

Good example of research paper on the psychology of dreams

[Psychology](#), [Psychotherapy](#)



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As early as Biblical times, dreams have been given a special place; in ancient Egypt, Joseph’s interpretation of pharaoh’s dreams had awarded him an honorary place among his advisors, and was said to have saved Egypt from starvation.

Working with dreams in therapy implies a belief that that dreams are meaningful and provide added value to the therapeutic process. Studies have shown that dreams can be influenced by a certain psychopathology, and that their content and patterns (e. g. recurring dreams, nightmares) reflect a person’s wellbeing (Pesant & Zadra, 2004).

The Nature of Dreams

Dreams can be defined as “ hallucinatory subjective experiences” generated by one’s brain. To this extent, dreaming can be construed as a virtual-reality simulation of the perceptual world, created by internal mechanisms independent of external physical stimuli. In addition, dreaming is the most common and frequently occurring altered state of consciousness, existing across time and species (Valli et al., 2003).

Probably the most intriguing feature of conscious experiences during sleep is how the inner world in dreams seems similar to waking life. At times, dreamers are unable to determine whether they are awake or asleep. To this extent, neurologists agree with psychologists that dreams are not created in a vacuum, but rather closely reflect the organizations and functions of our brain; dreams are highly visual, rich in shapes, movement, and color and consist of typical wakefulness categories such as people, faces, places, animals and objects. They usually include sound, and to a less extent tactile sensations such as touch. Typically, the experience in dreams is vivid. Interestingly, an individual's dream composition parallels their wakefulness state- children's dreams reflect their cognitive development, and patients with damage to certain areas of the brain dream in accordance with their cognitive functioning (Nir & Tononi, 2010).

One account of the function of human dreaming is that dreams consisting of threatening situations serve as a repeated rehearsal and simulation of species-specific threatening events and behaviors. To this extent, it seems that events represented in dreams are highly selective; the more frequent events include behaviors that are connected to survival, rather than events and actions such as reading, writing or drawing. To this extent, studies have shown that negative emotions are more frequent in dreams than positive emotions (Valli et al., 2003).

Psychological Accounts of Dreams

Psychodynamic perceptions of dreams include the Freudian account of dreams as a form of “ free associations”, in which the dreamer says

whatever comes to mind with as much honesty and openness as possible. Through this method the origins of the dreamer's internal conflicts are revealed (Hill & Knox, 2010). Another account of dreams was proposed by Carl Jung (1945), positing that dreams are the normal, creative expression of one's unconscious mind. Jung believed that dreams reflect issues that are not expressed during waking life, and therefore they serve as means for uniting the conscious and the unconscious by making dreamers aware of hidden feelings. According to Jung, "the dream is a fragment of involuntary psychic activity" (p. 1). Dreams tend to be strange and disconcerting, lacking logic, form and may even appear absurd. A third theorist referring to dreams in the psychodynamic school of thought was Alfred Adler. Adler believed that the conscious and unconscious minds were the same, and thus dreams consisted of reflections of the person's personality. According to Adler, dreams provide the person with reassurance, security and protection against damage to self-worth (mainly referring to dreams in which the client was able to accomplish something or fight against an attacker). In addition, Adler believed that the emotions simulated in the dreams allowed the dreamer to feel a sense of agency and ability to solve problems (Hill & Knox, 2010). According to the Gestalt approach, dream elements are construed as projections of the dreamer's accepted and rejected aspects of their personality. Dream work, in Gestalt therapy aims to integrate the rejected aspects into the whole self. Clinical progress arises from awareness and insights emerging when the client speaks of his or her dream in present tense and re-experiences the dream. Thus, the Gestalt approach differs from psychodynamic approaches in that it incorporates an experiential approach

rather than a mere intellectual interpretation (Pesant & Zadra, 2004).

Cognitive-behavioral accounts of dreams and dreaming posit that dreams can be used to cultivate positive interpretations and thus provide a reframing of the client's current issues and hardships. Beck (1971) posited that dreams reflect the client's cognitive schemas and perceptions of the self and the world, and as such are prone to the same distortions and misconceptions as the waking state. Therefore, dreams can help identify prevalent cognitive distortions and dominant schemas.

The most important aspect of working with dreams, in any school of thought, is the close collaboration with the dreamer. The components of any given dream do not have just one 'absolute' meaning, but rather can mean different things for different people.

Dreams in Psychotherapy

The use of dreams in psychotherapy can enliven and enrich the therapeutic process, since dreams can provide material for discussion and evoke curiosity about unconscious processes and the connection between waking life experiences and past experiences. In addition, through dreams clients can bring up and discuss thoughts and feelings that they may not be comfortable discussing with the therapist otherwise (Cogar, 2004).

A survey on the use of dreams in psychotherapy revealed that 49% of clients in any psychotherapy discipline have worked with a dream at least once.

One third of the work on dreams was initiated by the therapist, and roughly 70% of clients felt that working on the dream was beneficial. Among therapists, it was found that the most common theoretical foundations for

working with clients' dreams were Freud and Jung, with Adlerian influences being scarce. In regards to training and affiliation, psychodynamic therapists were found to use dreams more often than cognitive-behavioral or humanistic therapists, though there was no difference in the rate of clients initiating work on dreams (Schredle et al., 2000).

For therapists, working with dreams can serve as a means for circumventing clients' defenses, perhaps even a 'back door' to deeper issues. Therefore, work with dreams can be used in brief as well as long-term psychotherapy (Crook, 2004).

Surveys conducted among therapists indicated that the main use made by all therapists, regardless of their training and personal interest in dreams, is through listening, exploring connections between images in the dream and waking life, and collaborating with the client in interpreting the dream.

Psychoanalytically oriented therapists tend to be far more exploratory and insight oriented than therapists from other disciplines (Hill et al., 2013).

Since dreams provide information about the client, including biographical and emotional accounts, examining the contents of the dreams may serve as a non-intrusive way of learning about the client and assessing personality problems. In addition, dreams can be used to assess and understand the client's feelings about the therapeutic process. While dreams about the therapist or therapy may be the most obvious and salient source of information and insight (Hill et al., 2014), the clients' choice of bringing a dream to therapy and its placement in the context of transference processes is no less indicative.

The Cognitive Experiential Model (Hill & Goates, 2004) for working with

dreams in psychotherapy assumes that dreams reflect waking life, their meaning is personal and that the process of working on a dream with a client must be collaborative and exploratory. Crook (2004) mentions three levels of working with dreams. The first level consists of referring to dreams as an experience in and of itself, examining what it means for a client to experience what they had experienced in the dream. To this extent, dreams need not be interpreted; a discussion of the situation and experience in the dream itself may suffice. A therapist may ask the client, for example, what it was like to engage in the activity portrayed in the dream. Another level refers to dreams as reflecting waking life concerns. This level incorporates questions such as what triggered the dream, and what the objects or events may symbolize. The third level perceives dreams as reflecting inner personality dynamics: parts of self, complexes or spiritual-existential concerns.

For therapists, clients' dreams are important, but their own dreams are no less important. Few studies have been conducted regarding therapists' dreams about their clients. This can be attributed to the sensitive nature of dreams or otherwise lack of awareness and difficulty to record dreams and their content. Nevertheless, Kron and Avny (2003), conducted an in-depth analysis of therapists' dreams about their clients. Interestingly, they found that the vast majority of dreams were of a negative nature or involved negative emotions. A qualitative investigation into the contents of the dreams revealed an aggressive portrayal of the clients, usually following an act of aggression towards the therapist or the therapist's feeling that the client broke interpersonal boundaries. The authors concluded that therapists'

dreams about their clients can serve as insight into unconscious counter-transference processes that should be addressed in supervision and/ or their own therapy.

In conclusion, neurobiological and psychological accounts alike believe that dreams reflect the inner working of one's brain and/ or psyche. Possessing states and sensations similar to those during wakefulness, including emotions, visual and auditory stimuli dreams may very well be the "royal road" to the unconscious (Freud 1966, p. 647). Through examining the psychology of dreams and the use of dreams in psychotherapy, this paper attempted to emphasize the importance of dreams to our psychological well-being as well as their possible use in psychotherapy. Dreams seem to be a cross-cultural phenomenon, also shared by other species. They can be used in therapy as a way to circumvent a client's defenses, insight into unconscious thoughts or emotions, and a way to extend the scope of the psychotherapeutic process, regardless of the therapist's school of thought; dreams are acknowledged by and can be used in a variety of techniques ranging from classical psychoanalysis to more contemporary forms such as Gestalt and cognitive-behavioral models. Finally, dreams can be used by therapists in order to expand insight into their own countertransference and feelings towards patients.

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