

Dreamwork

The Neglected Counselling Skill

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Abstract

The author has been studying, practising and teaching practical dreamwork in New Zealand for over 20 years, and believes the time is overdue for New Zealand universities and polytechnics to include courses in Dream Studies as part of the curriculum in the training of counsellors, psychotherapists, and psychologists. She cites relevant literature, summarises basic principles, gives case examples from her own practice, and outlines the components of a basic course.

Keywords: dreams, dream studies, nightmares, healing, counsellor education.

For a number of years I have wondered why no university or polytechnic in New Zealand has yet begun to offer a Dream Studies course as a component of training in counselling, psychotherapy or psychology, as has been available for years in Australia (e.g., the University of Tasmania) and the United States (e.g., John F. Kennedy University, Stanford University, Miami University, and other psychology departments). There is no shortage now of academically sound literature available on which to base such a course. Dreams occurring before and during the process of counselling (by which I mean all forms of intensive listening and self-reflection) can make significant contributions to awareness, assessment, insight and healing when brought into the dialogue between counsellor and client. They can also open clients to recognising their own internal wisdom, spirituality and inner sources of creativity.

I have been using dreamwork with my clients since 1988, gaining experience through a regular dreamwork peer group, studying relevant literature, and hearing feedback from running hundreds of dream courses, mainly for counsellors and spirituality students, all of whom express high satisfaction with their learning. I have trained in several different therapeutic modalities, each with its own approach to dreams, leading

me to synthesise my own approach. In 1991 I gained membership in the New Zealand Association of Psychotherapists, and also joined the Association for the Study of Dreams. I have presented successfully at two of their conferences, in Hawaii and Berkeley, California. I have also developed a 100-hour Certificate in Applied Dreamwork, under the auspices of the Human Development and Training Institute of New Zealand, and contributed dozens of articles to a number of professional journals and newsletters.

At a recent dream workshop for school counsellors, several of the participants told me that they had simply avoided doing anything about the dreams brought to them by children because they had not been trained in what to do, assuming it required specialist expertise. This is a sad indication of missed opportunities, as well as the counsellors' lack of awareness of dreaming as a resource in their own lives. One day's workshop in the use of metaphor and sensitive questioning was enough for them to get started on helping the children (though obviously more is desirable). The counsellor's task is not to provide "expert" interpretation, but to help a dreamer make sense of the dream in his or her own context.

In advocating for the teaching of basic dreamwork skills for counsellors, I also recognise that dreams operate at many levels of the psyche, from simple reflections on day-to-day experience, through problem-solving, warnings of threat, healing of hurts, spiritual insights, to inspirational visions with lifelong impact. Everyone dreams, every night (Hobson, 1989), whether or not they recall a dream. Those who explore their dreams with insight discover astonishing wisdom within, as has been attested since the earliest written records in human history. The Swiss psychiatrist Carl Jung based his entire clinical practice on dreamwork, and his recently published maxi-journal, *The Red Book* (2009), documents his explorations into the depths of his soul. Dreamwork is therefore part of a holistic approach to counselling, allowing the presence of a spiritual dimension in the process. At the same time, there is a steadily growing science of consciousness studies, creating a groundwork of ethics and reliable information about how, why and what we dream, evaluating theories old and new, and pooling information across many disciplines.

Dream science

In March 1991, the eight-year-old Association for the Study of Dreams, based in the United States, launched its quarterly academic journal, *Dreaming*, published now under the auspices of the American Psychological Association. The first editor-in-chief,

Dr Ernest Hartmann (1991), summarised three waves of academic study of dreams up to that point: the work of Sigmund Freud and Carl Jung early in the twentieth century; the “proliferation of laboratory studies” in the 1950s and 60s; and a wave of new scholarly publications in the 1980s, but thinly scattered among specialists. “*Dreaming* is here to provide a single forum for all serious work related to dreaming,” Hartmann announced (p. 1). In a note that followed, the publisher invited contributions and also declared that “*Dreaming* provides an international, interdisciplinary forum for the presentation of peer-reviewed original papers focusing on all aspects of dreaming” (p. 2). A parallel magazine, *Dreamtime*, at a more popular level, is also produced by the Association, carrying articles, news, and reviews from practitioners around the world. (See also the website of the International Association for the Study of Dreams (IASD), www.asdreams.org.)

The current editorial board of *Dreaming* names 36 leading researchers, based in over 30 universities in the US, Canada, the UK, Europe, and Israel. Articles are peer-reviewed and published from around the world, including India, Japan and Taiwan. Since its inception, at least 800 articles have been published in *Dreaming*, including research findings in the field by psychologists, sleep researchers, anthropologists, Jungian analysts, clinicians from different modalities, medical doctors, physicists, psychiatrists, as well as specialists in cultural studies, linguistics, literature, art, religion, film, parapsychology, and other fields, together creating a solid scientific basis for a fuller understanding of dreams. At its 25th conference in 2003, the Association added “International” to its name, and started to hold annual conferences in countries other than the US. Regional conferences are also expanding.

Major IASD authors have written or edited textbooks, of which I particularly recommend the following: Clara Hill’s *Dream Work in Therapy: Facilitating Exploration, Insight and Action* (2004), outlining the rationale, process and training for her Cognitive-Experiential Dream Model, developed in the Department of Psychology at the University of Maryland; Ernest Hartmann’s *Dreams and Nightmares: The New Theory of the Origin and Meaning of Dreams* (1998/2001), based on his research at Tufts University School of Medicine in Massachusetts; a series of scholarly books by Kelly Bulkeley, of the Graduate Theological Union in Berkeley, California, especially her *Dreaming in the World’s Religions* (2008); a memorable collection of research articles, *Trauma and Dreams* (1996), edited by Deirdre Barrett of Harvard Medical School; and *Extraordinary Dreams and How to Work with Them* (2002), by leading researchers Stanley Krippner, Fariba Bogzaran and André Percia de Carvalho.

As a resource book for students, there is also the three-volume collection of summary chapters by the world's leading dream researchers, edited by Deirdre Barrett and Patrick McNamara, *The New Science of Dreaming* (2007). Volume 1, *Biological Aspects*, presents current knowledge relating to sleep patterns and disorders, brain activity and neuroimaging. Volume 2 deals with *Content, Recall and Personality Correlates*, including nightmares, trauma, gender differences and bizarreness. Volume 3 focuses on *Cultural and Theoretical Perspectives*, including evolutionary and religious approaches.

An authoritative new guidebook for teachers has recently been published in New York, entitled *Dreaming in the Classroom: Practices, Methods and Resources in Dream Education*, by Philip King, Kelly Bulkeley, and Bernard Welt (2011).

As well as the academic literature, each of the main therapeutic modalities has its preferred way of working with dreams, from the psychoanalytic paradigm to CBT. *Cognitive Therapy and Dreams* (2004), edited by Rachael Rosner, William Lyddon, and Arthur Freeman, has gathered a useful set of articles from this perspective, including two by Aaron Beck, the founder of Cognitive Therapy.

Practical training

In my experience, however, no single method is sufficient by itself to respond effectively to the range of dreams we may encounter, and some of the early theories need considerable updating. For example, the new fields of trauma studies and evolutionary psychology have reshaped our understanding of nightmares, and neuroscience has shown which parts of the brain are switched on during REM sleep. Yet there are some basic practical methods that all counsellors should be able to use to help a dreamer draw significant meaning from a dream, whatever their primary modality.

For the purpose of teaching, Clara Hill's *Dream Work in Therapy* (2004) is an excellent textbook. Hill and her students at the University of Maryland have patiently developed and tested an eclectic Cognitive-Experiential Model. In the book's introduction, Hill summarises the main assumptions of the model:

- i. Dreams are a continuation of waking thinking, but freed of the constraints of input from the external world (during the dream);*
- ii. The meaning of the dream is personal for each client, according to her or his experience;*
- iii. Working with dreams should be a collaborative process between client and therapist;*

- iv. *Dreams are a useful tool for helping people understand more about themselves;*
- v. *Dreams involve cognitive, emotional, and behavioural components to be explored;*
- vi. *Therapists need to have expertise in using the basic helping skills, especially empathic listening and respect. (pp. 4–5)*

Hill goes on to list further relevant skills, and adds that the model has been tested in short-term and long-term therapy and can be used for self-help by people working alone. My own model was developed quite separately but uses similar assumptions, with action methods added (adapted from psychodrama) for deeper exploration.

Why I believe dreamwork is essential in the training of counsellors

Dreams quickly identify core issues

Many clients struggle to find words to describe their feelings, or avoid talking about emotional concerns. A dream may save a lot of time by creating a metaphor that portrays the issue(s) quite simply in a parallel scene or story. (All dream examples are quoted with permission.)

Example 1: A trainee asked me to work with her 94-year-old father, who had always been a strong man and was determined not to die but was having recurring nightmares. Some were metaphors, like *losing his foothold on a path*, simply reflecting his shaky health. But the worst, which brought tears to his eyes, involved *a three-year-old child looking at him with pleading eyes*. When I asked him what had happened to him at about age three or four, he recalled his terror at witnessing his mother's near-fatal attacks of asthma. This proved to be the key to his buried fear of dying, which could then be discussed with his daughter. The nightmares ceased and he later died peacefully.

Example 2: A senior teacher who was struggling with increasing pressures in his job had a series of horrifying dreams involving fire. In one, *he watched a horse burn to death*; in another, *a family home was under threat from burning trees*. Discussing the dreams, he realised they were warnings that he was not far from burnout, and decided to apply for a change of job. The dreams presented the threat so graphically that he was motivated to act quickly for his own and his family's protection.

Dreams are directly relevant to life issues

Everyone dreams every night about the more salient emotional concerns on their mind at the time. Ample research evidence from the content analysis of dreams, especially from long-term dream journals, shows that the themes occurring in a person's dreams

are continuous with the waking concerns of his or her life. “Dreams are overwhelmingly about everyday settings, people, activities, and events, with only a relatively small amount of bizarreness,” says Domhoff (2007, p. 3), summarising the literature from psychological research. Clients and therapists dream not only about current issues and relationships, but also about related material from past experiences. Sensitive exploration of relevant dreams reveals typical patterns of thinking and feeling, as well as images that speak more strongly than words.

Example 1: A colleague shared a dream of a battered car sitting by the roadside with flat tyres. It took only a moment for her to see that it reflected accurately her own state of exhaustion.

Example 2: A trainee with an obesity problem presented a vivid dream of putting on a beautiful slim swimsuit and diving into a pool with friends, thoroughly enjoying herself. As a result, she made an immediate decision to change her eating habits, and began to lose weight from then on. The motivation this time came from her own inner spirit rather than from others.

Nightmares indicate an urgent need for help

Chronic or frequent nightmares are a case in point. They need prompt attention because of the damage they can do to a person’s quality of sleep as well as their self-image (Bowater, 2010). If a client wakes often in fear or distress (or is constantly disturbed by another’s distress), their daytime functioning can be seriously impaired and physical health undermined. Exposure to violence or threat of harm can produce post-trauma dreams that feel to dreamers as if the threat is completely real, so that they wake retraumatised (see Barrett, 1996). Counsellors need to listen carefully to the recurring theme, and not only to help clients come to terms with any traumatic issue involved but also to help them create new endings so that they are not left constantly in a state of victimisation or helplessness.

Example 1: I worked with a senior woman who fought nightly battles in her dreams with a male attacker, thrashing around and yelling at him to go away. The theme was clear, but she said she had never told anyone how badly men had abused her. Pouring out half the story in the first session immediately reduced the intensity of her nightmares. After a month, she was sleeping well, free of nightmares, and making new decisions in her life—a remarkably quick recovery.

Example 2: A young woman, Trudy, contacted me on-line in desperation for help with chronic recurring nightmares of abandonment, assault and betrayal that had so

deprived her of sleep that she had fallen asleep at the wheel of her car and crashed. She had had long-term counselling, which had not directly addressed the dreams. I sent her an article about consciously practising new endings to nightmares so that she would not remain constantly feeling victimised. This so inspired Trudy that she applied it immediately, and emailed back the next day to say she had had her first good sleep for ages. Empowered by this knowledge and her increasing resilience with better sleep, she broke the nightmare habit, and reported six months later that she was still free of nightmares.

Dreamwork taps into and reveals inner resources

When we take our clients' dreams seriously, they are helped to become more aware of inner resources of potential wisdom or spirituality and to grow in self-worth. Dreams are a natural part of the human organism, arising nightly during the mind's "house-keeping," while there is a respite from new sensory input. Learning is being consolidated, memories sorted and stored, and new connections made. At regular intervals there are bursts of REM sleep that release creative energy, enabling a kind of inner "play" with metaphor and story, often aimed at some form of problem solving, sometimes expressing a powerful emotion, sometimes even opening a spiritual dimension that enables a more holistic healing process or a new life-purpose to emerge.

Example 1: A Māori woman client in recovery from an abusive marriage reported a remarkable dream of being visited by Mother Teresa in her home (soon after Mother Teresa's death). Mother Teresa told her she was needed as one of her helpers, and gave her a hug. This greatly uplifted her, and gave her a new sense of purpose to work with the elderly. The same client also had dreams of encouragement from her long-dead grandmother, saying "Kia kaha"—"Be strong." Such dreams are a profound gift in the process of healing.

Example 2: Many trainees have told me how dramatically their grief over losing a loved one was eased when they had a vivid dream of the loved one looking well and visiting them to wave goodbye. Sometimes this had come as early as the funeral, sometimes after a long period of grieving. A male teacher reported how deeply he was affected by the sudden loss of a female colleague, but when she appeared "glowing with health" in a dream, his grief was allayed and he was able to function well again.

Example 3: A trainee was struggling to finish off the requirements for her diploma, believing that she "wasn't academic" in spite of her obvious practical knowledge and skills. She loved dogs and had a recurring figure of a silver wolf who appeared at intervals in her dreams as a supporter. When she was in despair at this point, she

dreamed that her silver wolf came out of the forest with a rolled-up scroll in its mouth and dropped it at her feet. She picked it up, realising this was her diploma—and went on to finish her training successfully.

Dreamwork gives insight into a client's world

While the majority of our dreams reflect particular issues, sometimes there are dreams of wider significance that seem to encapsulate a key picture of a client's life, or bring up a buried memory, or present a dramatic confrontation between aspects of the personality. These may be particularly helpful for assessment at the beginning of counselling, when a client has been mulling over how to tell the counsellor about a problem situation or is stuck at some point, or as an indicator of transference or countertransference in the relationship.

Example 1: A woman came to see me about her family relationships. She reported a dream in which *she was a queen ordering the execution of her husband!* This alerted me quickly to the depth of her anger against him, and her sense of entitlement to set the rules in the family.

Example 2: After a young woman client began to reveal a complicated history of teenage drinking and wild escapades, I dreamed that *I was trying to escape from a volcanic eruption, raining mud.* I realised that I must not only protect myself but also be more aware of the intensity of her inner rage at the violence of her childhood.

Monitoring dreams over time reveals progress (or lack of it)

Listening to a series of dreams experienced by a client over time, one gets a kind of “read-out” of how much real progress is being made. Are the nightmares losing their intensity, or getting worse? Are the dreams of a depressed client stuck, or beginning to include symbols of hope? Does the behaviour of the dreamer's reflected dream-ego show more efficacy at solving problems or standing up against bullying? Once dreamers begin to imagine a positive change, they feel the pull towards action and the power of their imagination is harnessed for healing.

Example 1: A client with whom I worked for two years began, with major difficulties, relating to the violent alcoholic father whom she still loved. Over time, her dreams *changed from a pattern of running away toward acknowledging anger, and then toward confrontation,* as she practised how to be assertive and hold her ground. When she actually dreamed of conducting a successful dialogue scene, she promptly put it into action, with positive results.

Example 2: A young woman came with a recurring dream of *desperately trying to lock her house against invasion by a slaving dog*. She revealed a history of sexual abuse by an older brother. After a couple of sessions, the dream changed and *she could escape from the house as long as she moved very quietly*. Then came a dream in which *she fought directly with her brother, not a dog, and was pushed off the house roof into the garden, but not hurt*—and she realised she was no longer scared of him, not a victim any more. From that point on, she was able to heal herself and bring about changes in her whole family system.

Dreams reveal hidden or shadow aspects of personality

Significant emotional insights are often portrayed in recurring dreams. For example, many people have dreams of flying that express times of joy and become a positive resource, while others may have recurring dreams of loss, failure, disturbance, or struggle, an indicator of inner conflict or emotional pain. Taking these seriously to clarify the matters of concern and work out new endings for the dream story helps the client to become more effective in dealing with life challenges.

Example 1: A trainee chaplain had a recurring dream of running away from a big black dog that endlessly pursued him across a barren warzone. When he finally turned to face it, the dog did not attack him but took hold of his hand without letting go. He realised that it represented the anger he felt at times but had never allowed himself to own, and took his anger to therapy. He never had that dream again.

Example 2: A woman teacher who had started work in an under-staffed school found herself expected to oversee two new recruits who were even less prepared than she was, and felt quite resentful about the overload. Then, she dreamed that *they were all sailing boats in a stormy sea and one of the women was about to drown if she didn't offer help, so it was her "duty" to take the risk in spite of the dangers*. She woke up, ruefully aware of having been too self-concerned, and decided that she could give help to her colleagues after all.

Dreams may also warn of illness or contribute to physical or mental healing

Because the limbic system is centrally located in the brain and is closely involved with both dreaming and emotion, it may give early warning of malfunctions in the body. Mark Barasch's book *Healing Dreams* (2000) presents many examples.

I have also heard many such dreams. Here are two from my own practice in New Zealand.

Example 1: A professional woman came to see me about handling the stress in her life. Then she dreamed that *she was looking at a line of spots along her waist—shingles!* She woke in alarm and immediately checked if it was true. Relief, no spots! But she took the warning on board, immediately cancelled a project she was about to undertake, and felt very relieved. Without the dream warning, she would have taken longer to act, risking real illness.

Example 2: A senior colleague brought a life-long recurring dream, which had always terrified him, that he was about to be put to death. Exploring his associations with the level of terror, he eventually connected it with a preverbal experience of hospitalisation, and decided that if he felt the same terror again he would simply “exit” from his body. *When he next felt it coming, he reminded himself, “I can leave my body,” and the terror faded away;* he woke without fear, and has not had the dream since. He reported that he was sleeping more soundly and no longer feared death.

Dreams contribute to creative activities, which can help with healing of mind and spirit

Many great artists, musicians, and writers of all kinds have used their dreams as a source of healing and inspiration (see Barrett, 2001; Mellick, 1996). People who work with cancer patients use dream imagery to help fight the cancer. At an everyday level, many of my clients and trainees have used dreams to stimulate creative activities, especially painting, poetry, journaling, storytelling, or gardening.

Example 1: One woman dreamed of a *giant bird soaring beside a mountain*, and interpreted it as a symbol of her spirit rising above her grief. She painted it as a beautiful wall panel to consolidate the image in her mind. Even less-gifted artists gain satisfaction from painting or drawing their dreams, spending time reflecting on the images that have emerged.

Example 2: One woman who had a *nightmare that made her feel sick* went home to do some gardening, in which she symbolically converted her vomit into compost.

A small but dramatic proportion of dreams carry precognition or forewarnings

I am contacted at intervals by people who have had a vivid dream of themselves or a friend coming to harm, fearing that it will come true. Counsellors should be able to discern the difference between justifiable anxiety, post-trauma dreams, warnings based on insight, spiritual events, and paranormal dreams that could possibly come true according to tested criteria (Krippner, Bogzaran, & de Carvalho, 2002; Ryback & Sweitzer, 1989).

Example 1: Several young people have come to see me or been brought by parents concerned about “weird experiences” that had left them fearing mental illness. While this is a possibility, the more likely explanations involve spiritual sensitivity or actual clairvoyance, which are normal among a proportion of our society. They are greatly relieved to hear of similar examples.

Example 2: A friend told me she had *dreamed clearly of driving round a corner downhill and finding a truck coming uphill in the lane ahead of her*. Therefore she decided to be very wary in her driving. Three days later, she was in a back seat being driven north when the actual scene presented itself. She screamed, and the driver took evasive action just in time.

Counsellor self-development

All the above reasons for learning to work with clients’ dreams apply equally to growing the self-awareness of counsellors throughout their training and professional development. Once they have been through a basic course, they can choose to continue meeting with one or two trusted “dream buddies” who may then become a valuable support group.

What should a dreamwork course consist of?

Rachel Crook’s chapter in Clara Hill’s (2004) *Dream Work in Therapy* outlines a one-day seminar for introducing a group of 15 experienced counsellors to Hill’s three-stage Cognitive-Experiential Model of Dreamwork, accompanied by relevant reading. While this is enough to get started, I consider that a lot more practice and follow-up are needed to consolidate competence and confidence. For professional training, I recommend at least six half-days, each of three hours, spread over six or more weeks, with peer-practice groups in between; keeping a journal, and assigned reading.

Week 1: Ethical issues; basic principles; the sleep cycle; the basic model; demonstration.

Week 2: Recognising different types of dreams; practical work in groups of three, including drawing.

Week 3: Brief history of dream theories; practical work, including action methods.

Week 4: Post-trauma dreams and nightmares; practical work.

Week 5: Dreams and visions related to grief and death; practical work.

Week 6: Dreams a source of creativity and problem-solving; practical work; summing up.

Concluding assignment: Either a case study about using dreams with a client, or a self-reflection on the student's own dreams over a given period. Even students with no initial interest in dreams need to become aware of their potential value for clients.

Conclusion

I have offered a variety of examples from my own experience to back up my case for dreamwork to be included in professional counsellor education in New Zealand. The main case rests, of course, on two well-established principles: that clients' dreams are directly relevant to their current life experience; and that they contribute insights arising from a client's own inner wisdom. Thus, dreams offer a significant resource to assist in the process of counselling.

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