

# A systematic review of Therapist experience of dream working in contemporary psychotherapy

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**Summary.** Dreams have fascinated human beings for millennia but only really entered the realm of psychology with Freud's 1900 work *The Interpretation of Dreams*. Despite estimated dream frequency and prevalence in psychotherapy, little time is spent on this material and little training in Ireland is available on the subject of working with dreams in clinical practice. This study aims to identify key themes regarding therapists actual experience of working with dreams. A systematic search of the literature on therapist experiences and ways of working with dreams in clinical practice was conducted using keyword searches of PsychINFO and the APA Journal *Dreaming* (since its publication). A thematic analysis organised the findings into categories. Four overarching themes emerged from the literature; therapist estimates of dream prevalence in therapy; factors which influence therapists working with dream material; what therapists do when dream material is presented and; therapist experience of working with dreams in practice. Nine subordinate themes were also identified; frequency of dreams being presented by clients; kinds of clients who bring dreams to therapy; amount of time spent working on dreams in therapy; therapist theoretical orientation; therapists valuing of dreams; therapist competence in working with dreams; attitudes to dreams and dream work outcomes. The paucity of empirical studies, the nature of studies found through systematic search and the single-researcher nature of this review are presented as the primary limitations. A discussion of the various themes emerging from the literature on therapist experiences of dreams in psychotherapy and the resulting implications for therapist training and further research, including an agenda for research in the Irish dreamscape context are highlighted.

**Keywords:** Therapist experience of dreams, dreams in psychotherapy, dream work, dreaming

## 1. Introduction

Dreaming is a phenomenon which occurs in every human being, every night, several times per night (Coolidge et al., 2006; Duesbury, 2011; Heller, 2013). This bizarre nightly experience can often evoke strong emotions and leave residual memories of dream experiences lasting anywhere from seconds to decades (Carranza & Rogers Dill, 2004). For thousands of years humans have been interested in dreams (Bulkeley, 2008; Coolidge et al., 2006; Van De Castle, 1994) but perhaps it is only since Freud's seminal work *Die Traumdeutung* (The Interpretation of Dreams) published in 1900, that the clinical relevance of dreams became of interest due to his hypothesis on the nature of dreaming and its significance as a tool to promote psychological wellbeing (Freud, 1900/1997). Since 1900, dozens of additional psychological theories, approaches and methods to working with dreams have been developed e.g. (Adler, 1936; Hartmann, 1996; Hill, 2004; Hobson & McCarley, 1977; Jung, 1974; Perls, 1969; Taylor, 1992; Ullman, 1958; Van De Castle, 1994). All of these theories take differing views of the phenomena of dreaming and thus the role of dreams in the lives of clients. Because of this, there exists no commonly accepted definition of the phenomena of dreaming (Pagel et al., 2001). For this review, dreaming will be defined (as per criteria speci-

fied by that same researcher) as *mental activity which occurs during sleep, recalled on waking and where that recalled material is brought into the therapeutic context by a client*. This definition has been employed to narrow the scope for this enquiry by excluding therapists' dream material, and dreams therapists encounter outside of the therapeutic context.

Estimates of dream presentation in therapy vary widely from 15% (Crook & Hill, 2003), to 49% (Schredl et al., 2000) and 83% (Keller et al., 1995). These findings build upon previous low estimates of the status of dreams in psychotherapy up to 1990 where "If we look at the whole field of psychotherapy, counselling and guidance ... dreams are used in perhaps 10 to 15 percent of psychotherapies" (Mahrer, 1990, p. 41).

Despite the prevalence of dream presentation, across studies, the amount of time spent on dreams appears to be very low (5% in the Crook & Hill study). Further, notwithstanding the veritable explosion in theories and approaches to working with dreams only one model has had consistent scientific evaluation for general clinical use – the Hill Cognitive/Experiential Method (Hill, 1996b, 2004).

In Ireland, it is unclear as to the exact status of dream work training. As scant information is available on the prevalence of dream work training, a brief scoping exercise was conducted. First, the top five therapist training institutions were identified; PCI College (PCI), Dublin Business School (DBS), Cork Institute of Technology (CIT), Irish College for Humanities and Applied Sciences (ICHAS) and the Institute for Integrative Counselling and Psychotherapy (IICP). Second, a review of their course outlines and prospectuses was undertaken. From the information available from these sources, only one (PCI), explicitly stated dream work as a learning outcome of one module of its undergraduate pro-

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gramme in counselling and psychotherapy. Third, regarding post-qualification continuing professional development options in dream work training, (based on website listings) PCI provides a 30 hour professional certificate in dream work and IICP hosts a six hour workshop on dream work. From this high-level data then, the question arises as to how therapists know how to work with dreams when presented by clients, and indeed, whether they work with them at all.

Despite the availability of dream work training in Ireland, interest in dream work training is low. In a membership survey of its more than 4,500 members, the largest representative body of counsellors and psychotherapists in Ireland the Irish Association for Counselling and Psychotherapy (IACP) was low at only four percent (IACP, 2015). This seems to mirror a trend in psychology literature on the marginalisation of dream work due to “professional discourses within which dreams are seen as of little clinical or therapeutic value, ... is only for long term therapy and requires extensive therapist training.” (Leonard & Dawson, 2018).

In summary then, when using international studies where estimates of dream material presentation in therapy is high, time spent on dreams is low, training on working with dreams in Ireland is limited and interest in dream training is ranked poorly, what are therapist experiences of working with dream material when presented by clients? This review aims to address this question from the literature on the use of dreams in psychotherapy.

## 2. Review Process / Method

### 2.1. Search strategy

Two primary online sources were used to identify articles and journals directly relating to the topic of this study, 1) Abstracts of 634 articles in the APA peer-reviewed journal – *Dreaming* and 2) the PsychINFO database. Keywords used source searches were - S1: *therapist AND dreams*, S2: *therapist AND experience AND dreams* and S3: *dream AND private practice*. Further, two Boolean criteria were also specified; that full-text version of the paper was available and that the paper was published in a peer-reviewed journal. Specific inclusion criteria were then applied to narrow the focus of the sourced articles further. For the purposes of this study, ‘therapist experience’ is described as what thera-

pists report when presented with dreams in therapy.

### 2.2. Results of searches and screening

Figure 1 (below) describes the route through the process of systematic paper screening. In each successive stage, those papers excluded were due to the application of keyword searches S1, S2 and S3 specified above and the respective inclusion/exclusion criteria stated in Table 1. Further, due to the nature of the literature found through the method below, a snowballing approach was then applied to identify other relevant material for inclusion in this paper. Tables 3 and 4 (in the Appendix) list the papers identified through both methods.

## 3. Results

Though an enormous amount has been written on the subject of dreams and dreams in psychotherapy, until 1996 (and the introduction of the Hill Cognitive Experiential Model) this consisted mostly of case reports and descriptive studies (Pesant & Zadra, 2004). As a result, there is a paucity of research pertaining to the actual experience of therapists who work with dreams. However, a number of themes did emerge from the literature identified and these can be categorised into the following overarching and subordinate themes.

### Theme 1: Therapist estimates of dream prevalence in therapy

#### 1.1. Frequency of dreams presented by clients.

In the overall context of dreaming (approximately 2 hours per night, 4-5 times per night and dreams being recalled on average 1-2 times per week (Hill, 1996b)), what do therapists report as the frequency of dream reports being presented?

Keller et al. (1995) found that 83% of their respondents “use dream reports or dream interpretation at least occasionally in their practice” (p. 1289). In the same study, dreams appeared frequently 9% of the time and 4% almost always. In a European study, Schredl et al. (2000) found that 63% of the clients of German psychoanalytic therapists presented dreams but only 15% of clients attending humanistic/cognitive behavioural therapists did the same. Interestingly, therapists estimated that it was clients who initiated dream work 64% of the time. Yet despite the low

Table 1. Inclusion & Exclusion Criteria

Parameter	Inclusion Criteria	Exclusion
Language	English	Languages other than English
Location	Any country	N/A
Limiters	Linked full text, Peer Reviewed, Publication Type: Peer Reviewed Journal, Document Type: Journal Article	N/A
Quality	Peer Reviewed Journals	Secondary sources e.g. books on dreams, book reviews, popular psychology texts, dream compendia and those studies designed to investigate dreams efficacy in specific contexts e.g. PTSD, specific countries or particular demographic groups.
Specific Focus	Articles directly referencing therapist experience of working with dreams.	Nightmares, Night terrors.

Table 2. Summary of overarching & subordinate themes

Overarching Themes	Subordinate Themes
1. Therapist estimates of dream prevalence in therapy	1.1. Frequency of dreams presented by clients 1.2. What kind of clients bring dreams to therapy 1.3. Amount of time spent working on dreams in therapy
2. Factors which influence therapist working with dream material	2.1. Theoretical orientation 2.2. Therapist valuing of dreams 2.3. Specific dream material brought by clients
3. What therapists do when dream material is presented	
4. Therapist experience of working with dreams in practice	4.1. Therapist competence in working with dreams 4.2. Attitudes to dreams 4.3. Dream work outcomes

initiation rate by therapists, 70.4% considered that dreams contribute to treatment success. A third study of US therapists estimated an average of 8% of therapy time is spent working on dreams and only 25% of clients brought dreams to therapy (Crook & Hill, 2003). Though these findings represent more definitive views of dream work prevalence than earlier estimates they should be considered preliminary as they require participants to make subjectively estimates. Further, the data represents only a narrow cross section of therapists i.e. predominantly psychodynamic psychotherapists where their modality favours dream work over other approaches e.g. Person Centred Therapy.

1.2. What kind of clients bring dreams to therapy?

The issue of whether or not certain types of clients present

and benefit more from dream work is a consistent question throughout the literature. Two studies, (Cogar & Hill, 1992; Diemer et al., 1996) attempted to use ‘psychological mindedness’ considered by many therapists as a key factor likely to moderate the effectiveness of dream work (Crook & Hill, 2003; Wonnell & Hill, 2000) because “psychologically-minded clients would be more aware of their dreams, more interested in learning about their dreams, and more interested in using dream interpretation to increase their self-understanding” (Cogar & Hill, 1992, p. 240). In neither of the two studies was psychological mindedness found to mediate any of the benefits of dream work. This finding is interesting as it may potentially indicate that any client who is interested in bringing a dream may benefit, not just specific types of clients.

1.3. Amount of time spent working on dreams in therapy.

Only three studies provide sufficient information with which to compare the amount of time spent in therapy on dreams, though comparisons are difficult due to the wide variations in these studies (US versus Germany; therapist modality; sampling method etc.). Crook & Hill (2003) found between 0% and 33% of time in therapy is devoted to working with dreams with a median of 5% (n=129). Schredl et al. (2000) comparing psychoanalytic and humanistic/cognitive behavioural therapists (n=131) found that the psychodynamic psychotherapists spent 44% of therapy time working on client dream material, while the second group spent 15% working with dreams. Finally, Fox (2002) found that 90% of respondents identified working on dreams as at least slightly efficacious and further, that 83% of therapists who participated used dreams to some extent in their clinical work.

Theme 2: Factors which influence therapist working with dream material

2.1. Theoretical orientation.

Of all of the findings from this review, this theme is the most striking though not the most surprising. Classically, approaches to therapy are widely varied with over 450 ‘schools’ now in existence (Feltham & Hanley, 2017). Within many of these schools, their originators (and the many variants derived from them), placed dreams as central and/or vital to the therapy offered by that school (see Adler, 1936; Freud, 1997; Gendlin, 2004; Jung, 1974; Montenegro, 2015;

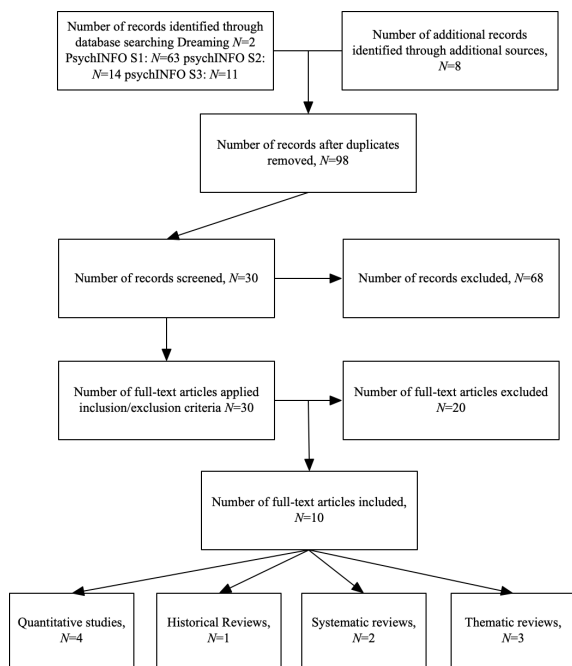


Figure 1. Flow of information through review process (Moher et al., 2009)

Perls, 1969). Therefore, it is not surprising that all but one of the studies found that the theoretical orientation of the clinician significantly influenced their experiences of working with dreams. Therapist modality had the greatest influence on other themes discovered during this review e.g. the frequency of dream material presented in therapy, the amount of time spent on dreams and the activities undertaken by therapists when dream material is presented.

The second key element of this sub-theme relates to how theoretical orientation affects therapists' views of the function of dreams in that modality as well as the overall goal(s) of dream work. Eudell-Simmons & Hilsenroth (2007) synthesise the key models of dream use in psychotherapy and present a range of techniques found in those modalities. However, several of the techniques do not relate specifically to dreams but are themselves techniques of the therapeutic approach and therapy generally. This makes it difficult to assess the validity of the technique versus the validity of the technique when applied to dream material.

### 2.2. Therapist valuing of dreams.

Therapists who; attend ongoing training in working with dreams; have higher personal dream recall; and work with their own dream material report spending more time on dreams with clients and a higher self-reported competence in dream working (Hill et al., 2008) than those who do not. This is supported by Fox' (2002) study of 265 therapists which describes three areas of positive correlation; 1) efficacy of dream use and training in dream work; 2) efficacy of dream use and therapist self-perceived competence and; 3) the amount of dream work training received and self-perceived competence. Therapist competence in working with any technique in therapy will likely affect how much that technique is used in practice. The implications for this may account for the number of studies which show that the majority of non-psychoanalytic clients initiate dream work and not therapists (see sub-theme 1.1 above).

Hill (1996) posits that there is a paucity of research on the topic of dream interpretation because "therapists who believe in dream interpretation feel no need to study it because 'they' know it works. Instead, they write about how to do dream interpretation" (p. 10). Additionally, she addresses the issue of the "stigma against dreams" among 'scientific therapists' (p. 10) as a likely additional reason for the lack of research into this phenomenon. This theme is supported by evidence from other studies included in this review (Foulkes, 1991; Freeman & White, 2002; Leonard & Dawson, 2018).

### 2.3. Specific dream material brought by clients.

Several studies highlight the kinds of dream material most likely to be brought to therapy. Cohen (1999) describes the case of Dana, a traumatised female client whose nightmares became the focus of therapy. Others identify dream motifs which initiate client presentation "dreams that puzzle or frighten them [clients] ... creative and recurrent dreams", (Leonard & Dawson, 2018); "anxiety and a sense of dread ... frightened ... scary ... anger and helplessness", (Freeman & White, 2002); and in the Hill et al. (2008) study, the top six rated themes brought to psychoanalytic therapy included "clients present recurrent dreams, are psychologically minded, are seeking growth, have troubling dreams or nightmares, are interested in learning about dreams and have recurrent nightmares". An interesting finding in this latter study, links with four suggestions posited in a review of

four conceptual uses of dreams in psychotherapy by Eudell-Simmons & Hilsenroth (2005) in which clients tend to bring dreams when there is an "impasse in therapy" or they feel "stuck" (p. 572). This finding may have important clinical implications for two reasons; could therapists use client dreams to predict the risk of drop-out and; could dream recall training with clients have benefits beyond doing dream work alone? One study (not in the core literature for this review) provides some affirmation for this latter implication (Cartwright et al., 1980).

Finally, indications of situations where dream work is/is not likely to be used by therapists is highlighted in Hill et al. (2008). In that study, the client group with whom psychoanalytic psychotherapists would only moderately endorse for working with dreams in-session, are those clients with schizophrenia/psychosis. This is probably as a result of thin boundaries in these clients between waking and sleeping experiences and the risk of triggering the severe symptoms associated with to these two conditions. And second, there "were no clients or situations in which these therapists were not likely to work with dreams" (Hill et al., 2008). This finding may be due to the prized position dreams occupy in the psychoanalytic canon rather than be generalizable to other therapeutic modalities.

### Theme 3: What therapists do when dream material is presented

Outside of theoretical approaches which prescribe specific responses and methods with which to address dream material, and irrespective of therapist self-reported competence in working with dreams, therapists respond in a variety of ways when clients do present dream material. Crook & Hill, (2003) and Hill et al., (2008) offer the clearest insights from the studies identified. In the 2008 study (means of > 3.5 out of 5 indicated high endorsement) the top five activities were; Listen if client brings in dreams ( $M=4.81$ ), Encourage client to associate to dream images ( $M=4.49$ ), Collaborate with clients to construct a meaning of dream ( $M=4.26$ ), Work with conflicts represented in dreams ( $M=4.15$ ) and Interpret dreams in terms of waking life ( $M=4.02$ ). Listening also rated highest in the Crook & Hill (2003) study.

Within specific schools a range of interventions based on views of the nature, function and utility of dream work are well articulated by Eudell-Simmons & Hilsenroth (2007); free association and interpretation (Classical Psychoanalysis); gathering associations and linking dreams with waking life (Contemporary Psychodynamics); re-experiencing affect, assuming the role of dream elements (Existential/Gestalt); sleep laboratory studies, exploration, insight and action activities (Cognitive-Experiential); cognitive restructuring (Cognitive-Behavioural) and; all of the above "as deemed appropriate by patient characteristics and psychological complexity, nature of treatment goals, comfort of therapist with techniques (Integrative).

Therapists express difficulty when a client presents a dream and the originator of that therapist's modality has little if anything to say about dreams and how to work with them. Perhaps the best example, from a single case report, is presented in Shonbar (1968 cited in Freeman & White, 2002);

*I felt handcuffed; my limited armamentarium gave me no way to deal with it [the dream] meaningfully, apart from a*

*comment on the mood or feeling of the dream. I felt as if something valuable had been brought into the room and just shoved aside into a corner—or, more properly, that it lay between us untouched, thus depriving her of its potential value. (p. 41).*

#### Theme 4: Therapist experience of working with dream material

##### 4.1. Therapist competence in working with dreams.

Three studies (Crook-Lyon et al., 2009; Fox, 2002; Hill et al., 2008) have looked at how therapists rate their own competence and training effects on dream interpretation. In the Fox study, a positive correlation was found between clinician's efficacy of dream use and instruction about dream interpretation ( $r = 0.58, p < 0001$ ). Similar findings were reported by Crook-Lyon et al. where self-efficacy scores for therapists increased significantly from  $M=1.25$  ( $SD=1.66$ ) prior to training to  $M=6.73$  ( $SD=0.73$ ) after training (10-point scale). Interestingly, therapist attitudes to dreams (as measured on the Attitudes to Dreams – Revised (ATD-R) scale) increased marginally at  $M=3.93$  before training to  $M=4.08$  post training (5-point scale). The Hill study, comparing psychodynamic versus cognitive-behaviourally orientated therapists, found that psychodynamic therapists felt more competent ( $M=3.68$  versus  $M=2.88$ ) and received more dream work training ( $M=3.61$  versus  $M=2.59$ ) though these two variables were not correlated in that study.

##### 4.2. Attitudes to dreams.

Perhaps not a surprising finding, but one of note is that in several studies (Crook & Hill, 2003; Crook-Lyon et al., 2009; Hill et al., 2008; Hill & Knox, 2010), therapist attitudes to dreams directly influences a number of variables including predicting “the percentage of clients bringing [a] dream into therapy as well as the percentage of time spent in therapy on [a] dream” (Crook & Hill, 2003, p. 89).

##### 4.3. Dream work outcomes.

Except for working with the dreams (nightmares) of those suffering with PTSD and in Group contexts, only one dream interpretation model has had a body of research on its efficacy in terms of therapeutic outcomes (Hill, 1996a, 2004). Indeed, Hill describes the state of dream as follows: “In PsycLit for journal articles between 1974-1994 I found 2,353 references to dreams and 817 references to dream interpretation or dream analysis. But I could find only six empirical studies on the process or outcome of dream interpretation...” (Hill, 1996, p. 10). In her 2010 review, dream work outcomes are summarised into three areas; impact on session quality; support for therapy goals and broader outcomes (Hill & Knox, 2010).

For the impact on session quality, in 12 studies (Hill & Knox, 2010), clients “consistently rated the quality of dream sessions significantly higher than regular therapy sessions. (p. 13). Regarding specific goals, clients gained moderate to moderately high insight into their dreams using the method; clients gain clarity on and are more focussed on actions arising from exploring dreams and; with regard to specific areas (divorce, grieving a loss) clients reported improvements from using the dream interpretation method during their session(s).

#### 4. Limitations / Methodological Issues

In conducting this review, the paucity of literature on the actual experience of therapists who work with dreams in private practice was striking. Though there exists a huge volume of research on many varying aspects of dreams and an astounding abundance of secondary research material, it would appear that little work has focussed thus far on the direct experience of professionals in the field (Leonard & Dawson, 2018). This resulted in a relatively low number of papers discovered having applied the systematic search parameters (keywords and inclusion criteria). This led to the researcher reviewing the references of these papers (referred to as snowball sampling) to identify additional sources of literature relevant to this study. This is a somewhat unsystematic approach yet was necessary to increase the quality of the overall review.

Therapist experience of working with dreams was not the primary focus of many of the studies which resulted from the systematic search. This is despite several iterations of refinement to the search terms ultimately used in this review and following a brief scoping exercise of the over 630 abstracts of papers directly relating to dreams published in the APA journal, *Dreaming*.

Within the range of quantitative studies analysed, these rely on therapist estimates of both frequency of the presentation of dream material (Crook & Hill, 2003; Hill et al., 2008; Keller et al., 1995; Schredl et al., 2000), approximations of the percentage of clients who bring dreams and estimates of the length of time spent on dream material when presented. Results therefore should be considered order of magnitude and not definitive. To better capture actual data on these variables, session-by-session tracking would be required thus offering a greater degree of granularity with which to compare therapist estimates.

For the review studies identified, many appear to be unsystematic or have methodological inconsistencies or lack evaluation criteria which likely in turn impacts somewhat the credibility of this review (McLeod, 2014) due to these limitations. In particular, in retrospect, the Foulkes (1991) paper would likely not qualify as being of sufficient quality though it does provide some useful insights.

This review was conducted by a single researcher working independently. McLeod (2014, p. 150) advocates a team approach to conducting a literature review process in order to enhance overall credibility and reduce potential single researcher bias. Due to various limitations on the availability of collaborators, this was not possible for this review.

#### 5. Discussion

The key aim of this review was to determine from the available literature, therapist experiences of working with dreams in counselling and psychotherapy. The findings reveal four key overarching themes 1) Therapist estimates of dream prevalence in therapy, 2) Factors which influence therapist working with dream material, 3) What therapists do when dream material is presented and 4) Therapist experience of working with dreams in practice. Nine sub-ordinate themes elaborate on these four overarching themes and provide both a sense of the depth and breadth of available material on the topic of dreams in general but also the lack of empirical knowledge beyond single case reports and reflexive, modality-specific theories and models of how to work with

dreams. No research could be found which deals with actual therapist experience of working with dreams in clinical contexts.

The literature also demonstrates that studying dreams is difficult. Pagel et al. (2001) has addressed the issue of a lack of a single definition for dreaming stating “it is likely impossible given the wide spectrum of fields engaged in the study of dreaming” (p. 198). Pesant & Zadra (2004) highlight the issue of how challenging it is to test for the efficacy of dream work without being confounded by other (therapist) variables e.g. the empathy of the therapist in meeting the client’s dream and the strength of the therapeutic alliance. Even Freud (1900/2010) identified problems in that a dream reports are not the same as the phenomena which has occurred for the client when asleep. This is due to what Freud called secondary revision – in essence, the client’s ego defences act upon his/her conscious recollection of the dream allowing only that which is tolerable to be spoken or written down and anything this is not tolerable, being repressed or ‘forgotten’.

The ethics of working with dreams are rarely mentioned in the literature though the importance of safety for the client is emphasised (Hill, 1996a). When working with dreams, the international multidisciplinary body dedicated to “the pure and applied investigation of dreams and dreaming” (International Association for the Study of Dreams, n.d., para. 1) have compiled a set of ethical principles for professionals working with dream material “and is used as the gold standard for dreamwork worldwide” (International Association for the Study of Dreams, 2001, para. 1). However, the principles as enumerated represent a voluntary standard and likely not well adopted unless clinicians are aware of the existence of this organisation and its aims or are members of the organisation and abide by these principles as a condition of membership.

## 6. Implications for practice

In the overall context of counselling and psychotherapy, dreams appear in therapy frequently. Many therapists outside of ‘dream friendly’ therapeutic modalities and approaches (e.g. Psychoanalysis and Gestalt) lack the training and competence to work with dreams to a degree where they can proactively offer dream work as part of a therapeutic menu to clients. Indeed, some therapeutic approaches offer nothing to clinicians within that modality on the subject of dreams at all. This inevitably leads to the kind of therapist experiences like that of the Person Centred clinician provided in Theme three. Further, several studies have highlighted that therapists depend on self-directed, post qualification continuing professional development and supervision to build dream work skills, often prompted by client initiation of dream material.

Taken together, these findings present a strong case for evidence-informed training in dream work to be included as part of therapist core training (undergraduate training in the Irish context). This seems all the more important considering a search of the largest database of counsellors and psychotherapists in Ireland, the Irish Association for Counselling and Psychotherapy with over 4,500 members (Irish Association for Counselling and Psychotherapy, 2018) returns only **two** therapists when entering ‘dreams’ into the website’s ‘Find a Therapist’ tool.

## 7. Recommendations for further research

Though “the first form of psychotherapy might have been dream interpretation” (Hill, 1996b), with “our earliest clues about ... dreams ... dating back approximately five thousand years” (Van De Castle, 1994, p. 47), recognising that the first cogent psychological theory on the nature and function of dreams - Freud’s seminal work *The Interpretation of Dreams* emerged over 120 years ago, and that empirical research on dreams in psychotherapy is minimal, it would appear that there is lots of scope in terms of the research landscape.

From the literature, several suggestions are made including; the development of clinical guidelines for working with dreams and achieving a better understanding of several dream work processes e.g. “the expectations and experiences of psychologists’ around the use of dream material in therapy” (Leonard & Dawson, 2018, p. 8). Empirical evaluation of other models and methods of working with dreams (beyond the Hill model) are also suggested (Crook & Hill, 2003) in order to offer therapists more than one validated approach to offer clients.

In an Irish context, there is no evidence of any published, peer-reviewed literature on the subject of dreams and dream work so opportunities exist for new knowledge to be created from the Irish dreamscape. With a large number of Irish therapists self-identifying as Integrative (68% in a recent study by Burke & Hackett, 2017), and the majority of therapist undergraduate training in Ireland identified as Integrative/Humanistic (DBS, 2018; IICP, 2018; PCI College, 2018) it would be most interesting to understand how Irish therapists experience working with dreams in clinical practice.

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# Appendix

Table 3. Studies included in this review (systematic method)

Study	Methodology	Sample	Key Findings	Comments
Working with dreams in psychotherapy: The therapists' perspective. (Crook & Hill, 2003).	Quantitative	129 therapists	Therapists see dream material presented frequently, spend little therapy time on dreams. Therapists listen, connect dreams to waking life, describe images. Therapists work with dreams if client is troubled by them. Don't work with dreams if client is psychotic or schizophrenic. Large number of therapists attend to their own dreams.	All respondents required to be at doctoral level. Average experience of 21.54 years (post degree). Respondents were mostly white, male and oriented toward 'eclectic'/CBT approaches.
Working with dreams in psychotherapy: What do psychoanalytic therapists report that they do? (Hill, Liu, Spangler, Sim, & Schottenbauer, 2008)	Quantitative	47 therapists	Workshop participants highly enthusiastic to work with dreams, have high personal dream recall, work with their own dream material. High degree of dream work competence. Participate in regular dream training. Consistently work with client dream material.	Participants were attendees of a workshop on dreams in psychotherapy (positive bias). Psychoanalysis holds dreams as core to therapy (bias). Participants mostly white, American, average age of 59 not likely representative of therapist populations.
The Use of Dreams in Psychotherapy. (Schredl et al., 2000)	Quantitative	79 therapists	Identifies differences between psychoanalytic therapist and humanistic/CBT therapists use of dreams in therapy; frequency of presentation of dreams and percentage of therapy spent on dreams. Therapists who worked on their own dreams; used dreams more often with clients; valued the beneficial effect of working on dreams; reported greater dream recall in clients.	Small sample; author considers findings preliminary. Instrument gathered self-reported estimates of frequency and duration of dream work in session. Benefit of working with dreams estimated by therapist, not measured/reported by the client.
Use of dreams in therapy: a survey of clinicians in private practice. (Keller et al., 1995)	Quantitative	228 therapists	Presents estimates of use of dreams in therapy and the approaches to working with dreams used by clinicians. In order of therapeutic approach; Gestalt, Freudian, Jungian and Adlerian dream work methods used. Dream work initiated by clients most of the time, not therapists.	Respondents all at doctoral level and all were psychologists. Estimates only of clients who present dreams and similarly, percentage of time spent on dream material was estimated.
Dreams and Therapy. (Hill, 1996)	Historical Review	N/A	Therapists dismiss dreams as trivial or meaningless, unscientific, have occult associations. Dreams belong to psychoanalysis and long-term therapy only. Dreams are a stimulus to open up material earlier than in therapy where dreams don't feature. Dreams help clients access core issues quickly.	Several findings lack direct research support and appear anecdotal from the experience of the researcher.
The use of dreams in modern psychotherapy. (Hill & Knox, 2010)	Systematic Review	N/A	Identifies key contemporary theories of dream work, demographics of dream work in psychotherapy, empirical research on dream work methods, therapist/client factors and cultural/gender aspects of dream work. Signposts future directions for the use of dreams in clinical settings.	Review fails to describe a system for data gathering (methodological search etc.) making the study difficult to replicate.
Working with dreams in therapy: What do we know and what should we do? (Pesant & Zadra, 2004)	Systematic Review	N/A	Along with reviewing models and methods, importantly offers clinicians seven areas for consideration when using dreams in contemporary psychotherapy. Emphasises constructivist approach to dream work, collaboration with the client, multiple layers of meaning in dreams, establishing safety and therapist-client alliance factors.	Review fails to describe a system for data gathering (methodological search etc.) making the study difficult to replicate.
Why study dreaming: One researcher's perspective. (Foulkes, 1991)	Thematic Review	N/A	A paper arguing against reductivism of dreaming to biological (neurological) processes only; balancing research motivations between psychology as empirical-analytic versus hermeneutic and; asks whether the ontogenesis of personhood may be revealed through dream narrative?	A reflexive and non-methodological paper.
The use of dreams in psychotherapy: An integrative model. (Eudell-Simmons & Hilsenroth, 2007)	Thematic Review	N/A	Reviews seven 'schools' of psychotherapy with regard to how therapists view the function of dreams, goals of dream work (in their modality) and the techniques used by them in practice. Proposes and Integrative Model for working with dreams based on a range of interventions arising from the conceptual case formulation process in therapy.	Study approach is non-systematic and lacks a formal process for model development but instead provides an overview of what the totality of schools can offer therapists working with dreams.
A review of empirical research supporting four conceptual uses of dreams in psychotherapy. (Eudell-Simmons & Hilsenroth, 2005)	Thematic Review	N/A	The use of dreams a) facilitate the therapeutic process; b) provide some information on the self of the client; c) provide clinical information to therapists and d) indicate significant clinical change/improvement.	Not a methodological review. Evaluation criteria absent.

Table 4. Additional studies included in this review (snowball method)

Study	Methodology / Sample	Key Findings
A survey of mental health clinicians' use of dream interpretation in psychotherapy. (Fox, 2002)	Quantitative 256 US therapists	Therapist competence correlated with dream work efficacy. Amount of training positively correlated to clinicians' self-perceived level of competence. 90% of therapists felt dream work to be at least slightly efficacious with 83% using dreams to some extent. 51% felt either not particularly competent or only somewhat competent when working with dreams. Training consisted of graduate studies, CPD, supervision and self-study. Large variability in amount of training on dream interpretation (suggests a lack of standard in the field of psychology).
The marginalisation of dreams in clinical psychological practice. (Leonard & Dawson, 2018)	Thematic Review	Historical, Cultural and contemporary update on the use of dreams among psychologists. Describes why psychologists have moved away from dreams in contemporary practice and builds a case for re-instating dreams in psychological practice and proposes a research agenda.
Dreams and the dream image: Using Dreams in cognitive therapy. (Freeman & White, 2002)	Systematic Review	Cognitive Therapists infrequently trained to work with dreams though could benefit greatly. Dreams are posited to reflect cognitive schema and distortions of the dreamer and thus of relevance to this type of therapy.
Comparison of dream interpretation, event Interpretation, and unstructured sessions in brief therapy. (Diemer et al., 1996)	Quantitative 25 US clients	Dream work is as effective as other therapist strategies (but no better). Client pre-treatment measures of psychological mindedness, openness and insight did not correlate to evaluation of insight gained during sessions or to changes in insight gained from working with dreams.
Therapist training, feedback, and practice for dream work: a pilot study. (Crook-Lyon et al., 2009)	Quantitative 13 US therapists	Received training in Hill's Cognitive-Experiential Method of working with dreams. Measures of self-efficacy with working with dreams, improvements to session outcomes and attitudes toward use of the model improved. Feedback to trainees and supervision improved therapists self-competence and client gains from dream interpretation.
Examining the effects of brief individual dream interpretation. (Cogar & Hill, 1992)	Quantitative 67 US undergraduates	Three client groups; six weeks of dream work and monitoring; six weeks of dream monitoring only and; a control group (6 weeks of therapy only). 100% of participants reported increased self-understanding (feelings, behaviours, self, thoughts, events, relationships, unconscious and problems).
Contemporary application of Ferenczi: Co-constructing past traumatic experiences through dream analysis. (Cohen, 1999)	Case Report & Implications for practice	Describes a psychoanalyst's experience of working with dreams in the Ferenczi style where dream meaning is co-constructed with the patient. Dream work is highly relational. Allows patients to work with trauma via dreams and not directly (mitigates against re-traumatisation). Dream work is to approximate meaning for therapist and patient, not arrive at a singular, definitive meaning.