerian theory, dreaming is an anticipation or preparation for future situations, and dreams are an attempt to solve interpersonal problems (Ansbacher & Ansbacher, 1956). Dreaming offers solutions to unfinished problems of the day when individuals are disinhibited of social demands or constraints. In addition, dreams align with one’s usual coping style and mode of activity because dreaming conforms to an individual’s private logic or idiosyncratic way of thinking of self, others, and the world (Ansbacher & Ansbacher, 1956).

The Adlerian therapist is concerned with the content and process of the dream and will consider the individual’s use of the dream to confirm a hypothesis about the person’s movement (Willhite, 1991). Adlerians are concerned with two tasks when working with dreams. The first task is to help the dreamer understand his or her current situation as revealed in the dream. The second task is to address the potential for change, if the person is ready to change, and to
examine available, practical choices and actions (Bird, 2005). When interpreting dreams, Adlerians tend to follow similar principles used within the work of *early recollections* (i.e., earliest memories; Ansbacher & Ansbacher 1956). In both instances, accuracy is not important because whatever early recollections or dreams are remembered, or whatever stories are created, they are all created by the same individual (Bird, 2005).

As the dream is related, the therapist or client transcribe the dream (Bird, 2005). The therapist might ask what could have been on the dreamer’s mind before sleeping and uses whatever is already known about the dreamer to look for patterns and meaning in the dream. In addition, the therapist asks the client about the feelings aroused in the dream and the feelings after the dreamer awakes (Bird 2005).

Willhite (1991) developed a structured process of dreamwork based on Adlerian principles. This structured process calls for the therapist’s attention to feelings and emotions generated by all components of the dream content. In this method, Willhite seeks to elicit precise data from the subject, tap into the subject’s private view of the world, and keep the therapist’s influence out of the data collection process (Willhite, 1991). Willhite’s method includes these specific steps:

1. Ask the subject to recall his or her dream.
2. Write the dream material in double-spaced pages to allow room to add the feelings associated with the content. (The client recalls how he or she feels after the dream.)
3. The dream material is read back to the individual to check for accuracy.
4. The therapist reads each written phrase and asks the individual to react and offer the first emotion that comes to mind.
5. The responses are sequentially numbered, and responses include the feelings after waking from the dream.

The feelings and emotions described in both lists presents a pattern of individual expression. Typically, the individual will recognize the feelings associated with the dream because the feelings represent emotional struggles experienced during waking hours (Willhite, 1991). Willhite (1991) added another piece to this method to further affect change. Willhite asked the individual to review the dream material again to address the components of the dream he or she would choose to change.

Adler accepted Freud’s distinction between the manifest and the latent content of dreams (Bird, 2005). Each dream may be regarded as a series of metaphors regarding a personal situation, and the dreamer chooses to ascribe meaning to the concerning situation. The meaning and thinking that preceded the dream may be revealed through interpretative work and attention to the details of the dream (Bird, 2005). Adlerian therapists tend to assume that the individual’s choice of symbols, metaphors, and elements of personality style are tied to coping with the challenge of living in a cohesive and consistent manner.

**Dreamwork Techniques**

Despite the variations in formulation, older or contemporary approaches to dreamwork 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 (Pesant 2004). Associations may be made by relating dream elements to waking life experiences or by highlighting intrinsic qualities of the dream elements. Generally, most modern approaches favor techniques that remain relatively close to the dream’s manifest content, and many seem to prefer
integrating aspects of different methods of dreamwork into one eclectic and flexible style (Pesant 2004). Some of the more current approaches include cognitive behavioral and group therapy.

**Cognitive Behavioral Therapy**

The first cognitive behavioral therapy (CBT) outline for dreamwork was formulated by Beck (1971). Beck originally regarded dreams as a snapshot of the individual’s psychological process and processing style. Beck saw dreams as idiosyncratic and dramatic views of self, the world, and the future, and dreams would follow the same cognitive distortions in these areas. Later, Beck observed that dream themes are relevant to observable patterns of behavior (Freeman, Lyddon, & Rosner, 2004).

Overall, CBT serves as the base for several variations of dreamwork models. In the literature reviewed for this project, it appears that many of the theoretical principles and techniques from CBT are integrated into the therapeutic setting, and variations reflect personal preferences and areas of development. The techniques used in this type of dreamwork are often used to treat nightmares or distressing dreams. Some of the techniques may include exposure and systematic desensitization, cognitive reconstructing, and paradoxical intentions (i.e., when the individual is encouraged to have nightmares to restructure negative appraisal of the dreams (Freeman et al., 2004).

**The cognitive behavioral analysis framework.** Freeman et al. (2004) suggested that because dreams are subject to the same cognitive distortions as in the waking state, cognitive behavioral dreamwork allows for an understanding of dream content and themes and offers an opportunity for the individual to understand his or her cognitions as played out on the stage of the imagination. In addition, individuals can challenge or dispute distressing thoughts (Freeman et al., 2004). In many models of CBT dreamwork, the process includes reviewing the dream,
and slowing down and reviewing the dream frame-to-frame as the cognitions, thoughts, and themes are addressed (Freeman et al., 2004).

The intensity of feelings is rated from 1 to 10 using the Subjective Units of Distress (SUD) scale (Kensinger, 2012). A lower rating on the SUD scale represents slight distress, and the highest rating indicates maximum intensity of feelings. Finally, in CBT dreamwork, individuals ascribe personal meaning to each of the dream sequences followed by an analysis of the individual’s plan of action related to the fundamental themes aroused during the dream (Kensinger, 2012). The CBT analysis framework includes the following:

- Identify the situation (S)
- Identify the feelings (A)
- Identify the automatic thoughts (AT)
- Identify the attitudes (ATT)
- Identify what the situation, feelings, thoughts, and attitudes mean to the dreamer (M)
- Identify the core beliefs (CB)
- Identify the dreamer’s personal meaning (PM)
- Identify the plan of action within the dream and outside of the dream (PA)

**Image rehearsal therapy.** Image rehearsal therapy (IRT) is a common type of cognitive behavioral dreamwork that is used most often when people experience recurring dreams or nightmares (Moore, 2010). During IRT, the therapist assigns homework and instructs the client to rewrite the recurring nightmare for at least 20 minutes every day. The dream is rewritten with new, more pleasing endings. The writing goal is to help the client use cognition to influence the dream creation process and effectively change the content of the dream via consciousness.
The IRT two-factor cognitive behavioral treatment model is applied individually or in a group format (Moore, 2010). The first factor of the IRT approach to dreamwork with nightmares is that nightmares are considered a learned behavioral disorder. The second factor supports the concept that nightmares find fertile ground among individuals with damaged, disabled, or malfunctioning imagery capacity. The most common variations of IRT relate to the number of sessions, duration of treatment, and the degree to which exposure therapy is included in the protocol (Moore, 2010).

The first two IRT sessions include a focus on the connection between nightmares and insomnia (Moore, 2010). Additionally, nightmares become an independent symptom or disorder that warrants individually tailored and targeted interventions. The last two sessions include a focus on the imagery system and how IRT can reshape and eliminate nightmares. That is, clients engage in a straightforward process designed to facilitate cognitive restructuring via the human imagery system (Moore, 2010).

**Cognitive experiential model.** The cognitive experiential model is a variation of the CBT approach to dreamwork (Hill, 2010). The cognitive experiential model involves the element of cognition and how it influences the individual’s dreams, emotional elements, and behavioral elements. This type of dreamwork has three basic phases: exploration, insight, and action (Hill, 2010).

During the *exploration phase*, the dream is described in present tense, images and symbols are identified, and details, emotions, and associations are revealed for each image or symbol (Hill, 2010). During the *insight phase*, connections are drawn to the imagery. These connections may include real-life experiences, areas of concern, and personality dynamics. During the last phase, the *action phase*, the therapist helps the client decide what to do with the
information gleaned from the dream. Clients might decide to creatively adapt or rework the
dream, make changes in waking life, or explore deeper into the dreamwork (Hill, 2010).

**Cognitive theory.** Calvin Hall was a behavioral psychologist who explored the cognitive
dimensions of dreaming (Pesant, 2004). When therapists incorporate Hall’s (1953) *cognitive
theory*, they refer to dreams as thoughts displayed as visual concepts in the mind’s private
theater. As a behavioral psychologist, Hall believed these conceptions were antecedents to
behavior in the waking world. Hall suggested dreams reveal the following primary cognitive
structures:

- conceptions of self (self-perception, role in life)
- conceptions of others (reaction to other’s needs)
- conceptions of the world (environment and the unconcerned vs. nurturing)
- conceptions of impulses and penalties (view of humans and what is forbidden and
  allowed)
- conceptions of problems and conflicts (inner discord and the struggle to resolve it;
  Hall, 1953).

Currently, Hall’s (1953) work is widely cited, but his greatest legacy is the system of
dream content analysis he developed with psychologist Robert van de Castle in the 1966. Pesant
(2004) stated the Hall and van de Castle scale is a system called Quantitative Dream Analysis
used to score a dream report with 16 empirical scales. The Hall and van de Castle scales include
settings, objects, people, animals, and mythological creatures, emotions, sexual content, and
aggression. The value of the Hall and van de Castle Quantitative Dream Analysis project is that
a significant number of dreams have been measured using this system, and a “baseline” has been
created for normal dream cognition (Pesant, 2004). Researchers can add dreams from special
interest groups and obtain an illustration of dreaming cognition that is measurable, quantitative, and statistically significant.

**Group Therapy**

In addition to the theories that include a focus on dreamwork with individual clients, a growing interest exists regarding the use of groups designed to share and understand dreams (Hill, 2010). Although most dreamwork methods can be adapted to a group setting, Ullman’s dream appreciation approach was developed specifically for group sessions (Pesant, 2004). Most of the existing models for group dreamwork are an adaptation to Ullman’s approach (or incorporate many of its elements). The primary objective for group dreamwork in psychotherapy is to obtain deeper informational sources to further client awareness and understanding of the self and others (Hill, 2010).

Ullman (1987) developed a major model of group dreamwork with an emphasis on safety and discovery. Ullman believed the dreamer must feel safe within the group to disclose what may be considered intimate material. To foster such safety, all members acknowledge that the dreamer has absolute control of the dreamwork process at every stage. Ullman stated discovery occurs when group members adopt the dream as their own, and incorporate a process that consists of four stages: (1) The dreamer describes a dream and the group asks questions to obtain a clear sense of the dream; (2) group members project their own material and their own associations onto the dream and its images; (3) the dreamer responds to the group input; and (4) during a later meeting, the dreamer shares any further thoughts with the group (Hill, 2010).

**Art therapy and group dreamwork.** Ilnicki (1999) incorporated art therapy elements into the dreamwork group process. Given that the same characteristics that govern dream formation (i.e., condensation, displacement, and symbolization) are also properties of creative
expression, art therapy offers another viable means of accessing the unconscious (Ilnicki, 1999). In this framework, the therapist acts as a group leader with a focus on the process, rather than on individual clients. A group member shares a dream and group members are asked to draw in response to the target dream.

Individual drawings extend the possibility for each member to recognize projective and introjected resonances about the dream that enhance self-awareness (Ilnicki, 1999). The explicit projective nature of both the verbal and non-verbal elaboration of dream images serves two purposes. First, the dreamer's safety is ensured by the consensual distance of a projective response, and paradoxically, group members reveal something about their psyches through their projective involvement in the target dream (Ilnicki, 1999).

**Psychodrama.** Wolk (1996) incorporated Ullman’s theory (1987) and used *psychodrama* as a means to help participants connect dreams to present life circumstances. Psychodrama is a psychotherapeutic method where the dreamer acts as the protagonist and reenacts the dream as if on a stage. Group members are directly and personally involved in the target dream (Wolk, 1996).

After the group selects a member’s dream (i.e., the protagonist) the dreamer retells the dream in first person and present tense (Wolk, 1996). Next, group members ask questions to clarify the content and feelings related to the dream. Group members share feelings about the dream as if it were their own and become integral contributors to the process. The focus shifts to group members working on dream images as if they were their own and as if they were metaphorical expressions of something personal. The dreamer responds to the group’s feelings, offers metaphors, and there is the understanding that the dreamer is the ultimate authority on the many possible meanings of the dream and what will be examined within the group. Finally, the
group leader assists the dreamer in selecting a component of the dream to address, sets the scene, and selects dream characters and objects from among the other group participants. After the enactment, the dreamer is asked to write a comprehensive account of her or his experience of the group dream process.

**Image rehearsal therapy.** A *cognitive* approach to group dreamwork is Krakow’s IRT for processing distressing dreams and posttraumatic nightmares (Hill, 2010). Within a group setting, IRT is now applied to nightmares associated with posttraumatic stress disorder (Lu, Wagner, van Male, Whitehead, & Boehnlein, 2009). Lu et al. (2009) stated IRT may cause exposure to trauma memories when used with nightmare content that replicates a trauma memory, or IRT may trigger an intrusive trauma memory.

The three or four, approximately 2-hour, group sessions that comprise the image rehearsal therapy approach consist of two primary components (Hill, 2010). The first component involves education and cognitive restructuring to help clients re-conceptualize disturbing dreams as a learned sleep disorder. Once clients begin to see that these nightmares may have initially held an important function, and have now become habitual, clients begin to see that they can alter the behavior (Hill, 2010). In the second component, clients are taught imagery rehearsal. Clients choose a nightmare, determine how they would change it into a new dream, and then rehearse this new dream during the therapy session and as a homework assignment.

According to Hill (2010), Krakow asserted that this image rehearsal technique accelerates the client’s once-dormant imagery system, which is healing, such that not only the targeted dream, but also other disturbing dreams, are positively affected. The image rehearsal model is an educational approach and does not encourage a re-experiencing of the disturbing dream. In fact, clients are specifically advised to avoid rehearsing old nightmares because exposure is
contraindicated. In addition, clients for whom the trauma is too recent, or who insist on working with extremely negative nightmares, typically do not do well with this approach (Hill, 2010).

**Individual Psychology**

Adlerians postulate that each dream story may be regarded as a series of metaphors through which the dreamer has chosen to convey meaning about a concerning situation (Bird, 2005). That is, Adlerians reject the idea of universal meaning, and each symbol or metaphor can be interpreted in many ways. Adler (1930/2011) stated that the purpose of a dream is to pave the way toward the goal of superiority. All symptoms, movements, and dreams are a form of training to enable one to find this dominant goal of superiority. For instance, a dream will train an individual to become the center of attention, dominate over others, or to escape. In addition, the purpose of a dream is to create a mood or emotion that differs from waking life. According to Adler (1930/2011), the dream is a further expression of the same mixture of fact and emotion found in waking life. Basic concepts of the Adlerian theory can be linked to dreamwork and support dreamwork techniques.

**Lifestyle**

*Lifestyle* is a set of perceptions of self, others, and the world (AdlerPedia, n.d.). Lifestyle involves a characteristic way of thinking, acting, feeling, living, and striving toward long-term goals. The individual’s style of life is formed by habitual social orientation and a distinctive approach to situations involving other people (Ansbacher & Ansbacher, 1956). Mosak (1995) suggested four lifestyle areas: self-concept, self-ideal, *Weltbild* (i.e., picture of the world), and ethical convictions.

In the Adlerian framework, at an early age, each person creates a unique style of life, which tends to remain relatively constant and reflected throughout life (Ansbacher & Ansbacher,
Adler believed that a person's lifestyle was set early in life as a result of early family influences, such as family constellation, family atmosphere, and conclusions about how one could best fit into the family (Ansbacher & Ansbacher, 1956).

Adlerian theorists believe that dreams are a manifestation of a person’s lifestyle (Oberst, 2002). Dreams are expressions of the dreamer’s attitude toward life and unsettled problems (Oberst, 2002). Additionally, the manner in which a client behaves during a dream is perceived as representative of the lifestyle. For example, through the lens of Individual Psychology, the individual dreams of solutions that correspond with the lifestyle. Through dreams, the dreamer seeks guidance and an easy solution for a problem while in a sleeping state.

When interpreting dreams, Adlerians tend to follow similar principles involved with early recollections (Bird, 2005). In both instances, the accuracy of the dream details is not important because whatever early recollections or dreams are remembered, or whatever stories are created, they are all created by the same individual and are consistent with the dreamer’s lifestyle (Bird 2005). An Adlerian therapist will tend to assume that the individual’s choice of symbols, metaphors, simplifications, and elements of personality style are tied to coping with the challenge of living in a way that is cohesive with that individual (Bird, 2005). As a result, the dream will show how the individual justifies movement in life.

**Mistaken Beliefs**

Mistaken beliefs are also referred to as basic mistakes or interfering ideas (AdlerPedia, n.d.). In other words, mistaken beliefs refer to those mistaken convictions at the base of the individual's style of living that led to a faulty adaptation, and some lack of success, in meeting one or more of the challenges of life. The conclusions that a person draws from childhood situations permit the formulation of the basic mistakes, which were maintained throughout life.
Mistaken beliefs interfere with a person's ability to function and successfully achieve goals. As with an individual’s lifestyle, mistaken beliefs are manifested in dreams through the process of meaning-making and the retelling of the dream content.

Mosak (1995) described five basic mistakes:

- Overgeneralizations
- False or impossible goals
- Misperceptions of life and life's demands
- Denial of one's basic worth
- Faulty values

**Private Logic**

*Private logic* is a term Dreikurs and Ansbacher adapted from Adler's *private intelligence* (Adler, 1930/2011). Private logic refers to the fictional line of reasoning from private meaning, that is, meaning premised upon the person's private and unique valuation of self, others, and the world, and what life requires of him or her. Private logic explains the basic convictions and assumptions of the individual that underlie the lifestyle pattern and explain how behaviors fit together to provide consistency. In other words, private logic is the reasoning invented by an individual to stimulate and justify a style of life (Adler, 1930/2011).

The individual’s private logic is based on the conclusions made at an early age and is often faulty (Bird, 2005). This private logic will also be displayed during dream life and only the dreamer understands the meaning of the dream based on private logic (Bird 2005). Willhite’s (1991) model of dreamwork involved the exploration of the emotion and feelings that accompany the dream to expose the individual’s private logic.
Discussion

Over the past 100 years or more, a number of dreamwork models have been developed for use in psychotherapy (Hill, 2010). The techniques used for dreamwork are diverse and depend on the theoretical model from which they are derived. In some cases, practitioners create new models combining strategies from two or more integrated approaches. A significant body of empirical research has emerged in the past decade that examines the process and outcomes of dreamwork (Caperton, 2012). Hill (2010) stated research indicates that dreamwork is most effective as a therapeutic tool when clients voluntarily address their dreams (rather than when practitioners suggest it). Additionally, dreamwork is more successful when clients experience troubling dreams and want to understand them (Hill, 2010).

Despite living in a society where dreams are of little concern, clients will bring dreams into sessions, and they may have an expectation that clinicians will be able to help them make sense of the dreams (Caperton, 2012). Many researchers and clinicians report that the use of dreams in therapy can help clients develop self-awareness and increase active involvement in the therapeutic process. Pesant (2004) reported that dreamwork can provide rapid access to a client’s most important issues. For instance, clients may be less reluctant to discuss disturbing issues when these issues are approached through dream exploration because dreams are often perceived as fiction. A safe distance exists between the client and the material evoked by a dream (Pesant, 2004).

Implications for Practice

Dreamwork can be an effective technique used by clinicians within therapeutic practice. Most approaches to dreamwork 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
With those principles in mind, dreamwork can gain structure by integrating concepts of the Individual Psychology. The life style assessment is used to gather early recollections (Ansbacher & Ansbacher, 1956) and can be applied to the collection of dream content. Therapists can use the dream content and assist clients as they assign meaning to those dreams. In a similar manner, techniques used in gestalt therapy can be integrated into dreamwork. For example, therapists can identify the dream elements and ask the client to identify with a specific element of the dream (Pesant, 2004).

By integrating both, Individual Psychology and gestalt techniques, clinicians could consider the following elements when clients agree to use dreamwork in the therapeutic setting:

1. Provide education on dreamwork methods
2. Narrate the dreams as clients recall the dream
3. Narrate the dream in first person
4. Select a meaningful element of the dream
5. Identify the feelings experienced during the dream (particularly around the client’s selected element)
6. Associate dream elements to waking life experiences
7. Change the narrative of the dream to include a more desirable outcome
8. Explore how changes brought to dreams can be applied to waking life

The same elements can be used while working in a group setting where members of the group become dream narrators as the rest of the group members act as spectators who provide feedback. All members of the group would have an opportunity to become the dream narrator. Careful consideration must be given to dreamwork when processing the content of nightmares.
derived from traumatic experiences in order to maintain an individual’s integrity, emotional stability, and prevention of triggered maladaptive behaviors.

The combination of techniques used in Individual Psychology and gestalt therapy can increase the effectiveness of dreamwork. Individual Psychology and gestalt therapy bring complimentary elements that promote data collection and insight in an organized and safe manner. Both Individual Psychology and gestalt therapy attend to feelings and emotions experienced in a dream (Bird, 2005; Pesant, 2004). Additionally, Individual Psychology and gestalt therapy rely on the therapist’s knowledge of the individual’s emotional dynamics, and therapists use this knowledge to guide in the identification of the connections between dream content and waking life. Within this integrated approach, therapists assist with making connections; however, they will abstain from imposing their personal interpretations about the dream content onto the client.

**Recommendations for Future Research**

Pesant (2004) found three common benefits as a result of dreamwork:

1. Client insight
2. Increased involvement in the therapeutic process
3. Better understanding of the client’s personal dynamics and clinical progress

These benefits do not include validation of the efficacy of dreamwork used in symptom management or behavior change. Additional empirical research is required to validate the efficacy of dreamwork and develop academic material to train professionals on the efficient use of dreamwork as a therapeutic tool. Studies that compare and contrast different models used for dreamwork could help identify the most effective methods within the therapeutic process. In
addition, dreamwork studies that are sensitive to multicultural components can provide data that would support a culturally-competent practice.

**Conclusion**

Whether dreamwork occurs in therapy following the structure of a particular theoretical approach, or as a flexible method used occasionally by some clinicians, the use of dreams within therapeutic sessions can be considered a complementary tool to therapeutic treatment. Most approaches that include the clinical use of dreams are based on the premise that dreams are symbols or projections that represent aspects of the waking life. In this manner, dreamwork used in therapy can identify mistaken beliefs, private logic, unconscious conflict, cognitive distortions, maladaptive behaviors, or unfinished situations. The recognition of these factors could facilitate the individual’s healing process and foster change that includes adjusted behavior to waking life events.
References


