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## SUMMARY

The longstanding human interest in dreams has led to a significant body of psychological and philosophical discourse, including research. Recently, however, dreams have been relegated to the periphery of clinical psychological practice. This is potentially problematic as clients continue to bring dreams to therapy and many psychologists lack the confidence or competence to respond effectively to dream material. Building on the structural, professional and research cultures surrounding psychology using a *cultural-historical activity theory* framework, we argue the marginalisation of dreams is due to cultural-historical factors. These factors include the political and economic context in which psychology developed; psychology's early attempts to differentiate from psychoanalysis by identifying with behaviourism and the natural sciences; and a discipline-specific definition of what constitutes evidence-based practice. These factors led to professional discourses within which dreams are seen as of little clinical or therapeutic value, or that dream work is only for long-term therapy and requires extensive therapist training. However, there are diverse models of dream work consistent with most theoretical orientations within contemporary psychological practice. We conclude with recommendations on how to rebuild clinical confidence and competence in the use of dream material within the current professional environment.

*Keywords:*

Anthropology

Clinical psychology

Cognitive-behavior therapy

Culture

Dreams

*Abbreviations:*

CBT cognitive behaviour therapy

CHAT cultural-historical activity theory

EBP evidence-based practice

## Introduction

<sup>1</sup>Dreaming is a significant part of the human experience. The importance of dreams in society can be seen in the ubiquity of writings, artworks, theories, beliefs and practices associated with dreams across time and culture [1-4]. Humans have long sought to create understanding of their life and experiences; and interest in dreams has been one manifestation of this search for meaning and understanding.

Human interest in dreams has been reflected in the development of psychiatry and by some within psychology, leading to numerous theoretical models and the investigation of a diversity of practices associated with dreaming. There is also evidence that many therapists work with their clients' dreams, although this may be irregular and is often initiated by clients [5-10]. Despite this interest however, dreams have been pushed to the periphery in clinical psychological practice. A consistent finding in the literature is that many, perhaps most, therapists have no training on how to work with dreams in therapy and do not feel competent and confident to adequately respond to dream material [2, 5, 6, 8, 9, 11]. Significant consequences of this gap in expertise may include a negative impact on the therapeutic alliance and a misinterpretation of the therapist's response as an indication of disinterest in the client's inner life. As some psychologists believe dreams are psychologically meaningless and unimportant (as noted by Hill [12]) they may reject offered dream narratives and dismiss clients' cultural beliefs about dreams without realising the impact this could have on clients and therapy [13]. This points to the need for psychologists to develop greater capacity to respond competently and sensitively to dream material in therapeutic settings whether or not they have a personal interest in dreams. This is particularly so given the notion of psychological intimacy associated with sharing dreams [14] and the diversity of dream beliefs and practices.

This paper begins with an outline of how dreams have been understood and valued in society. It shows that the dominant discourses around dreams within psychology do not reflect broader community interest. Using the *cultural-historical activity theory* (CHAT) framework, the paper will then argue that this separation, and the resulting limited use of dream work in clinical psychology, is not because dream work has no value. Rather, it is an

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<sup>1</sup> The term dream work in this paper is used to refer to any use of dream material in a therapeutic setting, including using a theoretical model to explore meanings in dream narratives, using dream material as a source of clinical information or responding to sharing of dream narratives to build rapport.

unintended result of cultural-historical factors in and around the field that have privileged positivist ways of knowing at the expense of other practical epistemologies.

The paper will then describe the theoretical development of dream work that has continued to occur without widespread acknowledgement within the psychological discourse. This development has occurred in diverse ways that lay the foundation for therapeutic responses consistent with most of the theoretical orientations used in contemporary clinical practice. Furthermore, we suggest that dream work is possible and useful within existing psychological practice without extensive training or theoretical reorientation. However, to do so there is a need for further development of guidelines to assist psychologists in making appropriate decisions about how to respond to dream material, initiate dream work in their therapeutic practice, and minimise or avoid potential negative consequences associated with choosing not to engage with dream material.

### **Dreams in society**

Dreams have long played an important role within the broader community and a diverse range of dream-related beliefs and practices have been reported [1, 3, 4, 15-17]. Despite the emergence of some theories suggesting that dreams are merely epi-phenomena, as reviewed by several authors [4, 18], many people believe that dreams provide meaningful insights about themselves or their world [19, 20]. Across time and cultures, dreams have been shared with others for a variety of purposes including entertainment, seeking personal advice from a dream expert, and providing the wider community with prophetic guidance, warnings and inspiration from gods or ancestors [14, 16, 17, 21].

The dream expert has played a respected and often central role in many cultures [1, 21]. During the Middle Ages for example, experts from the Jewish Cabalistic dream decoding system had many dreamers travel to see them, seeking expert interpretations of their dreams [1]. They even caught the attention of some in modern times, such as Freud and Jung, who built on their knowledge of ancient cultural and religious dream traditions in developing their psychoanalytic approaches [1, 22]. Freud proposed that dreams are internal and external at a personal level, so dream imagery is as likely to be influenced by stimuli such as sounds or thirst, as by unconscious and unacceptable wishes [23]. He saw dreams as the body's way to preserve sleep and safely release emotionally or culturally unacceptable desires disguised in the dream imagery and he outlined techniques like free association to work through identified

unconscious conflicts [23, 24]. Consistent with his Jewish forebears as well as Cabalistic, Ancient Egyptian, Hellenistic Greek and many other cultural traditions [1, 21], Freud believed an expert (a psychoanalyst) was needed to interpret a dream [24].

Jung agreed that dreams were important and to a greater extent than his teacher Freud, he acknowledged earlier cultural and religious dream influences on his work, such as Cabalistic traditions [22]. Unlike Freud, he believed dreams to be a normal, creative expression of the unconscious that revealed, rather than hid information. He believed dreams are a way to restore our psychological balance and compensate for aspects of personality that aren't allowed in waking life [25]. Dream work continues to be a major focus of Jungian therapy with techniques including the amplification of dream images and the use of personal associations arising from dream images along with the identification of universal symbols or archetypes that are understood to be part of the collective unconscious [3, 25].

Adler, another early psychoanalyst, differed from Freud and Jung in many of his views. He proposed that dreams reflect the dreamer's personality and waking life concerns, just as waking life thoughts and imaginings do. He argued it was possible for dreams to serve a problem-solving function, assisting dreamers to rehearse future waking life situations [24]. His work paved the way for many future dream theories, including Beck's cognitive therapy approach to dreams. The rehearsal aspect of his theory is also present in the Threat simulation hypothesis, within evolutionary-psychology, which asserts that dreams are a means to practice identifying dangers and rehearse possible avoidance or responses to them, thereby increasing our chances of successfully surviving similar threats in waking life long enough to reproduce [26].

### **The Use of Dreams in Therapy**

There have been several studies asking therapists about their use of dreams in modern therapy. Survey-based studies have been conducted by Keller, Brown, Maier, Steinfurth, Hall and Piotrowski [9]; Schredl, Bohusch, Kahl, Mader and Somesan [8]; Crook and Hill [5]; Hill, Liu, Spangler, Sim and Schottenbauer [7]; and Huermann, Crook-Lyon, Heath, Fischer and Potkar [27]. Of the 228 psychologists (members of the Florida Psychological Association) who responded to Keller et al.'s survey [9], 17% never used dreams in therapy, 53% used dreams in therapy occasionally, 17% moderately, 9% frequently, 4% nearly always used dreams in therapy. The authors noted that many of the psychologists surveyed did not

initiate dream work, only engaging in dream work when their clients introduced dreams into therapy. In Schredl et al.'s [8] study, 79 German therapists in independent practice completed surveys about the use of dream in therapy. These therapists reported that they had worked with dreams in around 28% of their sessions and that they worked with at least one dream of around 49% of their clients. Respondents reported that around 64% of the dream work in therapy was initiated by clients. In Crook and Hill's study [5], 129 members of the American Psychological Association's Division 42 (Independent Practice) were surveyed about their use of dreams in therapy. Nearly 92% of therapists reported engaging in dream work at least occasionally, spending a median of 5% of their time on dream work. Therapists reported that around 25% of their clients had brought dreams into therapy. Of the 49 public school mental health practitioners surveyed in Huermann et al.'s study [27], 55% of respondents reported at least one client (school student) bringing a dream to therapy.

These results show that while many therapists do not necessarily initiate dream work in therapy, or use dreams in therapy very often, many are going to engage in dream work at least occasionally as clients will introduce dreams into therapy. This suggests that while clients look to their therapists for assistance with dreams and that some therapists are interested in dream work, overall there is a fairly low incidence of dream work in therapy, indicative of it not being a central part of mainstream therapy. Further nuances in the data can be seen when considering other relevant factors such as theoretical orientation and training.

There appears to be a relationship between the use of dreams in therapy and the theoretical orientation of the therapists. Psychoanalytically-oriented therapists in Hill et al.'s [7] study reported engaging in more dream work than the more theoretically diverse respondents in Crook and Hill's earlier survey [5]. Hill et al. note that the results of their study may not be representative of the wider psychoanalytic community due to both the sample size and the respondents being in attendance at a workshop on dream work, suggesting a particular interest in dream work. However, the pattern can also be seen within the results of the earlier Crook and Hill study in which CBT-oriented therapists engaged in less dream work. Likewise, in Germany, therapists in Schredl et al.'s study [8] identifying more closely with psychoanalytic approaches to therapy reported a greater level of dream work in therapy than therapists with other primary theoretical orientations. Despite the lack of empirical research about the use of the dreams in the psychoanalytic community [7], this

pattern is not surprising when considered in the context of the historical association between dream work and psychoanalytic approaches to therapy and behaviourists distancing themselves from dreams [24, 28]. Nor is it surprising given that even in the cognitive and CBT dream literature, there is an acceptance that CBT-based approaches to dream work are not widely used [11, 29]. The implications of this are that any increase in the proportion of CBT-oriented therapists within the psychology workforce might well be associated with lower levels of engagement in dream work, which is of relevance in the later discussion around theoretical trends in psychology.

Therapists were also asked about their training in dream work in several of the surveys. In Crook and Hill's study [5], therapists reported only a moderate level of training in dream work with 19% reporting that they had no training in it; and 16% of respondents reported that they felt no competence engaging in dream work. They found a strong relationship between the amount of training and the amount of dream work they engaged in, as well as a strong relationship between the amount of training and feelings of competence around engaging in dream work. Furthermore, in Huermann et al.'s study [27], 49% reported having no training in dream work and only one reported having had extensive training. The authors reported that most respondents did not feel competent to respond to the children's dreams. Most of the respondents in the Keller et al.'s study [9] who had training on dream work had sought it out themselves rather than it being a part of their university training curriculum. The suggestion that CBT training does not generally focus on dream work [11] may well account for the results of Schredl et al.'s study [8] that while psychoanalytic therapists tended to use Freudian-based approaches to dream work, humanistic and CBT-oriented therapists tended to use Jungian and other non-CBT approaches to dream work. There was also little evidence of therapists using CBT approaches to dream work in Keller et al.'s study [9]. While they did not gather data about the general theoretical orientation of the therapists in their study, they did gather data about which theoretical approaches to dream work the therapists used. They noted that despite the recent interest in CBT approaches to dream work in the literature at the time, the most common approaches to dream work reported by the therapists were Gestalt, Freudian and Jungian approaches. These results do not show any evidence of a wide-spread use of CBT-based approaches to dream work in clinical practice. Furthermore, these survey results suggest that many therapists feel incompetent and lack training on how to respond to their clients' dreams, which is a concern given that clients do initiate dream work in therapy, necessitating a response for their therapists.



## **Dreams and Modern Psychology**

While there has been a continuing interest in dreams by many factions of society and a theoretically diverse range of psychological approaches to understanding the role and importance of dream work has developed, dream work has shifted to the periphery of clinical psychological practice. As shown in the surveys about the use of dreams in therapy, this has left therapists feeling inadequately trained and unconfident to respond to their clients' dreams [2, 5, 6, 8, 9, 11]. An explanation for this marginalisation of dreams can be found in the cultural-historical factors surrounding the field. This section argues that psychology's cultural-historical context has led to a limited vision of scientific evidence based on an, at times, evangelical adherence to positivism [30].

In making the culturally-driven choice of an over-reliance on a single epistemology, psychology stands apart from the scholarship and thought of the wider world of science. There are exceptions to this within psychology, such as recent efforts in contextualised positive psychology [31] and systems-based therapies [32] that use new waves of thought in science [33] to develop more holistic and interconnected approaches to human experience. By and large though, and seemingly in search of wider legitimacy, psychology has sought succour in the apparent certainty of positivism [30, 34, 35] and mechanistic philosophies built on Descartes' philosophies. Thus, the dominant discourse within the field has become one in which the only phenomena that can be discussed and valued are those that are directly measurable and dreams have not found a place within this discourse. In other domains, more flexible and complex understandings of science have been found. Collin's demonstration of science as a social and cultural practice [36] and Capra's non-linear approach, which can consider complex problems with no need to avoid subjective, non-material phenomena [33] are just two examples of alternative epistemological choices. A more detailed review of the history of science is beyond the scope of the current paper, but can be found in the aforementioned examples and in the scholarship of authors such as Collins [36, 37]. This scholarship has reconceptualised science as an endeavour involving competing epistemologies, which is deeply embedded within a subjective cultural and historical matrix [37].

An analysis using the CHAT framework developed by Leont'ev [38] was used to understand how cultural-historical factors influenced clinical psychological practice. Leont'ev built on Vygotsky's work, who argued that interactions between subjects and

objects are culturally mediated. That is, we interact with the world through the tools and signs available to us through human cultures. While other scholars such as Engeström [39] have developed more complex ways to use the CHAT approach, the analysis reported in this paper made use of the so-called *second generation* of CHAT associated with Leont'ev. CHAT offers a structure for analysing human activity systems within their historical and cultural context [40]. Activity is anything humans do with a purpose. In this case the activity system analysed is clinical psychological practice. This framework calls for an analysis of the object of the activity, the rules, tools, communities of practice and divisions of labour relevant to the activity. The analysis reported here considered the activity system only at a macro level to assist in understanding the ways in which the activity system has valorised some actions, while marginalising others.

The changing perceptions about dream work and the marginalisation of dreams in clinical practice have occurred within a cultural-historical context that can be understood through the application of the CHAT framework. The development of psychology as an independent field, for example, can be understood through CHAT to be a new division of labour. To create this division of labour, psychology sought out a set of tools, such as behaviourism and privileging particular kinds of evidence in their definition of evidence-based practice (EBP), to differentiate it from other disciplines like psychoanalytic psychiatry. Similarly, the political and economic context can be understood to influence the rules and the available tools for the activity of clinical psychological practice. Through examining such relationships and tensions, the dynamics of the activity system can be identified. It is important to note that small changes within the activity system can lead to large changes in how the system operates. A small reduction of members of the community of practice with an interest in a particular aspect of practice such as dreams, for instance, can lead to a larger decline as there are fewer experienced mentors and trainers within the community to teach newcomers about that aspect of practice.

### *The emergence of modern psychology*

Psychology began to develop into an independent discipline and profession and to create a new division of labour with an identity separate from psychoanalysis. For the purpose of this paper, we are focussing on the development of modern psychology from the late 19<sup>th</sup> century. In the UK, psychologists distanced themselves from an *interpretive* science approach and rejected the study of phenomenology [34]. Instead, psychologists aligned themselves

with a positivist, natural science approach in order to secure the certainty, authority, status and salaries associated with the natural sciences [34]. This tied in with the rise of behaviourism, which also rejected internal, subjective experiences [24]. It heralded a move away from the psychoanalytic approaches favoured by psychiatry. Meanwhile in the US, the government's desire to expand effective mental health services for veterans following World War II pressured the scientist-psychologists to lead the expansion of professional/applied psychology or risk losing the opportunities for funding and for controlling the training of clinicians [41]. This culminated in the historic 1949 Boulder conference, at which numerous aspects of the training and identity of psychologists were debated and a decision was made to follow a scientist-practitioner model. The intention to adhere to EBP and a scientist-practitioner model of training spread throughout psychology training and practice in places such as the UK, Canada, New Zealand and Australia [42-44]. These decisions all shaped the tools of practice.

From the outset, the behaviourists distanced themselves from working with dreams in an attempt to differentiate themselves from psychoanalysts who were closely associated with dream work [45]. Dreams were also pushed aside due to behaviourists rejecting unverifiable, internal, subjective experiences as a valid focus of clinical or research attention [11, 24, 46]. Sleep and dream researcher Cartwright [47] agrees that psychology's love affair with science during the reign of behaviourism, along with advances in pharmacological treatments for mental illness (rather than a focus on the creation of meaning), contributed to dreams being seen as an unreliable data source and unrelated to clients' waking life concerns; and therefore irrelevant to clinical practice during this period. Indeed, it has been claimed that pharmacological treatments for mental illness became the primary treatment modality in psychiatry by the end of the late 1970s [48]. It is worthwhile at this point, to consider the theoretical trends within psychology given this is likely to influence the field's relationship with topics such as dreaming. While there is some debate about theoretical and research trends within psychology, there is agreement that multiple schools of thought have had significant influence on the field [49]. Spear's findings in his 2007 analysis of psychological publications are similar to others in several respects. He found there to be fewer psychoanalytic publications than in the past, a decrease in behavioural publications since the 1970s and an increase in cognitive publications over the later part of the twentieth century [49]. It is within this wider context of trends in psychology, that the role of dreams must be considered.

The increasing dominance of positivism, behaviourism, the scientist-practitioner model and a narrowing/shifting interpretation of EBP in psychology, all influenced the way in which new psychological theories and therapeutic techniques (tools of practice) were received and adapted. This is evident in the failure of dreams to return to a central role in mainstream psychological practice following the development of cognitive therapy, which overtly states an interest in internal experiences [29]. Beck emphasised the integrative potential of the model of cognitive therapy he founded. This was an effective means to promote and demonstrate the efficacy of his therapy and gain acceptance from proponents of behaviourism (the existing dominant theoretical orientation); and it successfully led to the rise of CBT [28]. Despite Beck's conviction of the validity and value of working with dreams in therapy, he put aside his interest in dreams for a period [45]. This was due in part to his experience of dream research being expensive and in part to his desire to align himself with behaviourism by distancing himself from his psychoanalytic roots and its association with dream work [28, 29, 45]. Rather than emphasising subjective, internal experiences, CBT approaches were defined, researched and promoted in ways that aligned with demands of positivist-oriented EBP [30]. As the path that Beck took illustrated, the shift in theoretical trends away from pure behaviourism did not bring about a sufficient renewal of interest in dreams to make them a central part of mainstream clinical practice.

Technological and scientific advances in sleep science and dream research had the potential to pave the way for a renewed interest in dreams [18, 47]. The discovery of REM sleep in the 1950s certainly did lead to a new era of dream theories [4, 46]. It also led to funding for a multitude of studies using REM sleep approaches to dream research [50] that is evident in the subsequent rise (and peak around 15 years later) in dream publications, similar to the rise (and peak around 15 years later) in psychoanalytic dream papers, following the release of Freud's work on dreams [51]. However, rather than the advent of REM sleep approaches to dream research encouraging an exploration of the potential value of dreams in psychological practice, the prevailing historical-cultural factors contributed to the development of a dominant discourse within psychology that dreams are at best just cognitive epi-phenomena or by-products of the brain and therefore not of psychological importance or clinical value [4, 18, 46]. Palagini [4] describes this dominant discourse as psychological dream theories being superseded by physiological dream theories. This discourse took hold despite the continued decline in physiological dream research since around 1970 [51]. It also continued despite some REM sleep/dream researchers, such as Foulkes, advocating that

dream research now be approached from a cognitive-psychological perspective given that the neurobiological approaches to dream research failed to produce substantial evidence of neural correlates of dreaming and could therefore no longer justify research funding [50].

Crick and Mitchison's *reverse learning* cognitive theory of dreaming was one such theory that reinforced the dominant discourse within psychology that dreams are meaningless. They proposed that the brain prunes away unneeded memories in REM sleep, describing the process as people dreaming in order to forget what they don't need to remember [3]. Their view of dreams, which they equate with REM sleep, leaves no space for any psychological or spiritual meaning.

Hobson and McCarley's activation-synthesis model of dreaming had a profound influence on the shift away from psychological theories of dreaming towards physiological ones [4]. They proposed that activity stemming from the pons/brainstem *activates* REM sleep and the random stimulation of the forebrain prompts a comparison of this input with stored memories or data which is then *synthesised* into dream narratives [3, 4, 46]. This theory was interpreted within the dominant discourse as evidence that science had eliminated any possibility that dreams had psychological value or meaning.

Hobson and colleagues further developed these ideas about dreaming some years later leading to the AIM model (Activation, Input/output, Modulation) with a focus on the sleeping brain processing internal input only in contrast to the waking brain processing more external input [52]. The Modulation part of the model seeks to account for dream characteristics such as dream bizarreness. However, the nuances and developments in Hobson and colleagues' dream theory and their comments that their theories did not preclude the possibility of psychological meaning in dreams [53] did not enter the dominant discourse. Instead, these theories are often reduced to a view that dreams are meaningless, random, neural firings. Indeed, this dominant perception of these models is so powerful that it has expanded beyond mainstream psychology to influence some lay people's beliefs [20].

Outside the dominant dream discourse in psychology, theoretical development in dreaming continued. The growing diversity in psychological theories of dreaming began to more closely reflect the diversity of dream-related beliefs and practices in wider society. More consistent with Adler's views rather than Freud's, many of the psychological dream theorists from the 1950s to 1970s rejected the idea that dreams relate to the unconscious or

the past and argued instead that they were all about the *here and now*. Examples of present-focused approaches to dream work include French and Fromm, Faraday and Perls, the founder of Gestalt therapy. French and Fromm [54] proposed a psychoanalytically informed, logical reasoning approach to testing hypotheses about possible meaning of dreams, focussing on the problem-solving function of dreams. The Gestalt approach used active techniques such as dialogue with or roleplaying various dream characters/images which were seen to be aspects of the dreamer's personality or self that needed to be integrated [55]. Faraday [56, 57] borrowed some clinical Gestalt techniques, such as topdog/underdog to identify gaps in the personality that had been alienated and needed to be reclaimed. She proposed that dreams could be interpreted at multiple levels so dreamers should first check for literal, *reality* level meanings such as dreaming they need a haircut when they need one in waking life and then look to interpret the dream at a more *subjective* level of meaning. Faraday, like Ullman [58] (who developed a group approach to exploring dreams) suggested that lay people could use these techniques to explore their dreams themselves, rather than requiring a trained professional, such as a psychoanalyst. Their position acknowledged and tapped in to the broader community interest in dreams and some lay dream practices.

#### *The increasing marginalisation of dreams in modern psychology*

Psychological theories and practice do not develop in a cultural vacuum. The past few decades have seen the emergence of neoliberalism and what Foucault would describe as a shift away from institutional governance to contractual governance [59]. The impact of this political and economic climate can be seen in our healthcare systems, such as in the NHS in the UK [60]. Services previously provided by the state, are increasingly contracted out to private providers who compete for their share in the market. The effects of neoliberal governance can be seen in contractual requirements in the UK that are generally consistent with governments' political and economic policy goals, seeking to quantify therapy outcomes and minimise financial costs by keeping therapy as short as possible [61]. From a Foucauldian perspective, this requirement establishes a form of self-regulation where psychologists are pressured to conform to the government's economic and political goals from within. While established through contractual penalty, the very definition of good practice is quickly linked to the contractual targets such as waiting times and short therapy durations [62].



In the pursuit of cost-effective solutions, many of the funding and referral sources for psychologists set limits on the number of therapy sessions allowed, restrict which therapies are to be used and what issues may be focussed on [43, 63]. There is pressure for professional decision-making processes to align with external definitions of EBP and therapy outcomes. A narrow interpretation of the terms of service for therapy and restrictions on particular psychological service programmes may act as a further deterrent for psychologists in choosing to work with dreams in therapy. Psychologists may be less likely to respond encouragingly to clients introducing dream material into therapy if they fear a loss of income or breach of contract due to their choice to focus on something not explicitly related to the diagnoses and therapies approved by a referrer/programme. Additionally, the time-limited nature of many funding sources for therapy acts as a deterrent to including dream work in therapy for those who feel they cannot afford to digress in the limited time they have available [11]. The belief that dream work involves long term, traditional psychoanalytic approaches can account for some of the reluctance to work with dreams in the time-limited clinical setting of contemporary psychological practice [12, 64-66].

In countries with this regulatory approach, such as the UK and Australia, CBT was identified as one of the few preferred EBP interventions approved for some government funded programmes [34, 67-69]. Additionally, late 20<sup>th</sup> century and early 21<sup>st</sup> century had seen a trend towards less diverse theoretical orientations among practicing psychologists in a number of countries including Canada [70], the US and Australia with CBT also becoming one of the few favoured approaches to practice for proponents of EBP within psychology [67, 71]. Psychology's close association with approaches such as CBT, that were empirically validated in a positivist framework, shorter-term (cost-effective), and with quantifiable outcome measures, meant psychologists were well placed to compete for a market share in the neoliberal political and economic environment [72].

Recent decades have also seen a decreasing diversity within postgraduate psychology programmes with CBT-oriented programmes and approaches to therapy dominating clinical discourse [68, 73]. Additionally, the proportion of random control trials and comparison studies including CBT rather than other therapies was a barrier to the same level of evidence being established in relation to other therapies, reinforcing a monoculture of CBT [44] and risking the field being equated with a single theory or technique. This seems inconsistent with

the original intention of proponents of EBP as the existence of multiple theoretical approaches with a good empirical basis should point to greater theoretical diversity [73].

The dominance of CBT and the shift away from topics in psychology that are inconsistent with positivist approaches may have significantly impacted the role of dreams in clinical psychological practice in other ways. The fewer topics and methodologies people are trained in, the fewer experts in diverse topics and methodologies there are to act as teachers, supervisors and mentors for future generations [73, 74]. A lack of training in how to work with dreams has been noted by a number of dream researchers and practitioners, particularly in CBT-oriented programmes, which generally feature less dream-related training than others such as psychodynamic-oriented ones [5, 11]. The relative lack of resources, such as training manuals and guidelines for working with dreams, in non-psychoanalytic approaches have impeded training for CBT-oriented therapists and may have led to the perception that dreams are less central to these other theoretical orientations [8, 11].

The end result has been that many therapists trained in CBT approaches do not receive training to adequately prepare them for working with dreams in therapy or to even realise that there are approaches to working with dreams consistent with their theoretical orientation [11, 75, 76]. Clients look to therapists for assistance with dreams that puzzle or frighten them and they also bring creative and recurrent dreams to therapy, which is a problem if the therapist does not have training that enables them to feel prepared and competent to respond to dreams [77].

As previously discussed, the formation of psychology as a new 'scientific' discipline led to a model of practice that must vigilantly guard against the intrusion of anything that may be seen as unscientific as it would threaten the field's legitimacy and truth claims. Thus, psychology finds itself in a position where it must be seen to stridently distance itself from dreams and any other aspects of practice that it deems inconsistent with positivist science. The marginalisation of dreams within psychology training coupled with psychology's fear of losing status and not being taken seriously as a *real science* [78] may be contributing to a lack of knowledge about dreams within mainstream psychology that reinforces misperceptions about dream work. Hill [12] identifies two such misperceptions: that any work with dreams requires formal knowledge about how to do 'dream interpretation' and that dreams are trivial and unscientific and that's why they are not included in the psychology curriculum.



The stigma against dream research within mainstream psychology [12, 50] can be seen in Hill's description of some of her colleagues' reactions when they discover her professional interest in dreams [24]. She attributes this to some academics categorising dreams as *hippy-dippy-trippy*, belonging in the alternate realms of parapsychology and New Age therapies [24], rather than *real science*. Given Hill, a highly respected researcher in the field, experiences this type of response from colleagues, it is reasonable to assume this attitude may well be a deterrent to pursuing an interest in dreams for early career psychologists trying to establish their professional reputation and credibility.

The marginalisation of dreams in clinical psychological practice can be understood as an unintended consequence of the cultural-historical factors that have shaped psychology. However, this trajectory does not mean that dreams should be of no interest to the field. While dreams have been pushed to the periphery within the field of psychology, throughout recorded history they have been seen to have meaning and have clearly been of great significance to human society. As a significant part of human experience, dreams are in this way, of relevance to psychology. Furthermore, as evidenced by clients introducing dream material into therapy [5, 8, 9, 27] and reported in anthropological work [79], society sees psychologists as dream experts.

#### *Contemporary dream work*

Due to the dominant dream discourse in psychology, there is little awareness of the diversity of psychological dream theories. Instead, it seems many believe dream theories have developed in a linear way from traditional spiritual approaches, followed by early psychoanalytic approaches that sought to interpret symbolic meanings in dreams, through to modern scientific advances proving dreams have no psychological or spiritual meaning, nor clinical value [4, 12]. This may be both a reflection of as well as a maintaining factor in the marginalisation of dreams in clinical psychological practice. Stepping outside this discourse, a recognition of the actual diversity in pathways to dream work provides a foundation for action for the contemporary clinician, irrespective of theoretical orientation. While Freud's psychoanalytic approach [28] may be the most widely known in both professional and lay communities, psychological dream theories and techniques have been developed within many theoretical orientations. These include a range of psychoanalytic, humanistic, phenomenological, existential, cognitive, CBT, evolutionary, family systems, narrative and other constructivist approaches to dreams, and lucid dreaming training (learning to become

aware that one is dreaming while still asleep) [1-3, 24, 80-82]. To illustrate the diversity of contemporary dream theories and models of dream work, several examples of contemporary dream work theories and potential uses for dream material in therapy will be highlighted below.

Hill's [24] cognitive-experiential model of dream work is one of the more frequently researched models of dream work developed for contemporary practice. Her work shows the potential value of a collaborative approach between therapist and client when working with dreams in both shorter- and longer-term therapy. Like many lay and psychological dream theories, it assumes there is a relationship between dreams and waking life concerns. This relationship is referred to as the *Continuity Hypothesis* and was put forward by Hall and Nordby in the 1970s before being developed into a more precise, predictive model by Schredl [83]. Hill proposed a three-step process to working with dreams: *exploration* of aspects of the dream, the facilitation of *insight* via associations with waking life concerns and a call to *action* based on the insights gained from exploring the dream [24]. Her model suggests that dreams are both psychologically meaningful and potentially valuable for psychological practice.

Beck saw working with dreams as a valuable tool for cognitive and CBT therapists. After initially distancing himself from dreams during the development of CBT, he recently confirmed his belief that dreams can be a valuable therapeutic tool [45]. The influence of Adler is reflected in his view that dream themes can directly relate to waking life. Beck does *not* advocate searching for symbolic meanings in dream imagery that may relate to waking life concerns. Rather, he believes there is a continuity between the cognitive distortions expressed in the dream narratives (given while awake and conscious) and the cognitive distortions expressed in the narrative clients give about waking life events [11, 75].

As dreams are seen as non-symbolic dramatizations of a client's waking cognitive triad (thoughts about a person's view of self, the world and the future), Beck's approach to dream work involves identifying and changing the cognitive distortions expressed in dream reports to promote generalised changes in unhelpful thoughts and behaviours in waking life [84]. There is therefore no need to ascertain the accuracy of dream reports, eliminating any need for training in interpreting the symbolic meaning of dream imagery and issues around secondary elaboration, both of which have been a deterrent for some therapists to engage in dream work [11, 28]. The client is encouraged to learn to identify and challenge cognitive

distortions rather than remaining dependent on the therapist (*expert*) for support in relation to future dreams. Building on Beck's work, some guidelines have been developed for therapists using a CBT approach to work with dreams [11]. Consistent with CBT in general, this approach to dream work focuses on symptom reduction rather than finding deep psychological meaning in human experiences, or in this case, in dream experiences. Hence Beck's model of dream work is an example of dreams being seen as clinically valuable but not phenomenologically meaningful.

There is a rapidly emerging body of empirical support for the use of dreams in psychotherapy [5, 11, 85]. Uses include facilitating therapeutic processes (building rapport and improving the therapeutic alliance) and assisting the client to develop self-awareness and insight into issues or him/herself. For instance, dream work can be helpful in encouraging clients at high risk of early termination from therapy to stay in therapy longer [85] This may be due to the positive impact it has on therapeutic processes. This can be seen in one study where clients in the dream condition reported keeping fewer secrets from their therapists than those in the control group; and both clients and therapists in the dream condition gave higher working alliance ratings [86].

Dreams can be a source of useful clinical information about clients, their issues, and progress in therapy [85]. The relationship between nightmares and suicidality for instance, points to dreams being a potential source of data in the assessment process [87, 88]. Therapists may also be able to glean information from dream narratives (secondary elaboration) about a client's self-view and patterns of thinking, relating and emotional responses that they are unable to or feel uncomfortable to directly disclose. Changes (or a lack of change) in dreams throughout the course of therapy may also indicate a client's degree or stage of progress [85]. Additionally, some clients may find working with dreams less threatening than working with real life events [89]. For example, Beck's cognitive approach to working with cognitive distortions from dream narratives may provide an accessible means for these clients to begin to identify and work on these waking life issues.

Finally, dream work may provide effective treatments for distressing dreams. In client groups such as sleep clinic patients, there is interest in accessing more information about nightmares and there are potentially effective extant treatments for them, such as imagery rehearsal therapy [90, 91]. Imagery rehearsal therapy is a short-term, CBT-oriented approach developed by Krakow and colleagues. It is designed for working with bad dreams and

nightmares and requires the dreamer to rewrite the nightmare narrative with an altered/improved ending and then rehearse the new version [24, 92]. Using dream work methods that are effective in reducing nightmares in clients who have experienced trauma may also improve sleep and nightmare symptoms for these clients to a point where they are able to engage more effectively in subsequent therapy focussing on the remaining trauma symptoms and issues [93].

Some of the dream work models outlined consider dreams to be psychologically meaningful and potentially valuable to clinical practice. They connect with the longstanding human interest in dreams and the search for meaning in human experience. Alternatively, others, such as Beck's CBT approach, suggest that while dreams don't have any psychological meaning they are still a potentially valuable clinical tool. This diversity in dream work models and the view that dream work is of potential value to psychological practice is in stark contrast with the dominant discourse that dream theory has progressed in a linear fashion from dreams being perceived as psychologically meaningful and clinically valuable to meaningless and of no clinical value. This selection of dream work models and potential uses for dream material is by no means exhaustive. It does, though, speak to the potential for a new dream work discourse to gain traction. Indeed, it has been suggested that dreams have significant potential to regain their status in psychiatry; that further technological advances are revealing dreams' therapeutic potential [18] and that this could well spread to psychology. The beginnings of such a possibility can already be seen in the psychological literature. Examples of this include published case studies in which dream work is a significant part of the therapeutic intervention for two refugees who have experienced trauma [13] and the novel approach taken by Carr and Nielsen in their psychological conceptualisation of nightmares [94].

## **Conclusion**

This paper has provided an exploration of the value of dreams to society and psychological practice. It discussed an analysis of the cultural-historical context of the activity of clinical psychological practice, arguing that this context has led to an over-reliance on positivist epistemologies and in turn, psychology has not fully engaged with new waves of thought on the nature of science. The central contention of this paper has been that it has been the cultural-historical factors and resulting beliefs and professional discourses, rather than a

lack of practice models, that has led to many contemporary psychologists struggling to respond competently to their clients' dream material.

This paper also highlighted the dominant discourse of a linear progression in dream theory development, that has been contributed to by the cultural-historical factors that have influenced the development of psychology. This discourse fails to consider the nuances of the theories on which it is based or the diversity of extant dream theories. The danger is that it fails to equip clinicians to respond sensitively and competently to the introduction of dream material in therapy. Additionally, it deprives clinicians of the potentially valuable therapeutic tool of dream work and is not conducive to therapists being able to pursue a professional interest in dreams. This dominant discourse of dreams having no psychological meaning or clinical value is only one side of the story in a short chapter within humanity's long history of fascination with dreams.

In our view, the theoretical diversity in dream theory offers multiple pathways for contemporary psychologists to engage in dream work in ways that are achievable within the constraints of contemporary practice, including time limits and preferences for particular theoretical orientations. As dream work can be incorporated into existing approaches to practice, a separate 'dream analysis' competency is not required. Effective ways to work with dreams can be successfully included in the existing psychology training and professional development landscape of contemporary clinical psychological practice. Moreover, professionals can also choose to use models, such as Ullman's widely used approach to dream work, [58], that require no 'competency' or professional training and was in fact designed to be suitable for use by lay people. These factors will assist in addressing the lack of more experienced psychologists able to teach, supervise and mentor any newcomers interested in dreams. Thus, while bringing dreams back to a more central role in psychological practice will require a broadening of concepts of practice, a complete restructuring of the cultural-historical factors outlined in this paper is not required before significant steps can be taken.

While there is great diversity in dream theory, there clearly remains a need for further scholarship in this area of clinical psychological practice. Knowing more about lay people's dream-related beliefs and practices as well as the experiences of psychologists and their clients around the use of dreams in therapy may well be clinically valuable. It could inform the development of psychological guidelines, work begun by Pesant and Zadra [2], and

Freeman and White [11], for not just working competently and confidently with dreams in therapy but also minimising or avoiding harm to clients that may arise from incompetent or insensitive responses to their dream material.

Client demand and the range of valuable and empirically supported uses of and approaches to working with dreams in both shorter- and longer-term therapy indicate that barriers to the development of adequate psychological training and competence in this area must be addressed [77]. Addressing the cultural-historical factors that have inadvertently resulted in the marginalisation of dreams in clinical psychological practice could accelerate the movement toward a new dream work discourse gaining traction in mainstream psychological practice.

**Practice Points**

1. Clients bring dreams to therapy but many psychologists feel ill-equipped to respond competently to dream material.
2. Due to a number of cultural-historical factors associated with the development of psychology and the political and economic context in which this happened, particular beliefs about clinical dream work have developed. These include the idea that dreams are of limited value in psychological practice and they are not a legitimate focus of interest for psychologists. Misperceptions about dream work have also spread e.g. that dream work requires long term therapy or extensive training in psychoanalytic approaches.
3. There are diverse theoretical approaches to psychological dream work consistent with the more common theoretical orientations of contemporary psychologists.
4. There may well be significant benefits to using dream material in clinical practice. These include:
  - facilitating therapeutic processes
  - assisting clients to develop self-awareness and insight
  - using dreams as a source of useful clinical information
  - addressing distress or dysfunction associated with nightmares and bad dreams.
5. Creating a core group of experienced staff to act as teachers, supervisors and mentors in psychology training programmes and professional development activities may assist to address the misperceptions about dream work and help reinstate dreams as a legitimate focus of clinical practice.

**Research Agenda**

1. Further development of clinical guidelines for working (or choosing not to work) with dream material would be of value in increasing psychologists' feelings of confidence and competence and in minimising potential negative consequences.
2. A better understanding of the following dream work processes could inform the development of these guidelines and be useful in shifting the professional discourse around the value of working with dream material in therapy:
  - the expectations and experiences of psychologists around the use of dream material in therapy
  - the expectations and experiences of psychologists' clients around the use of dream material in therapy
  - lay people's dream-related beliefs and practices
  - the efficacy and effectiveness of various dream work models
  - who is most likely to benefit from dream work



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