

What is it like to be midwife to a dream? Irish therapist's experience of working with dreams in contemporary psychotherapy.

Mike Hackett

PCI College, Dublin, Ireland

Summary. Though dreams have fascinated human beings for millennia, the landscape of dreams is broad and fragmented with dozens of theories, approaches and methods of working with dreams now in existence. Much of the literature focusses on therapist estimates of dream prevalence in therapy, factors which influence therapists working with dream material, what therapists do when material is presented and therapist competence, attitudes and sense of outcomes when working with dreams therapeutically. Little however exists in the literature as to the lived experience of therapists who help clients work with their dreams. Purposive sampling was used to recruit six therapists who work with dreams in their professional practise. All interviews were recorded and transcribed. Interpretative Phenomenological Analysis was used to analyse the data to identify superordinate and subordinate themes. Three superordinate themes and seven subordinate themes emerged from the process of analysis. Superordinate themes were; the role of dreams in the personal lives of therapists; the experience of working with a client's dream; and, concerns for the diminishing significance of dreams in clinical practice. Participants described both the experience and meaning they attribute to dreams in their personal and professional lives and these are discussed in the context of the prevailing dream work literature. Implications for future research, training and practise are presented including the possibility of a universal approach to dream work, de-emphasising the need for aha-moments as sole measures of dream work success and the suggestion of building a community of practice focussed on addressing the social, personal and professional needs of therapists who work with dreams.

Keywords: Therapist experience of dreams, Irish therapists, dream work, midwife, Interpretative Phenomenological Analysis

1. Introduction

For as long as dreamers have shared their dreams, there have been those who attempt to make sense of them. The first written record of a dream interpretation is by Geshtinanna, the sister of the Sumerian King, Dumuzi of Uruk circa 2,500 BCE (Hoffman, 2004). These early records suggest a longstanding connection between dreamers who share dreams and those skilled in the art of interpretation. Early attempts at helping dreamers understand their dreams resulted in the development of tools such as dream dictionaries providing standard meanings of common symbols (Hall, 1953) and as an early attempt to train future generations of dream workers (Van de Castle, 1994). The *Oneirocritica* by the 2nd century AD Greek scholar Artemidorus represents an extant five-book treatise on the subject dedicated to his son, written to help him achieve the status of dream expert (Artemidorus, 1975). In the nearly twenty centuries since the *Oneirocritica*, a search for the term "dream dictionary" on the Amazon.com website produces over one thousand

results, suggesting that the desire for easy access to the meaning of dreams is as alive today as it was in the time of Artemidorus. Despite this long history, many who work with dreams in personal and professional contexts, resist the concept of standard interpretations available in these dictionaries (Freud, 1900; Jung, 1974; Perls, 1969). Others reject the role of dream interpreter altogether, preferring instead to apply to themselves the Socratic trope of *midwife* to the dream (Chessick, 1982; Ullman, 1998).

Dreaming is a process universal in humans, occurring every night, several times per night (Aserinsky & Kleitman, 1955; Dement & Kleitman, 1957). Due to the frequency of this phenomenon, it is unsurprising that clients present dream reports in the therapeutic setting. Three studies address therapist estimates of dream presentation. Keller et al. (1995) found that 83% of US therapists (N = 228) worked with dreams in therapy at least occasionally, while Schredl, Bohusch, Kahl, Mader, & Somesan (2000) found that German therapists (N = 79) worked on dreams with 49% of their clients. In another US study (N = 257), Crook & Hill (2003) found a much lower estimate with a median of 15% of clients having brought dreams to therapy. In presenting dream material, clients often "look to their therapists for the explanations of the meaning of images rather than looking inward for their own explanations" (Hill, 1996, p. 72). This tendency essentially casts the therapist into the projective role of dream interpreter, placing on them an expectation to present an accurate and meaningful explanation of what is essentially a highly subjective personal experience unique to the client (Ullman & Limmer, 1999). This role, if not resisted by the therapist, may position them as an all-knowing

Corresponding address:

Mike Hackett, PCI College, Corrig House, Old Naas Road,
Clondalkin, Dublin 22, Ireland.

Email: mhackett@pcicollege.ie

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expert (Hill, 2004). By accepting an authoritative or knowing position regarding a dream's meaning, attempts to decode dreams for another "can be misleading, incorrect, and harmful" to the dreamer according to the code of ethics of the International Association for the Study of Dreams (IASD, 2001, "Ethics Statement", para. 1).

Despite the frequency with which clients present dream material, therapist self-assessed confidence and competence with working with dreams is generally low outside of those therapy schools which explicitly provide a central place for dreams within the key tenets of that school (Crook & Hill, 2003; Freeman & White, 2004; Pesant & Zadra, 2004; Schredl et al., 2000). Thus, therapists who do not belong to dream-friendly schools appear not to know what more to do when a dream is presented, other than to "listen politely to clients telling their dreams" (Crook & Hill, 2003, p. 90). As a result, the usefulness of dream work in support of the therapeutic process i.e. enhancing client insight and self-awareness; providing useful clinical information to therapists and providing a useful measure of therapy change (Eudell-Simmons & Hilsenroth, 2005), is lost to both client and therapist. The risk of therapeutic rupture is foreshadowed when clients who present a dream are met by the ill-equipped therapist, which they may misinterpret as the therapist's "disinterest in ... [their] inner life" (Leonard & Dawson, 2018). Indeed, the impact is not exclusive to the client, as therapists too, confronted with the limits of their competence and confidence are left feeling "handcuffed", in their inability to help their client (Shonbar, 1968 in Freeman & White, 2002, p. 41). Despite therapist low confidence and competence, the missed opportunity for supporting clients and the feelings evident in therapists untrained in dream work, in Ireland, interest in dream work training remains very low at only 4% (Irish Association for Counselling and Psychotherapy, 2015).

With respect to therapists who do work with dreams in therapy, the literature on this subject focusses primarily on four areas; 1) therapist estimates of dream prevalence in therapy, 2) factors which influence therapist working with dream material, 3) what therapists do when material is presented and 4) therapist competence, attitudes and sense of outcomes when working with dreams therapeutically (Hackett, 2020). These represent a tiny snapshot of the extant literature on the subject of dreams and dream work where dozens of theories, approaches and methods of working with dreams permeate (see Adler, 1936; Clark, 1994; Delaney, 1995; Ellis, 2019; Fosshage, 2007; Freeman & White, 2004; Freud, 1900; Gendlin, 2004; Hall, 1953; Hartmann, 2011; Hill, 2004; Jung, 1974; Kaplan-Williams, 1991; Perls, 1969; Pesant & Zadra, 2004; Reeskamp, 2006; Sparrow, 2013; Taylor, 1992; Ullman, 1958; Van De Castle, 1994). Of note however in the aforementioned review (Hackett, 2020), is that none of the studies explored the experience of therapists from a phenomenological perspective, instead choosing to capture therapist estimates of various phenomena employing predominantly quantitative methodologies, studies advocating particular approaches or techniques to working with dreams, and the remainder, comprised of single case reports and thematic literature reviews. This exposes a gap in the dreamscape of contemporary dream work practice - the lived experience of, and the meaning therapists attribute to, working with dream material when presented in therapy. This study, therefore, aims to address this gap by exploring what it is like to be midwife to a dream.

2. Method

2.1. Research design overview

In order to explore how therapists make sense of their lived experience with dream material presented in therapy, an interpretative phenomenological analysis approach (IPA: Smith, Flowers, & Larkin, 2009) was chosen for this study. IPA, as a qualitative method, is designed to facilitate exploration of the lived experience of individuals by identifying themes that convey the essence of the topic being investigated ideographically. As an inductive approach, IPA values participants as experts on their own experience and are recruited for participation due to their expertise gained through their lived experience with the phenomenon being explored (Reid et al., 2005). As an approach, IPA aims to give voice to participants' subjective frame and their perceptions, in this case, about the phenomena of dreaming in the context of the therapeutic encounter. Unlike other methodologies where participants are asked to estimate the prevalence of phenomena (e.g. frequency of client presentation of dream material), the experience of *being with* a client's dream and therapist experiencing the process of working with dreams allows for capturing a more accurate, individualised report of subjective experiences. The in-depth interview approach common to IPA was designed to harness the therapist's professional skill of reflexivity, as well as their ability to create a story of their lived experience with dreams in contemporary psychotherapy.

2.2. Researcher description

A long term interest in the phenomena of dreaming represented the primary motivator for this study. This interest, coupled with a passion for developing dream work training in Ireland (Hackett, 2015) led to the decision to conduct this study as the primary research focus of a Masters in Pluralistic Counselling & Psychotherapy. Prior to conducting this study, I developed dream work training for Irish therapists on an ad-hoc basis. Disclosures of these interests were made to my research supervisor and considered at length from the outset of the study in order to allow for researcher experience in the process and avoid introducing bias during analysis.

2.3. Researcher-participant relationship

Two participants in this study were known to the researcher due to their membership of the same professional accrediting body. These participants were included due to an initially very poor response to the call for participation in the study (5,500 therapists reached via two eNewsletter calls for participants). During participant interviews, careful consideration was given to maintaining both professional and research boundaries to reduce the potential for social desirability bias. Research supervision weighed these factors against the need to recruit sufficient participants and the decision to include these participants was ratified.

2.4. Participants

Due to a poor response rate in the recruitment process (four participants), chain-referral was employed and resulted in four additional participants. Two participants withdrew due to scheduling conflicts. Six interviews were conducted with

accredited therapists who self-identify as working with dreams in their professional work. Interviews ranged from one hour and thirty two minutes to one hour with an average duration of one hour and fourteen minutes. Two participants were male and four female. The average age of participants was 52 years, and the average length of time practising as a therapist, 14 years. The therapeutic modality of participants, years in practice and highest education level ranged widely. At the time of writing, the minimum qualification required for accreditation as a therapist in Ireland is the award of Diploma in Counselling & Psychotherapy (Counselling and/or Psychotherapy). Though this cohort may appear demographically heterogeneous, study homogeneity - a goal in the IPA method (Pietkiewicz & Smith, 2012) was achieved due to a) selecting on participant qualities (actual dreamworkers), b) on participant lived experience of the phenomena (active dreamers) and c) participants' shared desire to explore their experience of being 'midwife to a dream'. For transparency, a short descriptive table of participant demographics is provided as follows (note: personal details have been de-identified to ensure the confidentiality of participants).

2.5. Sampling & Recruitment

In employing Robinson's (2014) qualitative sampling approach in the design of this study, four areas were considered: 1) setting a study population (sample universe), 2) setting a sample size, 3) devising a sampling strategy and 4) sample sourcing (p. 25). In determining the study population, *psychological homogeneity* was selected as most appropriate to the aims of this study. All participants needed to be accredited therapists and actively working with dreams as part of their ongoing professional practice. Practical and theoretical considerations determined the appropriateness of the sample size of six participants for this study. In practical terms, this study had a fixed end-date thus requiring a participant recruitment cut-off date. Despite this limitation, the resulting cohort appears in line UK and Ireland guidance for qualitative studies. Turpin et al. (1997) suggest for UK doctoral programmes an acceptable sample of six to eight participants). Theoretically, due to the idiographic aim of this study, a small sample allowed for "individual cases to have a locatable voice within the study" (Robinson, 2014, p. 29). A purposive sampling strategy was selected based on an *a priori* understanding of the study subject and the unique perspective of professional dream workers. Finally, the practicalities of sourcing a sample involved thoughtful consideration of ethics and sensitivity. To this aim, adver-

tisements were placed in the eNewsletter of each of the two largest counselling and psychotherapy representative bodies in Ireland; the Irish Association for Counselling and Psychotherapy (IACP) and the Irish Association for Humanistic and Integrative Psychotherapy (IAHIP). Further, a poster was produced calling for participants and placed on the noticeboard of the therapy centre where the researcher was based at the time of the study.

2.6. Ethics & Informed Consent

This study was conducted in adherence to the IACP (2018) code of ethics. An information sheet was provided to participants offering the right to withdraw and signed consent was collected prior to each interview. A telephone debrief was offered to participants should it be necessary with a colleague (therapist) of the researcher. All data were carefully de-identified and pseudonyms have been used to assure participant anonymity. The final research proposal was approved by the Ethics Committee of the Institute of Integrative Counselling & Psychotherapy.

2.7. Data Collection

Drawing from the literature identified in an earlier systematic literature review (Hackett, 2020), an interview schedule was developed consisting of open questions relating to participants' personal experience and personal meaning of dreams in therapy. Additional questions explored how participants learned to work with dreams, any personal meaning dreams/dreaming has for them, their experiences of working with client dreams, various types of dreams they have encountered, any difficulties with working with dreams or dream themes and their experience of receiving help with dreams in clinical supervision. Though broad in scope, this study aimed to build upon the themes identified earlier and establish a footprint for future in-depth study. The interview style was non-directive and a combination of occasional prompts and reflections was employed (e.g. "Could you say more about ..."). This approach aimed to maximize participant flexibility with responses and allow them to reflect on the personal meaning of being a dream worker both personally and professionally. All interviews were recorded as digital audio files and transferred onto an encrypted, password-protected computer for later transcription and analysis by the researcher. Interviews ranged in length from one hour and four minutes to one hour and twenty-two minutes.

2.8. Data Analysis

Analysis in the IPA method "directs our analytic attention towards our participants' attempts to make sense of their experiences" (Smith et al., 2009, p. 79) and is conducted as an iterative and inductive cycle (Smith, 2007). Two aims are essential in this method; give "evidence of the participants' making sense" and to "document the researcher's sense making" (Pietkiewicz & Smith, 2012, p. 11). Thus, recordings were listened to several times and transcribed by the researcher to facilitate immersion in the data. Transcripts were then printed and an initial open coding was conducted (Lyons & Coyle, 2015), focussing on participant emotions, descriptions and examples of working with dreams. Throughout, attention was paid to similarities and differences in participant responses and noted, along with tentative links between participant data. A review of the initial

Table 1. Participant Demographics

Participant	Age	Therapeutic Modality	Education	Years in Practice
Míchéal	46	Existential/Eco	Adv. Diploma	14
Maebh	57	Relational	PhD	25
Máire	63	Gestalt	Diploma	20
Jane	36	Integrative	Masters	11
Pól	51	Psychodynamic	Masters	6
Cara	56	Integrative	Bachelors	8

approximately 800 codes (focussed on relevance to the key research question of this study), anchored in the six transcripts, represented the middle stage of analysis (identifying themes – focussed coding), while concurrently ensuring retention of the voice of participants. The penultimate stage involved examining themes and clustering these according to similarities in the emergent concepts. In the final pass, a master list of themes and sub-themes was compiled (Storrey, 2015). To further address the potential for researcher coding bias, a sub-set of two interview transcripts were submitted to the researcher’s training group (two teams of four) with the aim of validating the researcher’s approach to analysis and the emergent themes, essentially, a peer-led quality check.

3. Results/Findings

Three superordinate and seven subordinate themes emerged, which reflected the meaning therapists attributed to their experiences of working with dreams. These are summarised below in Table 2. Each of the subordinate themes is anchored directly in participant responses taken from interview transcripts.

3.1. Superordinate Theme 1: The role of dreams in the personal lives of therapists

3.1.1 The dream as a valued lifelong companion

Dreams were personally important to therapists. All but one of the participants (Cara) traced their interest in dreams to their childhood. For Míchéal, Jane and Paul, these early dreams were often recurring. In Jane’s case, for instance, dreams from age five to six years old can still be recalled vividly today. These early experiences heralded the beginning of an avid interest and curiosity about dreams and an intuition that their dreams held meaning if they could only understand them.

...there is definitely a frustrated curiosity because I know there’s something hidden behind them, locked behind it [the dream] and I know that, because it stays alive. There are a handful of dreams that I could retell that I’ve had over the course of my lifetime (Jane).

Participants felt that dreams were of significant personal value to their lives and they placed great emphasis and meaning on the dream as a representation of information regarding their process and/or life situation. Indeed, Míchéal and Maebh in particular value dreams to the same extent as any other waking life experience;

I trust the dream absolutely (Maebh).

I think it [a dream] is directly comparable with waking life experiences (Míchéal).

Further, insights gained from working on participants own dream reports, continued to have lasting emotional resonance long after both the original dream and their subsequent work to make sense of it;

... I’ve unpacked a dream with [name]. I came to an expert to understand my process and I often take that dream out and still read it believe it or not, so I still go back to it and have a look at it and go WOW! (Cara).

3.1.2 Dreamwork as an ongoing personal development practice

The role of the dream extended beyond enhancing self-awareness, but became mechanisms of personal development and wellbeing enhancement. For Paul, his reflection on his dreams offered hope at a difficult time in his personal life;

I went through a ... very difficult phase, very depressed and very melancholic ... I noticed that my dreams kind of, were much more wishful thinking ... I wish this was over, I wish I could move on from this and hopefully my life will get better ... I just want to dream my way past this. And I think, that informed me, that there is hope, there is a kind of sense that my mind is processing the hard bits, but it’s not giving up either, it’s just kind of working through it (Paul).

Of significance to all of the participants was the difference between working on their dreams on their own versus working with someone else open to helping them understand their dream experience. While working alone, initial curiosity often turned to frustration at having to occupy the dual role of both dreamer and dream worker;

I work better with someone else driving me to interpret the dream. I get very stubborn trying to do it by myself... I think there’s a bit of resistance there for myself ... I would rather give the task to someone else (Jane).

However, despite participants’ preference to work with someone else to help them with a dream, participants found little help from their therapist when presenting dream material;

The person who I consider my current therapist, I haven’t seen her for a while, she says ‘I’m not qualified to work

Table 2. Themes resulting from data analysis

Superordinate Themes	Subordinate Themes
1. The role of dreams in the personal lives of therapists.	1.1. The dream as a valued lifelong companion 1.2. Dreamwork as an ongoing personal development practice
2. The experience of working with a client’s dream,	2.1. Therapist fears, challenges and personal limitations 2.2. Respect, ethical sensitivity and client collaboration 2.3. Client and relational dynamics when dream working
3. Concerns for the diminishing significance of dreams in clinical practice,	3.1. Diminishing focus on the role of the unconscious in psychotherapy in Ireland and the concomitant marginalisation of dreamwork training 3.2. Being and not-being able to talk about dreams

with dreams' <claps his hands loudly in a shutting down motion> and I say, then you're not qualified to work with anything (Míchéal)

...[she was] psychoanalytically trained, she focussed on dreams, I was thrilled, but honestly, she was brutal... her method was ... [to just] read them ... and I used to leave so deflated, I was going through a lot at the time. (Maebh)

3.2. Superordinate Theme 2: The experience of working with a client's dream

3.2.1 Therapist fears, challenges and personal limitations

Being aware of the significance of dreams in their own lives and the benefits of dreams for personal development and self-awareness, therapists experienced a range of feelings when clients presented dreams in the therapeutic setting. Initially, the burden of responsibility to have to interpret or provide a meaning for the client's dream was a cause for concern fuelled by therapists' assessment of their own levels of competence and confidence;

I am on the very learning student stage of it, and maybe, just kind of absorbing that, in myself before I would consider myself, you know – telling people I work with dreams, and this is what I can do, I wouldn't do that. (Cara)

... I don't [introduce dreams to clients] I'm not in any way majorly competent ... so when that happens [client brings a dream] I immediately go 'oh god, I'm not going to be able to make this tangible, or I'm not going to be able to work with this' (Jane)

Similarly, therapists were often conflicted should the client present a dream in which they themselves feature, particularly when there was an erotic subtext to the dream, or when the therapist had a dream about the client. In most conditions, the therapist's training provided an explanation as to their appearance as a 'dream object' (being a projection of some aspect of the dreamer). However, therapists concurrently wondered about the potential for relational, boundary or process issues between them and their client (of which they may not have been previously aware) and as a result, made judgement calls accordingly;

It probably depends on how they say it [I dreamed about you] or, in the context it is said ... But what I'm catching in myself, is a little bit of self-consciousness, a little bit of anxiety that comes in, that I'm curious about. And I'm not sure what that is, to be honest now ... Now, whether I would work with that dream or not, would just depend on circumstances. (Máire)

On the other hand, where therapists interpreted that dreaming of their client was likely some aspect of themselves, and not about their actual client, they struggled with whether to disclose this and work with it therapeutically. This is amplified when therapists' dreams foreshadowed concerns they had for the client in the therapeutic process;

I would really not like to have that dream, [a worrying dream about a client] because, I would genuinely be conflicted ... I would definitely have to talk to my supervisor about that. (Máire).

3.2.2 Respect, ethical sensitivity and client collaboration

Despite the enormity and variety of dream experience and content, therapists only identified two situations where they would not work with client dream material, 1) where clients were suffering acute mental health difficulties such as psychosis; and 2) if the client was not sufficiently resilient to undertake depth work.

Respect for client autonomy and the need to place the client at the centre of any meaning-making effort, was evident amongst all of the participants, irrespective of their therapeutic approach.

... I don't want to be an expert on your dream, it's yours, and its precious for you, and who am I to try to figure out what your dream is telling you? (Cara).

Further, therapists felt that the only accurate interpretation was one in which the impact on the client was evident. Termed an *aha* response, this reaction was often the measure of accurate insight (an accurate interpretation) for the dreamer;

I put it to them, that the only right interpretation it is when they get the *aha* moment ... don't take anything of what I'm saying just because I'm sitting in this chair as right. (Maebh).

But it [the dream work] didn't have the *aha* moment that I would have wanted for her so for me it [working the dream] was a failure. (Jane).

Respecting client preferences for working with dreams was evident through each of the participants' interviews. Indeed, despite therapist's often intense curiosity about the dream, their investment of energy in the work, and a sense that it may have been highly relevant to the client's process (even considering their confidence or lack thereof in working with dreams), therapists honoured the client's wish to work or stop working on the dream;

So it's just like any intervention offered, we go with it if clients are very insistent, if not, then I let it go. (Míchéal).

Generally, there are more conscious preoccupations with other things, and that's what they bring to the session, and I go with that. (Paul).

One therapist went so far as to suggest that should a client express a preference to work on a dream (despite her confidence/competence), she felt ethically obligated to do her best;

I think I would be doing the client a disservice to bypass a dream, just like if they brought anything into the therapy room, and I didn't give it attention (Jane).

3.2.3 Client and relational dynamics when dream working

Whether therapists explicitly offered dream work as part of a 'therapy menu' (Míchéal, Maebh, Máire and Paul) or it arose spontaneously via client presentation (Jane and Cara), all described an initial hesitancy in clients, followed by a divergence into either a curiosity about the phenomenon or, a dismissal of it as meaningless. Those clients who choose to work with dream material were experienced by therapists as gaining; a) personal insight into their current life situation, b) a greater sense of connection with the therapist and c) tools to use in their lives outside of therapy. When asked about

types of clients who select dream work from the therapy menu, therapists identified several factors; clients who were open to their experience (waking and dreaming); clients who were troubled by nightmares or who were anxious; and, clients who were grounded and those committed to long term therapy.

Shared experiences between client and therapist when dream material appears was also of considerable significance to participants, as represented by their responses to one dream phenomenon – that of the ‘big dream’ (Míchéal, Maebh and Jane). These are dreams which the therapist experienced as having a unique quality or “energy” (Míchéal) which led to an intense attunement, to and with the client;

... there’s that kind of empathic attunement then, there is a sense of getting the size of it, [the dream] getting the depth of it, getting the import of it (Míchéal).

So in that moment I’m intensely present, if that makes sense, it’s almost like there’s a different energy that I need to employ when the dream was being told or when the dream has been worked with. (Jane).

Regarding the frequency of dreams appearing in-session, the average reported across all of the participants’ client base was one dream per week.

3.3. Superordinate Theme 3: Concerns for the diminishing significance of dreams in clinical practice

3.3.1 Diminishing focus on the unconscious & the marginalisation of dreamwork training

Participants reflected a general sense that in contemporary counselling practise, the importance and role of the unconscious on psychological wellbeing (including the dream) has diminished, been overlooked or outright dismissed in favour of more practical skill-based concerns. Even in classic psychoanalysis, where the unconscious occupies a central place (and dreams are a crucial tool for uncovering unconscious processes), therapists often had to fight for the validity of dream work as a means to support clients and lamented the lack of training available:

So, that psychoanalytic position, it’s almost expected to [work with dreams] but I find that the other members of the team are not that interested, so I have to push that agenda sometimes (Paul).

I’m always giving out that there are no therapists learning anything about dreams anymore. I was thrilled [to see the call for participants] and I said thank god, there is one cooking somewhere (Maebh).

Reflecting on the current state of therapist training, most participants felt that dream work should be covered in training syllabi and one in particular identified what would be necessary for its reinstatement onto training curricula;

I’m not sure that training around dreams is a core part of any therapy training, and, perhaps it should be. (Máire).

... [but] in order for something like that to make a curriculum ... there would have to be a bit of evidence behind it ... I know there’s more evidence now than there used to be but it’s not widely published, not widely grounded in science, and therefore I’m not sure how accepted it would be as a taught component (Jane).

3.3.2 Being and not being able to talk about dreams

Finally, echoing earlier expressions of frustration at their perceived lack of support from their own therapists when they wish to talk about a dream, participants expressed the impact of not having avenues to discuss dreams (personally or professionally)...

I’m bringing the unconscious, trying to bring the message it’s revealing, and you know, the dream may never be mentioned, so, I think that’s why I get despondent (Maebh)

... and the delight in having had the opportunity to participate in a dialogue on the subject of dreams even if only for research purposes;

So it’s like I’m getting these little breadcrumbs [of hope] along the way, being here today is part of it (Maebh).

To be able to talk about dreams ... and, to not have your [the researcher’s] eyebrows raise, it’s actually quite nice. Yeah. (Míchéal).

... it’s been quite pleasant to have a good discussion about [dreams] because that doesn’t happen very often ... it’s one of those things about being in private practice ... so that collegial experience is very, very nice. (Paul)

4. Discussion

This study sought to explore therapists’ lived experiences of working with dreams in contemporary psychotherapy. Participants who work with their dreams mirror the experiences of other therapists who have made dreams and dream working fundamental to their personal and professional lives (Matthews, 2016). Despite the difficulties they experience with finding therapists with whom to work with their personal dream material, and the feelings which arise with the absence of access to a community of dreamers, dream work is a valued personal and professional pursuit. This matches several studies describing how therapists attitudes to dreams directly influences a number of therapy factors, including the percentage of clients who bring dreams into the therapeutic context (Crook & Hill, 2003; Crook-Lyon et al., 2009; Hill et al., 2008; Hill & Knox, 2010). However, of interest in the present study, is that although each of the participants saw significant value in the role of dreams, two of the six did not offer dream work as part of a ‘therapy menu’ (McLeod, 2017) due to their statements regarding their self-evaluated low level of competence and confidence when working with client dream material.

This finding is somewhat dissonant with other studies which found that training and modality were positively correlated with therapist dream work competence and confidence (Crook-Lyon et al., 2009; Fox, 2002; Hill et al., 2008). This is especially interesting because the therapists in this study were trained in a modality where dreams are prized, and, both of the low-confidence therapists have had training in dream work as fundamental elements of their core training. So what could explain the issue of competence/confidence? One hypothesis for this may be because both place significant emphasis on the client reaching an *aha* moment, in order for them (the therapist) to rate the dream work as effective. When there is no *aha*, this negatively impacts therapist confidence and leads to frustration. Though further study would be necessary to validate this hypothesis, it is

likely that dream work training could benefit from stressing the usefulness of merely discussing and exploring dreams (as reflections of the waking concerns of the client), without being attached to the need to arrive at an *aha* (Diemer et al., 1996; Heaton et al., 1998; Rochlen et al., 1999) .

Therapists' experience while dream working with clients, and the intensity and attunement apparent during the dream working process, is noteworthy. These factors suggest a very high level of collaboration in the activity of dream working between client and therapist. Indeed goal consensus and client collaboration have been consistently associated with successful therapy outcomes (Bachelor et al., 2007, p. 20; Lambert & Cattani, 2012; Tryon & Winograd, 2011) potentially signalling the usefulness of dream work as a means to enhance client collaboration and harness this method as a useful means of achieving therapeutic goals.

Similar to previous studies exploring the frequency of dream material being presented in therapy (Crook & Hill, 2003; Keller et al., 1995; Schredl et al., 2000) participants in this study reported dreams appearing in therapy at least once per week. This is much higher than estimates in the above studies, likely due to findings which suggest that therapists who work with dreams and signal the fact that they do so typically see higher dream presentation from clients (Crook-Lyon et al., 2009; Hill et al., 2008; Hill & Knox, 2010). Four of the therapists in this sample offer dream work on the 'therapy menu' for their clients, and the two who do not work with dream material when clients present it, irrespective of their self-reported levels of competence and confidence.

Finally, participants of this study reflected on the practical and educational challenges with working with dreams in contemporary contexts; the marginalisation of dreams in training and practice and their desire to be part of a community of professional dream workers. The idea that many therapists dismiss dreams as trivial or meaningless (Hill, 1996a), as unscientific (Leonard & Dawson, 2018), as having occult overtones (Van de Castle, 1994), or, as topics that can "be used only by psychoanalysts in long-term therapy" (Hill, 1996a, p. 9) may partly explain the marginalisation of dreams in contemporary contexts. The misconception that research on dream work is absent or inconclusive, suggests an interesting dichotomy originally posited by Hill (1996b): therapists who know dream work is effective don't research dreams because they already know it works, and those who dismiss dreams don't read the available research on the subject due to the stigma against dreams.

5. Study Limitations

Due to the small sample size (which is typical in IPA studies), the results of the present study are unlikely to be generalisable to all Irish therapists who work with dreams, though they do offer a baseline for further study. Additionally, the researcher is sensitive to the particular context from which participants were drawn (i.e. primarily private practice) which is likely not the sole domain of those working therapeutically with dreams in Ireland. This project was undertaken by an individual researcher in part fulfilment of a Masters' Degree in Counselling & Psychotherapy without access to a formal research team for complete auditing of themes (though steps were taken for validity checking – see above). In recognising this potential limitation, this researcher maintained a research diary throughout in order to help bracket assumptions and personal experience (Spinelli, 2005).

6. Implications for research, training and practise

Within the three superordinate themes lie several implications for research, training and practise. Clearly, Irish therapists who work with dreams in their own lives value dreams in the professional context, but struggle to work with dreams on their own, and struggle to access therapists who explicitly work with dreams. (As of the date of this paper, the database of the largest representative body of Counsellors & Psychotherapists in Ireland, the IACP, returns only three listings from a membership of over four thousand, when the search term 'dreams' is entered into their 'Find a Therapist' database.) It would seem important then to undertake further research to understand why therapists don't explicitly offer dream work on their 'therapy menu', and as identified earlier, seem to have little interest in dream work training overall.

Relating to theme two, for those participants who expressed the fears and challenges implicit when working with dreams perhaps educating therapists to the range of benefits of dream working and removing the emphasis on arriving at an *aha* would be beneficial for practise? In particular, helping therapists understand how discussing and exploring dreams and identifying potential actions clients can take from working with the dream have been shown to be beneficial (Hill, 2004). Similarly, working with dream material has been shown to enhance client-therapist collaboration (Pesant & Zadra, 2004) which itself has been demonstrated to enhance therapy outcomes (Tryon & Winograd, 2011). Emphasising this aspect of the practice of working with dreams may attract therapists of all schools wishing to further maximise the outcomes of therapy for their clients. Regarding the final theme, a new development with interesting potential can be found in recent research exploring common factors between the various approaches to dreams with a view to producing a "universal approach to dreamwork" (Ellis, 2019, p. 22). Training, focusing on common factors rather than unique aspects in the dozens of single-school approaches, may benefit the broad church that is psychotherapy in Ireland (Boyne, 2009), by transforming the perception of dream work as a specialty, to dream work as a universal issue, similar to other clinical issues like loss, bereavement or sexuality. This would have the additional advantage of focussing scant training resources on a single, universal approach and provide a research platform for further study.

Finally, in response to therapists being and not-being able to talk about dreams due to the lack of visibility/access to a community of personal and professional dream workers in Ireland, the opportunity to develop a Community of Practice (Wenger, 2000; Wenger et al., 2002) may go a long way to address this gap as a framework encompassing social, educational, knowledge management and research agenda in one overarching agile social learning context (Webber, 2016).

7. Conclusion

This study sought to understand the actual experience and the meaning therapists attribute to working with dreams when presented by clients in therapy. Participants described their own long history with dreams in their personal and professional lives, ascribing meaning to dreams as a means to enhance self-awareness and for personal development. Coupled with their early experiences, and the significance

they place on the role of dreams for psychological wellbeing, participants often describe their challenges and feelings as they move between the experience of being a dreamer and being a midwife to a client's dream. Confidence and competence in working with dreams presented by clients, are major considerations for therapists, especially when the measure of their confidence and competence is dependent on the achievement of an *aha* for the client. Using this as a sole measure of effective dream work appears to negatively impact these two variables. These and other findings have been reviewed in the context of the prevailing dream work literature and both the limitations and implications for further research and training have been explored. It would appear that several opportunities exist in the dreamscape of Ireland in order to support therapists (and their clients) by; conducting further research on the possibility of a universal approach to dream work; enhancing training by de-emphasising the need for *aha* moments as sole measures of success, and, building a community of practice focussed on addressing the social, personal and professional needs of contemporary Irish midwives to the dream.

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