Dreams and Evidence Based Practice

The empirical case for restoring dream work to best therapeutic practices

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A review of empirical research into the therapeutic benefits of working with clients' dreams in therapy finds there are benefits to restoring dream work to psychotherapy as an empirically supported best practice. The practice trend away from dreams appears to be due primarily to a lack of therapist training.

Dreams were once considered to be the royal road to the unconscious and they occupied a place of privilege in the work of psychotherapy. As the field of mental and behavioral health evolves to meet an increasing demand for evidence-based practices, therapeutic work with dreams has all but disappeared from most mental health settings. It's easy to imagine this is because of a lack of empirical evidence that dream work is clinically effective. However, this literature review will show that this is not the case.

One of the reasons therapeutic work has departed from exploring client dreams has to do with therapists' training and uncertain feelings of competence in this area. It's estimated that only 1 in 6 therapists feels confident about working with clients' dreams (BACP Research Conference, May, 2005). This is due largely to a lack of training and the lack of a coherent theoretical treatment model (Bryson, Mastin, Pilgreen, & Bryson, 2008; Tien, Lin & Chen, 2006). However, the research presented in this article indicates that dream work is effective as a type of therapeutic intervention, so the therapist's lack of knowledge and self-confidence is in fact a question of training and not a valid reason to discontinue its practice.

Empirical Research and Theories of Dream Work

Empirical studies support several different theories regarding the effectiveness of dream work as a therapeutic intervention. Bell and Cook (1998) found quantitative evidence that dream content reveals important personality characteristics of dreamers, which appear in dreams as compensation for their repression in waking states. According to their study, dreamers who minimize the personal importance of their dreams also display personality traits consistent with higher levels of repression in waking life. Such evidence supports the theories of both Freud and Jung that dreams release instinctual tensions and compensate for a restricted range of emotions and behaviors in waking life (Goelitz, 2007). In contrast, Siegel (2005) found that longitudinal studies of children's dreams did not support Freud's theory of repressed aggression and sexuality as latent dream content. However, Siegel is unequivocal regarding the clinical significance of dreams in childhood development: "Children's dreams provide a developmental window through which to view the evolution of independence, self-representation, social interactions, and gender differences over time" (p. 147). Siegel cites the longitudinal research study of Strauch, who found a progression of developmental changes represented in the content of children's dreams gathered over a period of 6 years. In the case of children who survive trauma, Siegel believes nightmares reflect the child's attempt to rehearse and gain mastery over horrendous events. The *DSM-IV-TR* (American Psychiatric Association, 2000) lists nightmares as one of the diagnostic criteria of PTSD (Criterion B2, p. 464), thereby implying that, at the very least, monitoring the frequency and content of nightmares should be a part of best clinical practice with this particular disorder.

Goelitz (2007) summarizes the benefits of working with dreams of clients who are survivors of trauma. She reports "the body of dream work related to trauma includes many empirical studies with large sample sizes, of which at least 10 utilized quantitative analysis of data collected from 15 to 413 participants" (p. 165). She includes the work of both Siegel, and Lansky and Karger, who believe that posttrauma dreams may contribute to recovery work from both proximal trauma and remote wounds from the past that can complicate trauma recovery.

Cartwright (as cited in Goelitz) found that dreaming about stressful life events promotes healing from them.

Engagement, Assessment, and Client Preference

What is of further interest to the client-centered approach of contemporary mental health services is that studies show a subset of clients prefer therapeutic work that includes exploration of dreams (Crook Lyon & Hill, 2008; Tien, Lin & Chen, 2006). Consistent with previous findings, Rochlen and Hill (2005) found that clients report experiencing greater depth in therapy sessions that address dreams compared to routine sessions, and outcome indices appear to be higher for treatment with dream work than without. Tien, Lin, and Chen had similar findings for clients in Taiwan. Goelitz (2007) had clients who displayed minimal interest in therapy until dream work was introduced. Crook Lyon and Hill found from a sample of 95 clients that 68% had shared at least one dream with their current therapist, suggesting that a significant majority of clients are inclined to talk about their dreams in session. Perhaps more important is the fact that this same percentage found session time spent on interpreting dreams was clearly helpful and a meaningful part of therapy. Hill and Goates (as cited in Crook Lyon & Hill), found that dream interpretation can help clients develop insight, strengthen the therapeutic alliance, and increase the depth of sessions. These benefits are contingent upon the therapist being comfortable working with dreams and encouraging clients to bring their dreams to therapy.

Eudell-Simmons and Hilsenroth (2005) explain how client information from dreams can assist the therapist in the process of assessment and treatment evaluation:

Dreams . . . have the potential to reveal information unique to the patient quickly and efficiently to the therapist, particularly information the patient may not be aware of, or is not willing to share directly. Once the therapist acquires this information, it can be used to help the patient recognize, gain awareness of and change maladaptive patterns of perceiving and behaving, as well as aid in initial assessment of the patient and treatment planning. In this way, by efficiently revealing significant information, dreams may help to 'bypass patients' defenses' (Glucksman, 1988), help with early evaluation (Kramer, 1991) and sometimes shorten therapy (Hill, 1996a; Kolb, 1979). (p. 261)

These authors present empirical research that demonstrates dreams can be at least as effective as other sources of observable, measureable data to represent aspects of the client's personality, salient issues in his or her waking life, and clinical improvement in treatment. Why should this source of information be ignored in the repertoire of best clinical practices?

Clinical Benefits of Dream Work

Eudell-Simmon and Hilsenroth (2005) conducted a review of empirical studies on dream therapy, which identified four specific benefits to working with dreams in session: facilitating the therapeutic process; facilitating client self-knowledge; providing the therapist with clinical information; and tracking clinical change or improvement. These findings should be of interest to

practitioners. Discussion of client's dreams could be a tool to enhance client engagement and motivation in the therapeutic process. In fact, Cartwright, Tipton, and Wicklund (as cited in Eudell-Simmon & Hilsenroth, 2005) found that helping clients attend to their dreams correlated to a reduced risk of early termination from treatment. Cross-culturally, Tien, Lin, and Chen (2006) found for Asian clients that dream work can facilitate the discussion of personal problems that are normally difficult to introduce in therapy due to cultural injunctions. Facilitating client insight and self-knowledge is an integral part of the psychotherapeutic approach to treatment, an approach that is still a reimbursable mental health service activity under MediCal guidelines (CPT code 90806 and related codes) (Scott-Lee, 2007), because inner awareness can lead to enduring meaningful changes in client behavior. Eudell-Simmons and Hilsenroth cite a number of experimental studies conducted over the past 25 years that empirically demonstrate how "the information gained from dreams can potentially lead patients to greater insight and self-understanding, as well as to the motivation and knowledge needed to change maladaptive behavior" (p. 260).

Pesant and Zadra (2006) review studies conducted over the past 18 years, which confirm that the presence of psychopathology such as depression, or developmental characteristics such as psychological boundaries correlate to substantially different dream content than "normal control subjects" (p. 112). Siegel's (2005) survey drew a similar conclusion. If, as these authors point out, the contents of dreams are continuous with the contents of waking thoughts, then it follows that dream work addresses the same clinical material as other forms of talk therapy and should be equally as valid. Their own findings support past studies that found measures of psychological well-being accompany "parallel changes in the content of everyday dreams" (Pesant & Zadra, p. 117). Pesant and Zadra conclude that people's dreams are most likely to reflect interpersonal and emotional concerns from waking life, in other words, the issues that are the most basic to psychotherapy. Given the significant impact that mental illness has on social relationships, perhaps it's time to consider whether a valuable source of information on clients' feelings about social interaction is being neglected in many mental health settings.

Another body of research demonstrates the effectiveness of therapeutic work with dreams as an effective intervention for clients at the end of life (Goelitz, 2007). Some of the findings in this area indicate that dream work can be an effective method of bringing up emotional topics that are difficult for clients to discuss on their own initiative, and it can facilitate a sense of cohesion and intimacy in the group modality (Bosnak, 1997; Provost, 1999; both as cited in Goelitz, 2007). It can also help regulate coping and decrease stress (Giarmo as cited in Goelitz), a significant finding, given the negative effects of stress on symptoms of mental illness. How is this possible? Goelitz describes the compensatory aspect of pleasant dream fantasies that occur when life-threatening illness is present. Such dreams can be used in therapy to support adaptive coping with stress in waking life. Garfield (as cited in Goelitz) has also pointed out that dreams can provide a therapeutic resolution to loss and grief over someone who has died, sometimes catalyzing transformation. For practitioners working with older clients as well as the terminally ill, Bulkeley and Bulkeley (as cited in Goelitz) found therapeutic work with dreams can be a source of comfort that helps those who are dying prepare for the end of life.

The Hill Dream Method

The therapeutic approach to dream work that has been the focus of the largest number of empirical studies is the Hill (1996) dream method. Referring to this method, Lyon and Hill (2004) cite eleven different laboratory studies that found "clients rated dream sessions as higher in session quality, insight, and working alliance than regular therapy sessions" (p. 207). The authors believe the Hill method has successfully demonstrated its effectiveness as a clinical tool. The Hill model divides therapeutic work with dreams into three clearly delineated phases: Exploration, Insight, and Action. As their names imply, the three phases involve an exploration of specific dream images, attaining insight into the image's relevance to waking life, and making decisions about appropriate waking life actions in response to the dream (Rochlen and Hill, 2005). Studies supporting the effectiveness of this technique have used experimental research models with control groups (usually clients in ongoing therapy; one study used a within subjects design), although there has not been random assignment of participants and, in some cases, participants have received only one session using the Hill model (Eudell-Simmons & Hilsenroth, 2005). Nevertheless, clients have rated these sessions using the Depth Scale of the Stiles and Snow Session Evaluation Questionnaire as having higher quality and greater depth than non-dream related therapy (Eudell-Simmons & Hilsenroth). Rochlen and Hill (2005) agree the efficacy of the model now has an impressive base of empirical research supporting it. The greatest weakness to the existing research in this field has to do with small sample sizes with minimally disturbed participants, and brief exposure to interventions, raising concerns over generalizability and external validity (Eudell-Simmons & Hilsenroth). Goelitz (2007) also acknowledges that cultural and religious factors can limit the appropriateness of working with dreams for some clients.

Conclusion

Murray Wax (2004) has surveyed the place of dreaming among people of diverse cultures around the world and throughout history. He says, "The universality of dreaming, and the high regard that most peoples have had for it, are testimony that dreaming is essential, not just for the dreamer, but as a stabilizing element of group life" (p. 91). For many tribal cultures, sharing dreams was as central a part to community living as raising children and celebrating rites of passage (Wax). For centuries, it has been a fundamental aspect of what makes us human. Although those of us in the modern Western world still raise children and celebrate rites of passage, the place of dreams in community life seems to have become incompatible with our culture's devotion to the rational empiricism of the scientific approach. The pressure on the mental health field to provide ever-increasing evidence of the effectiveness of our work is part of this larger cultural trend. What was once integral and self-evident to our ancestral forebears now requires empirical evidence to convince us that it's so: sharing dreams and exploring their meaning offer direct therapeutic benefits for clients in treatment.

This review has surveyed over 25 years of empirical research that finds substantial evidence for the value of working with clients' dreams in therapy. Dream work can help engage resistant clients in the initial phase of treatment, and facilitate the development of a positive therapeutic alliance. Dream work can also serve to introduce difficult and sensitive topics for the therapist to work on with the client, and it can help with the assessment and diagnosis of underlying psychological issues that contribute to the individual's functional impairment. Dream work brings a greater sense of depth and meaning to therapy for many people, and it has been correlated with higher levels of client satisfaction and successful treatment outcome. It is

effective at facilitating personal insight and self knowledge, which can lead to meaningful behavioral changes in the person's life. It appears to be at least as effective in this way as other forms of psychotherapy, which most states and insurance plans consider reimbursable as a form of mental health service. Tracking dream content throughout the course of treatment can provide meaningful data regarding the client's psychological progress, and it can facilitate group cohesion when working with multiple consumers. For consumers at the end of life, dream work can be a source of existential meaning and comfort.

It appears the primary reason therapists don't work on dreams with consumers is due to a lack of training. As successive generations of practitioners have grown less familiar with how to work with clients' dreams, these types of interventions have grown increasingly rare. The Hill (1996) dream method has extensive empirical research that shows it is a replicable intervention model with demonstrated effectiveness in replicated studies, two of the primary criteria of an evidence based practice, according to Taubman (2006). The time is ripe for a re-evaluation of dream work as a time-honored therapeutic practice and to explore how it can invigorate and innovate therapeutic work in a wide range of treatment settings.

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