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## Dream Therapy in Counseling

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AN ABSTRACT OF THE THESIS OF Deborah Ann Karr Black for the  
Master of Science in Education presented May 5, 1981.

Title: Dream Therapy in Counseling

APPROVED BY MEMBERS OF THE THESIS COMMITTEE:

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The purpose of this thesis is to present an overview of the origins and uses of dreams and dream interpretation through the years. This is accomplished in two main sections. The first section traces the ancient history of dreams and their uses in various cultures. It begins with the first written evidence of dreams found in the Egyptian culture and is carried through the Babylonian, Greek and Roman Eras. The history also includes the use of dreams as documented in the Biblical Records, the Oriental cultures and during the era of Christianity. The superstitions about

dreams during the Medieval era through to the Middle Ages is discussed.

A major portion of the section on the history and uses of dreams and their interpretation is devoted to Sigmund Freud. It is felt that he is the founder of modern psychotherapy and laid the foundation for many of the current approaches to dream therapy. Freud is considered to be a pioneer of dream therapy, along with two other prominent psychotherapists, Carl Jung and Alfred Adler. The dream theories of both of these men is discussed in this thesis also.

The next section of this thesis is concerned with Modern and currently practicing dream theorists. Three divergent but interesting approaches to dream therapy are presented. First is Calvin Hall's research and findings on the Content Analysis of dreams and their clues about the personality of the dreamer. The second approach is that of Montague Ullman and his views and research on dream telepathy. Included in this section is a discussion on the differences between Freudian, Jungian and Ullman's dream therapies. The final approach is the Transformative and Feeling Therapy of Richard Corriere and his associates.

The chapter on the applications of dream therapy in counseling presents four different interest areas. The first discusses the use of dreams in counseling clients with sexual and marital difficulties. The next area is working

with children's dreams. This includes a method of handling nightmares for parents and teachers. The grief process and death and dying in dreams is discussed. The last area involves the effects of the stress levels of surgical patients and group counseling members on dreams.

DREAM THERAPY IN COUNSELING

by

DEBORAH ANN KARR BLACK

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requirements for the degree of

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## CHAPTER I

### INTRODUCTION

No one is really sure what a dream is. People have been wondering where dreams come from during all ages and virtually all cultures. Since the beginning of recorded time, people have dreamed. There is evidence of dreams from ancient times and the Assyrian culture to the present day Australian aborigines. All people dream (Hall & Van de Castle, 1966). Dreams are a part of every person's life, although there are some individuals who state that they do not dream. It has been documented by many authors (Cartwright, 1978; Slap, 1977; and McCarley, 1978), just to name a few, that people do dream while sleeping during a phase call REM or Rapid-Eye Movement sleep. Sleeping occupies at least one-third of a person's lifetime. An average of 100 minutes of each night of sleep is spent dreaming in the REM state (McCarley, 1978).

In writing this paper on dream therapy and its use in counseling and therapy, this author found it necessary to research the origins and past functions of dreams and their interpretation. From these origins and past functions of dreams, this author gained a broader perspective of the uses of dreams throughout the years. It is hoped that the reader will acquire an understanding and appreciation of the origins

of dream therapy and dream interpretation, also. The great variety of current theories and approaches to dream therapy originated from many of the ancient beliefs, superstitions and uses of dreams and their interpretation.

This paper traces the history and development of dream therapy from the earliest documented times to Biblical and religious influences. This paper moves on to the superstitions age during the Medieval Era and the Renaissance. Also covered are the Greek and Roman views of dreams and it includes the English and American thoughts and uses of dream therapy in the 18th and 19th centuries. This paper also includes psychoanalytic dream interpretation, Jungian dream analysis and Adlerian dream analysis. These men are responsible for most of the research and work that has been done in establishing the foundation for modern and current dream therapy. It is hoped that the reader will gain an appreciation for the use of the dream and its importance in history and the present. For this reason, a major portion of this paper will be spent upon the history and uses of dreams through history.

There are many beliefs and theories for the causes and purposes of dreams. Some of these theories will be presented in this paper. The dream has had a great variety of functions depending upon the particular society involved at the time of the writing about dreams. It is the author's contention that dreams continue to fulfill many functions and purposes during sleep. Some of these functions are anxiety

reduction, preparation and rehearsal for future events. Dreams are also used to relive past memories, as a fantasy and pleasure outlet and as a problem-solving process. These purposes will be discussed in this paper.

### Purpose

The purpose of this thesis is to present an overview of the uses of dreams through the years. It includes a section devoted to the Early Pioneers of Psychotherapy and the use of dreams in their work; which is followed by a discussion of modern theorists and current dream therapies. The last portion of the thesis is concerned with the applications of these various dream theories to counseling.

There are many mysteries and questions about dreams and their theories which this author feels necessitates and substantiates the need for dream analysis and interpretation. The analysis and interpretation of dreams can be used in many areas of mental health and can enable people to become more aware of themselves and the how and why of their functioning. Dreams can be used as an inner monitor and a reflection of the feelings and attitudes that are left over from waking activities. Dreams can be applied in the field of counseling to enable people to become aware of the motivations and reasonings behind their thoughts, feelings and actions. They can be used as a method of teaching clients to gain control of situations in their waking lives. It is this author's belief that dreams can be used in counseling as a tool for

improved communication within the self to increase self understanding. Dreams can be used as a means of expressing that communication in therapy.

The areas of application are of interest and importance to the author, who is a nurse and hopes to combine her counseling with her nursing. The application areas are human sexuality, children's dreams, stress and dreaming, and psychotherapy and dreams. These areas can be pursued in a clinical setting where counseling takes place and in a hospital or school setting. It is hoped that the techniques are versatile in their applicability and have relevance to the reader.

It has been shown that people who are able to recall their dreams are more creative and more intelligent than non-recallers of dreams. Dream recallers respond and deal with their anxiety level through their dreams as an internal communication device (Schonbar, 1959). It is this author's belief that the use and interest of dreams should begin in childhood. This will increase the child's self-confidence and self-esteem. Dream use will instill in the child a belief in the child's self as a capable individual. Once children gain confidence, they will then become more self-reliant and responsible. Children will become more independent and better able to make their own decisions. Dreams can be used as an internal monitor for problem solving and aid in the encouragement of mentally sound and competent individuals (West, 1978; Garfield, 1974).

The research for this thesis was limited by an inaccessibility of available literature in the libraries used by the author. There seemed to be a wealth of journal articles about dream therapy, however, most of these articles were from foreign journals and not subscribed to by the libraries used. The libraries that were used in obtaining the information for this thesis were the Portland State University Library and the Multnomah County Library, Portland, Oregon.

### Causes of Dreams

There have been many areas of confusion regarding dream theory over the years. One area of confusion is based on superstitions that are often tied in with and attributed to dreams. One such superstition is attributed to the French who say that to talk about a dream before breakfast brings bad luck. According to Greek superstition, on St. Catherine's Eve a Greek girl bakes a cake made of salt and wine. This is an old custom and the girl hopes that this cake will help her to dream of her future husband (MacKenzie, 1965). During this author's childhood, she was led to believe that the converse of this was true. If a dream was told before breakfast, it would come true. Even today, this author is very careful to relate only the good dreams before breakfast. The version this author grew up believing was to place a piece of wedding cake under the dreamer's pillow to dream of the future husband.

Another area of confusion about dream theory involves

ancient and primitive societies. These societies believed that dreams were the work of gods or demons. These dreams appeared to mortals with messages of hope or of despair. In the Orient, it is believed that the soul leaves the body during sleep and wanders in a spirit world. There have been magic spells for inducing dreams and for stopping their evil consequences. Dreams have been thought to provide a look into the future or to reveal events happening far away. Some people have even used dreams to choose a course of action in a decision. Dreams have been used as cures and as curses. They have also been used as a basis for political and military decisions (MacKenzie, 1965).

In addition to superstitions and gods and demons as the causes for dreams, it has been noted by Freud (1955) that there are other causes for dreams. The two primary sources are internal physical sensations and sources external to the dreamer's body. Internal sources can arise from anxieties and problems that the dreamer has not resolved during the day's activities. These anxieties may carry over into the dream state. Other internal physical causes may arise from actual physical ailments or dysfunctions in the internal body organs. An example of this is a person who was in good health but had been bothered for years by anxiety dreams. According to Freud (1955), years later when the patient was medically examined she was found to have a heart ailment of which she later died. Freud felt that anxiety dreams were often caused by diseases of the heart and lungs.

The specific organ involved makes an impression as to the content of the dream. Freud noted examples of dreams of individuals with heart disease and lung disease. Characteristic dreams of heart disease patients were often brief and came to an abrupt terrifying end at the exact moment of waking. They were almost always about some situation involving a terrible death. He noted that those lung disease patients had dreams of suffocation, fleeing and crowding. Dream content can be used in counseling patients with diseases as a recognition for the patient that there might be something physically wrong.

External stimuli such as a bright light, a noise that may make itself heard or a strong odiferous substance may all be incorporated into the dream. Chill sensations to the body can be caused by the covers being thrown off a body part. A change in sleep posture can alter sensations of pressure or contact during sleep and have an effect on dreams. Freud discovered that it is also possible to bring about dreams that correspond to a certain sensory stimulus to the body. Some examples of this are the sharpening of a pair of scissors upon a pair of pliers to produce a dream of bells ringing or tickling the lips and tip of the nose with a feather to produce a dream of torture (Freud, 1965).

This has been a partial representation of some of the causes for dreams. Other causes or sources for dreams will be discussed in greater detail throughout this thesis.



This paper consists of five chapters. Chapter I is the introduction and includes a brief discussion of the causes of dreams. Chapter II presents the history of dreams and dream interpretation from ancient times through the Early Pioneers of dream therapy. Chapter III describes three current theories of dream therapy. Chapter IV contains the applications of these various dream theories to counseling and therapy situations. The final chapter includes a summary and recommendations for further research.

## CHAPTER II

### HISTORY OF DREAM THERAPY

Dream therapy and its interpretation has been practiced for many thousands of years, by all cultures and races, since the beginnings of written communication. There have been many forms of therapy and interpretation used. Some have diminished in practice, while others became more prevalent as different cultures evolved. Many of the practices were similar and many were dissimilar to each other. This writer feels that it is important to have a knowledge of the background and origins of dream therapy to understand modern dream therapy. It is this author's belief that this knowledge will aid in the study of dream therapy and its application with clients.

The purpose of this chapter is to trace the use of dream therapy and interpretation from the earliest stages to the present use and application of dream therapy. This will be accomplished in two major sections.

The first section on dream therapy will include the beliefs and practices of the Egyptians moving on to those of the ancient Babylonians. Next, there will be a discussion of the evidence of dream interpretation in Biblical Records. This will include the Holy Yahweh (see definition of terms) of the Jews, the Talmud, the Koran of Mohammed and the New

Testament. The next period will be the Greek era and its contributions to dream therapy and dream interpretation. This will be followed by the Roman era and a discussion of the philosophies of the Oriental cultures. The Christian era through to the Middle Ages will be presented followed by the European colonial era of the 19th century. The second section will provide an in-depth view of dream therapy during the 19th century and include the early pioneers of dream therapy. These pioneers were Sigmund Freud, Carl Jung and Alfred Adler.

## ANCIENT HISTORY

### The Egyptian Culture

From the time humans developed a written language, they recorded their dreams and ways to interpret dreams. MacKenzie (1965) cited evidence found in the ancient Egyptian hieroglyphs, a series of picture symbols. In these hieroglyphs were drawings of pictures which were believed to be of the dreams experienced by these people. These dreams were recorded and interpreted in great detail and over 4,000 years ago, the Egyptians incorporated their dreams into their daily lives. This is evidenced not only in the hieroglyphs but also in the Bible, which tells of the dreams of Joseph and Pharoah (MacKenzie, 1965).

The Egyptians believed that the gods revealed themselves in dreams in a simple and straightforward manner. This is in marked contrast to the people in the Near East and the Orient, who also believed as did the Egyptians that the gods revealed themselves in dreams. The people in the Near East and the Orient felt that the soul left the body during sleep to travel in the spirit world. For the Egyptians, dreams were the perception of things that existed but couldn't be seen or heard while awake. The Egyptians used a wide variety of methods to make contact with the other world. Some of these methods included divine inspiration

and ritual incantations. They also used potions and ointments to summon the invisible spirits. From these contacts the Egyptians felt they could gain warnings, advice, recovery from illness, success in love and other pleasurable experiences (MacKenzie, 1965; Ullman & Zimmerman, 1979).

According to MacKenzie (1965) the first known book on dream interpretation came from Thebes in Upper Egypt. It was written around 1350 B.C. and included material as far back as 2000 B.C. This book was the Chester Beatty Papyrus and is found today in the British Museum. This papyrus distinguished between good and bad dreams in a way that still influences present-day dream interpretation. The papyrus introduced the idea of contraries and told the significance of verbal and visual puns and hidden associations in the meaning of dreams. In other words, what occurred in a dream, that upon awakening seemed horrible or unusual, was frequently a sign of the opposite occurring. For example a dream of death was an omen of long life. There are over 200 omnia, or dreams, in this papyrus which also contains incantations for preventing or throwing off the effects of unpleasant or threatening dreams. The Egyptians relied on incantations in their rituals and these early incantations seem to be the roots of European witchcraft spells (MacKenzie, 1965; Ullman & Zimmerman, 1979).

Most of the dreams recorded in the papyrus were those dreams of important persons, such as priests and kings. The dreams fall into three groups: 1) dreams in which gods

appear to demand some pious act; 2) dreams in which the gods give unsolicited warnings or revelations or predictions; and 3) dreams in which the purpose or theme is invoked by elaborated rituals (MacKenzie, 1965). The Egyptians seemed to have borrowed many rituals and beliefs from earlier societies. Some of the later forms of Egyptian dream interpretations resembled the earlier practices of Mesopotamia. This leads one to believe that the Egyptians molded Assyrian ideas and methods onto their own ideas. Some scholars believe that the Egyptians borrowed many rituals from those nations that they conquered and with whom they traded (MacKenzie, 1965).

### The Babylonians

The Babylonians were considered to be animists (belief that all life is produced by a spiritual force separate from matter. All objects and natural phenomena are alive and have souls). Animists were people who were surrounded by natural forces which they attributed to their many gods. These gods were to be worshipped or placated and the demons or devils were to be feared and warded off. They sought protections and reassurance from circumstances deemed beyond their control, which they believed to be controlled by the gods. The use of the prophecy, divination, magic spells and dream interpretation were used as a means of protections from the gods. Every omen was significant. Every dream was connected to waking experience and thus became an omen of

something to follow. These omens were divided into two main classes: 1) those concerning the ruler, priests, and other high officials which were under the realm of astrology; and, 2) those concerning private people from whom dreams were especially relevant. Distinctions were made between divine (given or inspired by God; holy, sacred) dreams that had to be interpreted and obeyed, and ordinary dreams that were either good or bad. According to MacKenzie (1965) good dreams were sent by the gods and bad dreams were sent by demons (the latter catalyzed the inactment of protective rituals).

There were two methods of interpreting which category the dream fell into which determined the dream's meaning. The first method envisioned the content of the dream as a whole and then attempted to determine some other context for the meaning (MacKenzie, 1965). The second method was that of a cipher (a secret writing understood by those with the key to it). A cipher treated the dream as if every image were a separate sign. These images were listed and a dream book, the Ninevah tablets, was consulted. The Ninevah tablets were found in the library of an Assyrian king of the 7th century B.C. This book contained dream formulas based on assumptions about the meaning of symbols dating from the beginnings of recorded history (Ullman & Zimmerman, 1979; MacKenzie, 1965).

## The Greeks

The Greeks incorporated into many of their philosophies and beliefs the philosophies and beliefs of nations that they conquered. In addition they adopted whatever seemed useful or interesting to the Greeks from the people with whom they traded or came into contact. The Greek dream attitudes show many similarities to the Egyptian and Babylonian beliefs. They also have many original and unusual ideas of their own sophistication (MacKenzie, 1965).

Many of the themes in Greek dreams were similar to recorded Near East themes. In Homer's time the Greeks believed that dreams were divine and originated from Zeus. Later the Greeks believed that dreams came from many of their other gods. Usually the dreams appeared from messengers, but occasionally, the gods actually appeared in the dreams. The Greeks distinguished between true and false dreams, but like the Egyptians, the Greeks also faced the problem of how to tell one from the other. According to MacKenzie (1965), Homer (9th century B.C.) alluded to a Greek pun about the gates of ivory and horn. Through the gate of ivory, came many distorted and grotesque images which were said to discredit the rarer images that came through the gate of horn. In other words the false dreams came through the gate of ivory, and the true dreams appeared through the gate of horn.

As early as the 8th or 7th centuries, B.C., dream therapy was practiced. Several of the Greek oracles were



induced by the vapors inhaled from burning laurel leaves by the priestesses in the temples of Zeus and Apollo. When the priestesses became unconscious, the messages which came from their lips were written down by the priests and given to the

devotees who sometimes availed themselves of the privileges of sleeping in the temple and receiving answers to their queries by revelations in dreams induced in the holy atmosphere (MacKenzie, 1965, p. 41).

One of the primary contributions of Greek dream theory was the use of incubation. The practice of incubation used the search for divine or true dreams. These dreams were relevant to many of the problems of everyday life and placed a great emphasis on the therapeutic functions of dreaming. One form of incubation took place in the temples of Aesculapius for the cure of illnesses.

In this form of incubation the patient was shown the tablets of previously cured patients as a testimony of the power and miracle of the temples. The patients were expected to be in awe of these cures and the cures were also used as a form of auto-suggestion. According to MacKenzie (1965) the patient prayed and often sacrificed an animal to the god of the temple before laying down to sleep on the skin of the sacrificed animal, which was placed beside the god's statue. Sleep was often induced by ointments, potions or hypnotic trances. Frequently the priests returned in the night dressed as the gods to give medical treatment to the patient (dreamer). This also served to reinforce any testimony of the patient that he had seen the god in his dream.

The dream, however, was of the utmost importance. The god appeared during this time and told of the remedy for the ailment. Some of these involved the use of emetics, sacrifice of body parts or other cures. The priests then interpreted the dreams and gave the instructions for the future care of the person's health. This form of incubation practice still carries over into the present in such places as the Grotto at Lourdes, France, and Tenos, Greece. In both of these places people still flock to be cured of illnesses and ailments, as saints have appeared to others in visions and dreams and have become cured (MacKenzie, 1965).

At first the oracles of the priestesses were based on earth oracles, such as fire and later transferred to fertility rites. Today, the rite of incubation still has the cure of sterility as its main theme. Incubation has been found in a great variety of cultures spanning the globe from China to the Australian aborigines and from Central America to Africa (Ullman & Zimmerman, 1979; MacKenzie, 1965).

Many of the Greek philosophers espoused ideas about dreams that are still relevant today. Heraclitus (540-475 B.C.) was the first man to make the statement that each person retreats in sleep into a world of unique characteristics. He thus separated the phenomenon of dreaming from the supernatural and made it a common human fact. Democritus (460-362 B.C.) saw dreams as coming from all persons and objects. He also viewed dreams as a form of telepathy, which penetrated the dreamer's body and consciousness. Xenophanes

(6th century B.C.) felt that dreams had to be explained, although not as divine, but as a carry-over from the cares and concerns of waking life into sleep (MacKenzie, 1965).

Hippocrates (460-377 B.C.) wrote that some dreams indicated poor health and that others might be divine. He prescribed treatment involving dieting, walks, hot baths, emetics and exercise as indicated for the person's health. He thought that if the dream sight or hearing were impaired that this meant there were diseases in the head area. He felt that when rivers were high in dreams that this indicated an excess of blood in the dreamer. Low water in dreams meant a blood defect for the dreamer and dreams of spring and cisterns indicated bladder trouble. To drink clean water in dreams was considered to be a good sign, but to drink any other kind of water was a sign of harm to the dreamer (MacKenzie, 1965).

Aristotle (384-322 B.C.) and Plato (427-347 B.C.) approached dreams differently than the previously mentioned philosophers. Aristotle felt sleep reduced the activity of the sense but that there was a residual sensory activity. This sensory activity continued after sleep to produce images based on external stimulation. External stimulation could be mistaken for real objects, primarily when the dreamer was under emotional stress. People weren't able to realize this because their ability to judge perceptions and the capacity for this judgment, which was in the form of fantasies, were separate functions. In other words, the mind was full of

images during sleep but the dreamer was unable to realize that these images were not real. After awakening, the dreamer had been affected by the dream and the mood from this usually decide the person's behavior for the following day. These beliefs led Aristotle away from the previous superstitious concepts surrounding dreams (MacKenzie, 1965).

Aristotle found three ways in which he thought dreams might be linked to the future:

the first was the 'prodromic' dream, in which small symptoms of an impending illness would be perceptible to the sleeper. The second, were causes in which the dream was the source of an idea or state of mind governing waking actions. Thirdly, in a point that recurs over and over again in later discussions of dream precognition, he observed that since there were so many dreams of such infinite variety, some of them were bound to resemble later events (MacKenzie, 1965, p. 49).

Plato's views were similar to Freud's theory of the relation between dreams and human instinct. According to MacKenzie (1965), Plato said that when reason was suspended during sleep the other two aspects of the soul, desire and anger, surfaced with all of their power. He discussed morally superior dreams, which occurred when the two lower aspects of the soul had been lulled to rest by moderated satisfaction. Reason was stimulated to heightened activity during morally superior dreams. In turn, heightened reason accounted for the soul being prepared to accept incest, murder and sacrilege, which would not normally enter a person's thought processes. These views, as an expression of the dynamics of the total personality, are remarkably similar

to Freud's theory of repressed portions of the personality that usually only emerged in dreams (MacKenzie, 1965; McCurdy, 1959).

### The Roman Era

There is a great deal of information about dreams during the Roman era with many conflicting beliefs and contrasting theories of interpretation. The primary belief of the Romans was in divination of all sorts. Augustus (27 A.D.) who followed Julius Caesar, proclaimed that all dreams about the commonwealth must be told in the marketplace. Folklore holds that the deaths of several rulers of Rome (Julius Caesar, Tiberius, Caligula and Comitian) were foretold in dreams. However, the truth of these dreams is questioned today. It is thought that these dreams may have been modified or thought up by historians, or the emperors themselves, to suit a certain need of the state (MacKenzie, 1965).

Some of the conflict that the Romans had in trying to overcome their beliefs in the occult were apparent when interpreting dreams. In one century the thinking swerved from the occult to a sort of rationalization. In another century there appeared to be a lingering belief in the occult. Titus Lucretius (approximately 90 B.C.) observed that images from the day were apparent during sleep. He also observed that the senses were at rest during sleep and unable to distinguish true from false, which accounted for the dreamer's ability to accept a known dead person in a dream. During

sleep, the memory was also at rest and waking activities and circumstances which preoccupied the person often recurred during sleep. The illusion of movement in a dream was produced by a rapid succession of static images, which caused a cinematic effect (MacKenzie, 1965).

Galen (80 A.D.) turned from philosophy to study medicine as the direct result of a dream. His belief was similar to Aristotle's prodromic dream, in which an impending illness gave a warning of its onset in the dream. In other words, the dream could be effected by daily life or by physiological condition. Galen's observation was that dreams of fire were caused by yellow bile. This was similar to a liver condition. Dreams of darkness signified black bile (MacKenzie, 1965).

Artemidorus, an Italian physician, who lived in the 2nd century, collected reports of dreams by correspondence and travel. On the basis of his collections of dreams, Artemidorus compiled a manual of dream interpretation. This manual, a work in five books entitled Oneirocritica, seems to provide a starting point for all subsequent books purporting to interpret dreams. Indeed, according to MacKenzie (1965), most authors following Artemidorus, have merely made additions and modifications to his writings necessary to adjust them to their own items.

Artemidorus distinguished two classes of dreams. These were the somnius, which forecast the future, and the insomnius, which referred to present matters. The insomnium was affected by states of body, mind or both. The somnium, on the other

hand, was usually a clear representation of coming events which were often symbolical. He thought that the dreams of important and serious men should be regarded as somnium. This was because their souls were not disturbed by the hopes, fears and appetites which produced insomnia. Common people and dream interpreters were thought to be subject to insomnia. The dreams of interpreters were thought to be obscured by their knowledge of symbolism (Ullman & Zimmerman, 1979; Ullman, Krippner & Vaughan, 1973; MacKenzie, 1965).

### The Oriental Cultures

Most of the Oriental cultures, particularly the Hindu and Buddhist religions from the 6th century B.C., held the common belief that each person had a soul which left the body during sleep and roamed at will among other people and to far places. Dreams were in the form of the experiences encountered by the soul as it so wandered. This was part of the reason that the people in many Oriental cultures were hesitant to wake a sleeping person. Because a person might be awoken before the soul had found its way back into the body, and thus, the soul might be left to wander in a nether world or revert to a timeless unity with the cosmos (Ullman & Zimmerman, 1979; MacKenzie, 1965).

The Buddhists believed that before his enlightenment the Buddha (563-483 B.C.) had:

five dreams, which warned him of this great event. In one of the dreams he saw four birds of different colors coming from the four quarters; they fell at his feet and became white. They were believed to

represent the four laymen of four castes who would become his disciples. The symbolism of this dream is rich. Without noting the parallels that can be found in many myths, it is enough to note that C. G. Jung believed that such an emphasis on the number four is almost always associated with a tendency toward integration, the discovery of wholeness in a personality, the emergence of profound meaning in life (MacKenzie, 1965, p. 58).

The Chinese also had a profound belief in the distinction between the material soul (p'o) and the spiritual soul (hun). The material soul (p'o) regulated the bodily functions and died with the body. The spiritual soul (hun) left the body at death and took with it the person's appearance. According to MacKenzie (1965) this distinction formed the Chinese theory of dreams. The dreams were caused by a temporary separation of the body and the hun. After the soul was free, it would communicate with not only spirits and the souls of the dead, but also with gods. It was then able to return to the body with these impressions. These beliefs of the departure of the soul from the body, via communication with spirits, souls of the departed and subsequent return to the body with these impressions were used by the Chinese to account for trances, visions and fits of a wide variety.

There was a significant place for dreams in a person's state of mind according to Indian philosophy. Around 1000 B.C., the belief was that there were three states of being for a person. These were the present world, another in the other world and a third, which was an intermediate state, known as sleep. In the interim state, the person saw both states together. These three states were not seen as equal.



The waking state was common to all people and seen as less real than the dream state. This dream state was one during which a person's inner knowledge of the self was not disturbed by everyday sensations. The highest state was the third, which was dreamless sleep. In dreamless sleep, a person attained the full unity of the self with the infinites of time and space (MacKenzie, 1965).

### The Christian Era (Biblical Records)

The Jews had dream theories similar to the Egyptians even though they developed a monotheistic faith. Their holy Yahweh or God (Hebrew name translated as Jehoveh) initiated all divine and good dreams. Yahweh used dreams to make direct contact with his chosen people and to give them guidance. It is believed that these dreams attempted to reveal truth to the people in order that they might have a fuller and freer life. The holy word of Yahweh is recorded in the book, The Bible. This Bible warns of selecting and believing an interpreter or false prophet (MacKenzie, 1965).

The rabbis and sages of the Talmudic period (100 B.C.E. -100 C.E.) used dream interpretation to mold religious, social and political behavior and thoughts. At this time dreams were thought to have an external source (God and his messengers or demons) or an internal source.

An internal source interpretation required the analyst to consider the dreamer's personality, his various life circumstances, his age, his occupation, economic circumstances, state of happiness or unhappiness, how troubled or relaxed he was at the time of the dreaming. The dream can then be inter-

preted from many angles and in different ways (Woods & Greenhouse, 1974, p. 153).

The Talmud noted that three types of dreams were fulfilled. These were dreams that occurred in the early morning, just prior to waking; dreams that a friend has about you; and dreams that are interpreted by another dream (MacKenzie, 1965; Ullman & Zimmerman, 1979).

There are many instances of religious messages transmitted by dreams recorded in the New Testament of the Bible. Many of these prophetic dreams were revealed in the gospel of St. Matthew. Some of these dreams were quite significant Biblical entries. For instance, the dream in which the Angel of the Lord came to Joseph, son of David. In this dream, the Angel told Joseph to take Mary as his wife for she had conceived of the Holy Ghost (MacKenzie, 1965). There are three dreams which tell of the flight into Egypt. The first one warns the wise men not to return to Herod. In the second, an angel appears telling the Holy Family to escape to Egypt from Herod. In the third, an angel appears to Joseph after Herod's death telling Joseph to return to Israel. Most of these dreams were fulfilled as the dreamer answered the divine message (MacKenzie, 1965).

According to MacKenzie (1965), one prominent dream in the Bible was not fulfilled was that of the wife of Pontius Pilate. She urged her husband "to release that just man Jesus, instead of Barabbas, because I have suffered many things this day in a dream because of him" (MacKenzie, 1965,

p. 38). According to the Jews in the Gospel of Nicodemus, "Pilate is told that Jesus is a conjurer, at which time Pilate's wife relates her dream warning. The chief priests then remind Pilate that they had warned him that Jesus was a magician and the proof was that Jesus had caused his wife to dream" (Ibid., p. 38). Instead of following the dictates of his wife's dream, Pilate crucified Jesus.

Mohammed believed greatly in dreams. Much of the Koran, which is the holy book of Islam, was dictated to him in a dream. In the Koran, a distinction is made between divine and false dreams. Another distinction is made between dream interpreters who are seen as necessary and of false prophets who are warned against in the Koran. On a daily basis Mohammed asked each of his disciples what they had dreamed. He then interpreted those dreams which he thought strengthened the disciples' faith. He also believed some of these dreams had a physiological cause which decreased their value. Physiological dreams were believed to be the dream of wine drinkers, persons with evil personalities, persons who ate certain foods (such as lentils and saltmeats) and small children (Woods & Greenhouse, 1974).

Gregory of Nyssa, an author of Christian persuasion, wrote of dreams in 380 A.D. He treated the dream naturalistically but insisted on the simplicity, unity and independence of the soul. He believed this to be different from the body and its own faculties of nutrition, sensation and reason. He said prophetic dreams were inspired by God and

as such were miraculous occurrences (MacKenzie, 1965).

Gregory regarded sleep as a condition in which the sensory faculty of the soul was at rest along with the intellectual or rational faculty. This intellectual faculty was conjoined with the sense. Dreams were assigned to the third main faculty of the soul. This was the nutritive faculty and was the only faculty to remain active during sleep. Gregory felt that the dream content had reference either to memories of daily occupations or to the state of the body at the time. There was a concrete instance between bodily condition and dream imagery and dreams revealed the dreamer's general character. Also included in the formation of dreams was the contribution of passion, the primary focus being sexual reproduction. There were two elements to this according to Gregory. First, sexual desire was the fundamental passion. Second, through this manner of reproduction man was held down to the level of brute life and shared in its nature (MacKenzie, 1965).

Christianity led to dramatic changes in European philosophy and morality. It also led to profound changes in European views toward dreams. It was difficult to separate dream prophecies from rational prediction and those of divine origin. Tertullian (203 A.D.) said sleep was a temporary type of death during which the soul was absent from the body. Dreaming was the form that the soul's activity took when its physical instrument, the body, was at rest.

St. Augustine (354-430 A.D.) wrote of his dreams about demons in his book Confessions. He believed demons existed and could predict the future. Demons could also accomplish marvels. These odd experiences were attributed to dreams and hallucinations. St. Augustine tried to differentiate between the visions of pious and holy men and those of "men misguided by delusion or by impiety" (MacKenzie, 1965; Hochheimer, 1969).

#### The Medieval Era (700-1500 A.D.)

Many theologians were concerned with the nature of dreams and the validity of divination. Medieval nuns, who felt they were married to the church in a literal sense dreamed of themselves as brides of Christ. Pious men and women often had satanic hallucinations and nightmares of gargoyles. According to MacKenzie (1965), Freudian psychologists attribute these frequent visions to sexual repression, as the Church's emphasis at the time was on chastity. During the Medieval Era, the belief was that sexual drives were expressed in other forms. Humility led to aggressive feelings which were expressed in demonic shapes. The Devil became the symbol of the evils of the flesh. Witches and hags were the expression of sexual temptation and the dangers of these temptations and the dangers of these temptations as expressed in dreams.

A recurring dilemma continued to prevail with the belief that some dreams could foretell the future. This

dilemma faced St. Thomas Aquinas (1225-1274) who found it difficult to sort good dreams from the bad dreams and the true prophecies from the false. He said that only the dreamer could tell the difference in these prophecies. Good dreams came from within the person's soul (i.e., "those things that have occupied man's thoughts and affections while awake recur to his imagination while asleep" MacKenzie, 1965, p. 68). Good dreams also came from the body and its inward disposition which led to the formation of a movement in the imagination consistent with the disposition. The dreams that were inspired from outside the person were either from demons or heavenly sources. Aquinas felt that most dreams were strictly a function of sleep, but that there were others of great significance, which could be used as divine. He also warned people to be careful of being deluded by demons (MacKenzie, 1965; Ullman & Zimmerman, 1979).

During this time, Martin Luther (1483-1546) was afraid that the Devil might harm many people by evil dreams. He was so fearful of getting divien and demonic messages confused that he prayed to God not to speak to him in dreams (Ullman & Zimmerman, 1979). John Calvin (1504-1564) found that God spoke in dreams in allegory and with an obscured message. This obscured message made dreams extremely puzzling to the very devout Christians (MacKenzie, 1965).

Towards the late Middle Ages, there were many sorcerers, superstitions and spells to produce significant dreams. The spells often required strange ingredients in order to work.

By the end of the 15th century, occultism was practiced and alchemists, astrologers, fortune-tellers and those using magic numbers were in vogue. Usually these people were held in high regard, but on occasion they were imprisoned and sentenced to death. For example, one such person was Jerome Cardan (no date) who was an astrologer, mathematician and doctor. Cardan told of his own far-fetched dreams and made up herbal potions and ointments to produce extraordinary visions (Hochheimer, 1969; MacKenzie, 1965).

Paracelsus (1493-1541), an alchemist and physician, believed in some of the oriental concepts. He made a distinction between the physical body and the ethereal soul. This ethereal soul was believed to be awakened in sleep and could communicate with the spirits of other people and with the dead. He called this the evestrum and felt it could leave the person's body. If the evestrum lost contact completely with the body, Paracelsus felt the person would die. During this astral life, which connected the person to the Macrocosm, the evestrum experience was communicated to the sleeper in the form of dreams. Paracelsus believed that some of these dreams were natural and were known to all people. They were caused by joy, sadness, blood impurities or external and internal causes. Paracelsus also had difficulty in differentiating between true and false dreams. He felt that true dreams were supernatural dreams and were the messengers from God. He was also able to find a correlation between the dream and the person's psychological state:

that which the dream shows is the shadow of such wisdom as exists in the man, even if during his waking state he may know nothing about it; for we ought to know that God has given us our own wisdom and knowledge, reason, and the power to perceive the past and the future; but we do not know it, because we are fooling away our time with outward and perishing things, and are asleep in regard to that which is real within ourself (MacKenzie, 1965, p. 72).

Carl Jung rediscovered this passage about the hidden aspects of the personality which were felt to be revealed in dreams. This was completely overlooked by Freud in his work on dreams (MacKenzie, 1965).

Many dream books began to surface in the 16th century and have continued to flourish in their popularity until the present. A large number of these books were found in Great Britain and Europe. These dream books claimed to resolve all manner of questions relating to life and whether it would be long or short for the dreamer. Dream books also gave an account of the prosperous days in the year, interpreted dreams, and even told how to make a young woman exceedingly beautiful and an old woman very handsome and youthful.

MacKenzie (1965) found that American dream books were a continuation of former dream books extending back to Babylonian times and were American, due only to the fact of their being published in America. The first was The New Book of Knowledge, The Interpretation of Dreams, published in Boston in 1795. Most of the interpretation had to deal with the anatomy of the dreamer and what it meant to dream about a body part; whether good or bad fortune would result.



Most of the dream books published also contained material regarding the art of divination by cards, dice, dominoes, palmistry and fortune telling (MacKenzie, 1965).

During the late 19th century, the traditional view of dream theory was changing from a view of supernatural or divine cause (those sources external to man himself) to man himself as the cause of dreams. There were arguments that dreams were solely physiological in cause, dismissing

the idea that dreams might offer significant clues to the dreamer's personality or to the problems that confronted him in waking life. They recognized that the dreamer made his own dream (MacKenzie, 1965, 87-8).

## THE EARLY PIONEERS OF DREAM THERAPY

### Pre-Freudian Influences

This section presents the task that Sigmund Freud faced when he first set out to establish his theory of dream interpretation. The primary author on dreams at this time was John Abercrombie. His views on dreams will be presented. His work is a significant contribution to the area of dream theory in that he turned the attitudes around from superstitions to an attitude based on the scientific method using hypothesis, evidence and demonstration. This will be followed by the education and background of Sigmund Freud and the importance of his "Project" (McCarley & Hobson, 1977). Included in this section will be a discussion of Freud's interpretation of dreams and the contributions of psychoanalytic theory. Finally, the theories and contributions of Carl Jung and Alfred Adler to dream interpretation will be presented.

When Freud set about summarizing the previous work on dream interpretation he felt that nothing very substantial had been achieved. He commented on the difficulty of writing a history of the scientific study of the problems of dreams because there was no set line of advance in any particular direction that could be traced. There had been no foundation laid of any secure findings upon which a later investigator,

such as himself, might build. However, there were a few findings that could be traced leading to areas in neurology, body chemistry and the study of sleep (MacKenzie, 1965).

Much of the material upon which Freud based his dream theory came from the findings and summations of John Abercrombie, A Scottish physician. Abercrombie made three important points in dream work:

- 1) the fact that dreams seem to have a 'real and present existence' is due, he said, to the impossibility of comparing the dream experience with the things of the external world; 2) dream images not only proceed 'according to association...we cannot, as in the wakening state, vary the series, or stop at our will'; and 3) it is possible to divide dreams into categories each of which throws some light on the means by which dreams are produced (MacKenzie, 1965, p. 92-93).

Dreams were now being treated as a natural phenomena, according to the scientific method of hypothesis, evidence and demonstration techniques.

The categories Abercrombie observed in dreams were:

- 1) the dream in which recent events and recent mental emotions mingled up into one continuous series with each other, or with old events by means of some feeling which had been in a greater or lesser degree allied to each of them; 2) the associations evoked by bodily sensations, such as heat, cold or noise, isolated exactly that aspect of dreams on which psychoanalysis was later to depend; 3) dreams consisting of the revival of old associations respecting things which had entirely passed out of the mind, and which seemed to have been forgotten. It is often impossible to trace the manner in which these dreams arise, and some of the facts connected with them scarcely appear referable to any principle to which we are already acquainted; and 4) the sense that some hidden process of reasoning, or even of intuition, could lie behind normal consciousness (MacKenzie, 1965, p. 93-95; Ratcliffe, 1923; deBoismont, 1855).

One of the major differences between Abercrombie's and Freud's dream theories was that Abercrombie had not hit on the notion of reversing the process of association. In association the dreamer could be led back from the dream to a forgotten event or experience that caused extreme deep emotion or anxiety. This was the essential psychoanalytic technique that Freud was to develop and use (MacKenzie, 1965).

Several other attitudes towards dreams were present in the 19th century that divided dream theories into four categories. These were: theories about the causes of dreams as used by German philosophers and English physicians, and the various observed phenomena of sleep, such as sleepwalking or somnambulism. The other two were the different types of dreams experience that were of common note in the pre-Freudian era and the dreams that were the result of toxic influences, such as those induced by opium. The last category was to give Freud a great deal of material for his theory of dream symbolism, which dealt with the actual content of dreams (Foulkes, 1978; MacKenzie, 1965).

### Sigmund Freud

Freud spent most of his early career in the area of neurobiology. In 1876, Freud began his studies at the University Physiological Institute where he obtained his doctorate in medicine. The next year, at the age of 26, after the completion of six years of research work at the institute, he left the institute. During his stay at the institute he

had been greatly influenced by the concepts of two of his teachers. Brucke influenced Freud in the field of neurology and Meynert, who was Freud's teacher during his residency in the department of neurological diseases in Vienna General Hospital, influenced him in neurological diseases (McCarley & Hobson, 1977). Following a decade of training in both neurology and neurobiology, Freud left the hospital and set up a practice as a neuropathologist. He continued his interest in physiology and wrote articles on the brain and a volume on aphasia. As a student of Jean Charcot, Freud was drawn to the study of mental disorders, primarily that of hysteria and studied with Joseph Breuer in Vienna. Freud and Breuer treated hysteria patients with hypnosis and came to the conclusion that these people were suffering from the persistence of painful memories. These memories could modify a person's behavior even twenty years later. Freud soon connected hysterical paralysis, phobias, obsessions, delusions and hallucinations together as defenses that were often charged with sexual emotion (McCarley & Hobson, 1977; Corey, 1977; Ullman & Zimmerman, 1979).

It was during this time of interest in hypnosis, catharsis and hysteria that Freud wrote his document entitled the "Project for a Scientific Psychology" in 1895. This was an extremely active period in Freud's life, during which he was also working on his ideas for The Interpretation of Dreams (McCarley & Hobson, 1977).

In his paper "The Project for a Scientific Psychology", Freud constructed and built his model of the mind. He also developed his hypotheses about dreaming directly on the structure of his neurobiological model of the brain. The concepts modeled in the "Project" were the ego, somatic drives as motivationally critical cathexes of psychic energy, wish fulfillment and primary and secondary process. Many of the themes that Freud discussed in the "Project" were also themes that would be dealt with throughout his life. Several of Freud's ideas were derived from physiology, as the beginnings for most of his later theories of the mind. At this time, Freud was attempting to give a structure to the unconscious which was known then only indirectly as it still is. His influences on these attempts were greatly conditioned by his earlier studies and work in neurobiology. The "Project" also contains many of the concise formulations and definitions of many central concepts and terms of the psychoanalytic theory of metapsychology.

Freud's psychological model of the psychic system was derived from the same model as the neuronal model of the brain in the "Project".

This psychic system has three subsystems, which are, mnemonic elements; the unconscious, which is to be thought of as those psychic elements in contact with instincts and not open to the conscious system (the consciousness elements are not included in Freud's sketch); and, finally, the preconscious, composed of those psychic elements in close apposition to consciousness (McCarley & Hobson, 1977, p. 1218).

The psychic censor was not included in this model, but

is placed between the unconscious and preconscious. The action of the psychic censor was to screen and block wishes that were unacceptable to the conscious. Freud's dream theory is outlined as follows:

The ego wishes to sleep (the casual basis for this wish is not clear); it withdraws its cathexes from the motor system, resulting in sleep paralysis. The dream process begins when something in the day's experience stirs up a repressed wish in the unconscious. They pair forces and seek to move in the usual direction of flow in Freud's model toward the preconscious system. Entry of the undisguised wish is blocked by the censor, and there is a regressive movement of the psyche, which are close to the perceptual side of the psychic apparatus. There the 'dream's work' of condensation, displacement and symbol formation takes place with a disguise of the wish by the imagery of those mnemonic elements with the strongest associative links to the wish. The disguised wish thus becomes acceptable to the censor and is passed into consciousness. Freud believed that the dream functioned as a guardian of sleep by preventing the intrusion of undisguised and unacceptable wishes into the conscious system, with subsequent arousal (McCarley & Hobson, 1977, p. 1218-1219).

In 1899, Freud published his book, The Interpretation of Dreams. Until this book, dreams had received little scientific attention. For Freud, however, they were "the royal road to the unconscious" (Freud, 1965). Freud's work on dreams marked not only the beginning of a new approach to mental illness, but also of a new approach to man's awareness of himself. This book was the real starting point of psychoanalysis and only 600 copies were originally printed (Ullman, Krippner, & Vaughan, 1973).

A great deal of the information forming the basis of Freud's dream theory came from his own experience during a

time of anxiety when he served as his own analyst. His dreams led him to believe deeply in his discoveries and also gave him an immense amount of material from which to draw for his book. At this time Freud was beginning to believe that consciousness was the smallest part of the mental processes and that most of the psychic processes that controlled man's life were in the unconscious. He later identified the unconscious as the source of all motivation of thought and behavior (Arlow, 1977).

During his work with hysterical patients, Freud had them talk freely which led to his free association technique. As the patients free associated, Freud found the patients were gradually introducing a dream into their associations. Freud used these dreams as a starting point for a new and valuable chain of memories and ideas (Arlow, 1977; Ullman, et.al., 1973; Corey, 1977; & Ullman & Zimmerman, 1979).

Freud felt that the essential feature of the dream was the fulfillment of a hidden wish gratified during sleep, and in a disguised form of some unexpressed and unacknowledged desire (Hadfield, 1954; Hall & Nordby, 1972). This, he felt, was the key to the unconscious. In his book, Freud attempted to:

bring forward proof that there is a psychological technique which makes it possible to interpret dreams, and that, if that procedure is employed, every dream reveals itself as a psychical structure which has a meaning and which can be inserted at an assignable point in the mental activities of waking life. I shall further endeavor to elucidate the processes to which the strangeness and obscurity of



dreams are due and to deduce from those processes the nature of psychical forces by whose concurrent or mentally opposing action dreams are generated (Freud, 1965, introduction).

The first purpose for Freud was to emphasize the role of memory in dreams. He felt that all dream material must be based on memory traces in the brain, although not necessarily those of conscious memories, but rather through hypermnia (an exaggeration of memory involving minute details of past experience). Freud felt this accounted for the ability of people to speak in foreign languages which were unknown to them consciously. It also accounted for the ability to recall long-forgotten places and people from early childhood (Foulkes, 1978).

Freud next reviewed the causes and origins of dreams. His main conclusion was that no matter what caused the dream the nature of the dream was the important factor. The cause of a dream explained nothing of the psychic significance of the dream. The incoherent images of a dream were often the archaic form of psychic function that had survived the emergence of human consciousness and finally found an outlet during sleep (Ullman & Zimmerman, 1979; Faraday, 1972).

Freud questioned the dream as a series of images drawn from memory. These images were animated by instinctual drives and Freud wanted to know why the mind produced this in sleep. He wondered as to the function related to the sleep process and the explanations of the symbolic character of the images. These were the elements that led to the

probing of Freud's theory. He noticed that the ego became weaker in sleep, so that free form fantasy could take over. The dream also seemed to contain verbal and visual puns. In addition, based on the work of Wilhelm Griesinger and P. Radestock, Freud noted the similarity between the phenomena of dreams and those of mental illness. This similarity shows "quite clearly that ideas in dreams and in psychoses have in common the characteristics of being fulfillments of wishes" (MacKenzie, 1965, p. 154; Breger, et.al., 1971; Arlow, 1977).

However, Freud felt this was to be the key to a psychological theory of both dreams and psychoses. It was not necessarily that the answer to dreams was in the area of mental disorders, but that this would lead to a modification of the attitude towards dreams. At the same time the modification of attitudes would affect the views upon the internal mechanics of mental disorders (Foulkes, 1978; Arnold-Forster, 1921; Faraday, 1972).

The first rule of Freud's dream interpretation was: the dream must be set in the context of the ideas that could "rush in pell-mell" (Freud, 1965) once the dreamer permitted free association. No matter how foolish or extravagant the dream or the trains of thought it evoked. Freud felt everything must be admitted to the consciousness and reported (Breger, et.al., 1971).

The second rule was that all the elements in a dream must be treated in detail. Associations must be found for every idea, image and turn of phrase. All the competent parts.

of the dream must also be found. This was the area of difference which arose between Freud and other psychoanalysts. For Freud, the dream was only the superficial form in which the underlying thoughts were symbolically expressed. This was called the manifest dream by Freud. Freud's purpose was to break up the dream with the aid of the associations produced to reconstruct and reassemble the dream into its true or latent form (Breger, 1971; Jones, 1970; Hall & Nordby, 1972; Kaufmann, 1977; Faraday, 1972).

The idea that a dream was an attempt to fulfill a wish was Freud's main theme. This gave him an answer to his central question of the motive for the dream. He felt that the way in which sexual impulses (which often dated back to a period in childhood during which sexual desires were not supposed to exist) were repressed and emerged in dreams. Most people assumed that Freud was arguing that all dreams could ultimately be traced back to some sexual feeling or mood. Hadfield (1954) believes that in actuality, Freud was trying to point out that there were many other powerful and significant wishes that remained ungratified and found expression in fantasy and dreams.

Freud found that dreams were often distorted especially when dealing with feelings and situations that had been repressed. In this case the manifest dream often showed little resemblance to the latent dream. This helped to explain the fact that dreams often appeared nonsensical and expressed as nightmares. The area of distortion was Freud's

next area of interest in his dream theory. He felt there was the essential structure of the dream, an instinctive wish or some very powerful desire, which attempted to find expression. There was a censor from some part of the mind to change the wish into something less dangerous, which then appeared in the manifest dream. To interpret the dream, the manifest must be broken down into its parts by finding the associations and then reassembled to reveal the hidden desire (Breger, 1971; Jones, 1970; Foulkes, 1978; MacKenzie, 1965).

Freud also felt that, even with disturbing stimuli, such as an odor, touch or other physical occurrence, the dreamer attempted to stay asleep and wove these stimuli into the dream in order for the mind to give an explanation to the stimuli and thus resist the stimuli. He concluded:

the wish to sleep (which the conscious ego is concentrating upon, and which together with the dream-censorship and the "secondary revision" which I shall mention later, constitute the ego's share in dreaming) must in every case be reckoned as one of the motives for the formation of dreams and every successful dream is a fulfillment of that wish. All dreams are in a sense dreams of convenience: they serve the purpose of prolonging sleep instead of waking up. Dreams are the GUARDIANS of sleep and not its disturbers (MacKenzie, 1965, p. 141; Kramer, 1969, p. 41; Freud, 1965).

Another controversial aspect of Freud's dream interpretation was that Freudian dream interpretation and psychotherapy took the Oedipus or Electra complexes as a basis assumption. Neither one of these complexes could be understood without a recognition of this. In every dream case, Freud tried to seek out an infantile base for the latent meaning of the dream (Kramer, 1969).

According to Jones (1970) in offering an explanation for the form of dreams, Freud discerned the four basic processes of dream work: 1) condensation, in which one person, one event, or even one word contained many levels of meaning all grouped or telescoped together; 2) displacement, in which painful or other disturbing feelings were displaced from the true to a substitute object, thus escaping the censor; 3) the dream images were not merely symbolic, but being images they had to represent ideas specifically, rather than just in the abstract, which provided the means of representation for the dream thought; and 4) secondary revision, which was that was added to the dream as the waking mind recalled, attempted to order and finally reported it (Jones, 1970; Kramer, 1969; Hadfield, 1954; MacKenzie, 1965).

Regarding the rapid forgetting of dreams, Freud explained the poor memory by emphasizing that dreams follow old facilitations and thus made no change. Also because of the motor paralysis that occurred while sleeping and dreaming, there were no traces of discharge left by dreams (Jones, 1970).

Several of Freud's colleagues were not completely satisfied with his theory on the interpretation of dreams. This went deeper than just his dream theory and led to breaks in psychoanalytic schools of thought. Some of these dissenters challenged Freud's basic assumption that dreams were meaningful psychic occurrences. But all of the dissenters disputed a certain amount of the extent of meaning that he attributed to dreams and the techniques used to interpret

them. Some men were dissatisfied with his emphasis on wish fulfillment. Others were dissatisfied with the implication that dreams were essentially neurotic symptoms, reflecting archaic memories and experiences that the individual had been unable to integrate into their adult personality. Still others, specifically Jung, criticized Freud's emphasis on the sexual component of the unconscious (Hadfield, 1954; MacKenzie, 1965).

### Carl Jung

Carl Jung, a Swiss psychologist, was a contemporary and colleague of Sigmund Freud. They came from the same school of thought of psychoanalytic theory. However, Jung became disenchanted with Freud's seeming preoccupation of the psychosexual development of the individual. Jung is important because he developed another viewpoint to his theory of dream interpretation. Jung had broken away to set up his own school of therapeutic psychology and had his own views of dream interpretation. Jung viewed the dream as a vital aspect of the human psyche and as an essential part of its balancing mechanism. This was not a neurotic symptom and not to be understood only in terms of psycho-therapy. He felt it was a necessary part of the mind of a normal person as well as to the mentally disturbed (Hochheimer, 1965; Ullman & Zimmerman, 1979; MacKenzie, 1965).

Jung believed that the manifest dream contents were natural facts and if properly understood, gave the truest

picture of the dreamer's subjective state. The manifest content was Freud's aspect of the dream as it was remembered. Jung felt that one should learn to read the manifest content as it was and relied on the authenticity of the manifest dream. Jung believed that the conscious mind denied the subjective state or at the very best, only recognized it grudgingly. "The dream comes in as the expression of an involuntary psychic process not controlled by the conscious outlook" (Jung, 1933, p. 4-5).

Jung derived his interpretive procedures from the dream-work, which followed his more central assumptions concerning conscious and unconscious processes and their interactions. These processes are usually understood with regard to his principle of psychic self-regulation. In psychic self-regulation unconscious processes tend to function in a compensatory relation to conscious processes. "The unconscious processes that compensate the conscious ego contain all those elements that are necessary for the self-regulation of the psyche as a whole" (Jung, 1939, p. 186-7). He viewed this self-regulation process, which pertained to therapeutic dream interpretation, as a part of the compensatory activity. This compensatory activity was a two-way process. There was a continuous assimilation of conscious and unconscious contents. The compensatory process was one in which the unconscious sought to correct unbalanced or inadequate experience (Jung, 1939).

Dream symbols were not to be viewed as signs or symptoms.

of a fixed character but rather as true symbols of something not yet consciously recognized or conceptually formulated. The three interpretative procedures used by Jung to distinguish his method of interpretation were:

1) the dream should be amplified by way of exegesis rather than by way of association; 2) the question of what for? should be put to the dreamer more often than the question why? in order to elucidate the excessive or inadequate conscious experiences for which the dream stands as a compensation; and 3) the dream should be regarded as real, rather than merely symbolic, experience, the better to take advantage of its compensatory effects (Jones, 1970, p. 77).

Whenever a dream proved to be highly emotional, Jung felt this was due to the fact that the dream had some archetypal content. Archetypes are the racial inheritance of significant memories passed from generation to generation. Archetypal dreams were the most important in Jungian analysis and seemed to occur more frequently at crucial points of the patient's developmental process. Emotions usually had the general purpose of driving home some truth to which there were some resistances. Emotions also released a certain amount of additional energy. This energy manifested itself in a kind of motion which altered the state of mind and could be measured. The emotions which occurred in dreams were generally the archetypal dreams of a decisive nature and could also have a direct healing quality (Kramer, 1968; Hadfield, 1954; Jung, 1939; Hall & Van de Castle, 1966).

Another important aspect of Jung's theory referred to the concept of synchronicity, which is rather difficult to explain. Synchronicity is explained as a coincidence of



outer and inner conditions for which there is absolutely no explanation as to the cause. In a dream, synchronicity is usually of something which actually occurs perhaps the next day or at least within the visual field. It occurs without the slightest possibility of having been foreseen, inferred or caused. Causality collapses and the event is seen as most meaningful. This meaningful coincidence is known as a synchronistic event by Jung (Ullman, et.al., 1973; Faraday, 1972).

As seen by Jung, a dream is a larger or smaller representation of how things are in a certain part of the unconscious at a given moment. There is no latent or manifest content to dreams. Enantiodromia is also used by Jung.

Enantiodromia means the emergence of that side of ambivalence of which the subject is unconscious. The more intense the conscious position, the more violent will be the eruption of the opposite (Kramer, 1969, p. 113; Hochheimer, 1965).

Two important aspects of Jung's psychological theory include the anima and the animus. The anima is the belief that in every man there is a feminine component. The animus is the belief that in every woman there is an equivalent element of masculinity (Corey, 1977). From these components of identity comes a wealth of symbols. Each individual also possesses the persona which is the face that is presented to the world and the one that is to be seen by others. This persona is a protective mask that hides weaknesses or personal traits that a person doesn't wish to be recognized, even by the self. The opposite side of the persona is the shadow.

This is the part of the personality that is suppressed and contains the unacceptable elements of the personality. These unacceptable elements are often not consciously admitted. The shadow qualities are those that we can attribute to others, but are not acceptable to the self. As Jung says, "we project them and fail to recognize it is our own face that peers back at us" (MacKenzie, 1965, p. 186; Hadfield, 1954).

In dreams, the shadow qualities often appear as characteristic of persons of the same sex. The symbolic aspects of the anima in a man are always associated with female figures and the animus in women are associated with male figures (Jung, 1965; Corey, 1977).

### Alfred Adler

This section on Alfred Adler discusses the areas that Adler felt were important contributions of Freud and the areas in which Adler disagreed with Freud. Adler was a colleague of Jung's and there were certain points in which he agreed with Jungian dream theory that will be presented in this section, also. Finally, Adlerian dream theory and psychology will be discussed.

Alfred Adler respected and accepted a great deal of Freud's dream psychology. He felt that Freud had started the foundation for the science of dream interpretation and noted these contributions of Freud's as valid:

1) the demonstrations that emotional attitudes in the dream point to its actual meaning more than the figurative or verbal elements; 2) the distinction between manifest and latent content and 3) the fact that dreams employ the same dynamisms used in slips of the tongue, day-dreams and other waking behavior (Kramer, 1969, p. 117).

Adlerian dream theory basically followed Freud's. Adler accepted the idea that dreams often showed hidden tendencies and personal conative patterns. Adler felt the latent content indicated the true actual meaning of the dream. Dreams used condensation, displacement, representation of opposites and distortion. Some dreams were wish fulfillment (Mosak, 1977).

Adler disagreed with the censor and saw this as nothing more than a greater distance from the reality that occurred in sleep. During sleep the dreamer used autistic mental processes rather than socially learned ones. A main function of the dream was self-deception (Mosak, 1977).

There were three main points in which Adler agreed with Jung on dreams. The dream must be considered from a final or purposive point of view. It must also be considered from a causal point of view just like any other psychic phenomenon. The symbols had no fixed meaning and were to be understood within the metaphorical content of the dream. The metaphorical content of the dream was concerned with the future orientation of dreams, which had a prospective function and an anticipation of future conscious achievements.

The future orientation aspect implied a problem-solving aspect of dreams, in which the dreamer dreamed of unfinished

or unsolved problems. These unsolved problems were of concern and had been unsolved during the day. The dream could be viewed as a bridge connecting the problem to the goal attainment of the dreamer. This was very close to wish fulfillment in which the dream often came true because the dreamer was training for a part during the dream and was preparing for it to come true. The immediate problems were the main points of the dream and served as rehearsal for attitudes to be used upon awakening. The dream was the trial run or the rehearsal for the future (Kramer, 1969).

According to Adlerian dream theory the dream used metaphorical expressions to arouse feelings and emotions to deceive the dreamer from the usual path of common sense. These expressions would not be used during the daytime contact with jealousy and logical thinking. Common sense, as viewed by Adler, referred to a consensual validation, in which the dreamer used a private language and logic. This logic was valid only to the dreamer. The concept of self-deception was caused by a lack of verbal logic, which caused dreams to remain obscure even to the dreamer. There was a reluctance to correctly interpret the dreamer's own dreams and this was the psychological purpose of the dream. This purpose was to create certain emotions that served to fortify attitudes and actions. The purpose remained unrecognized. Dreikurs felt that dreams must remain a mystery to be effective because if one were to realize the purpose with which emotions are stimulated or if one could admit that these

emotions are created for a definite purpose, this admission would serve to deprive the emotion of its extremely powerful drive (Kramer, 1969; Mosak, 1977).

Adlerian psychologists believe that emotions are the catalysts of action and evoke thought of perceptions to be acted upon. Adler also believed that the purpose of dreams is to arouse feelings. Dreams are the instrument used to stir up feelings. The goal of dreams is the feelings left behind which are often carried through into the next day, regardless of whether the dreamer remembers the dream or not (Kramer, 1969).

Another Adlerian belief is that dreams have the purpose of supporting the style of life of the individual. This life style is shown in dreams that are repeated and supported against the demands of common sense. The life style is a unifying pattern, a personal construct which governs the direction of behavior. The life style produces a selective movement in line with itself. Recurrent dreams are often best understood as attempts to cope with recent traumas. They don't necessarily reveal basic tendencies. The dream gives a justification for the goals chosen in the style of life (Kramer, 1969; Jones, 1970).

According to Adler, dreams use symbolic imagery and contain many fragments which are cross-sections through the dream. Any number of fragments can give a sketch of the whole dream. Any number of fragments can give a sketch of the whole dream. The more vivid the dream, the more the

dreamer is trying to impress the self or the therapist.

In therapy, Adler felt the role of the dreamer to be important in understanding the dream, whether the dreamer was the main actor, peripheral observer victim or hero. When a dreamer is aware of dreaming, this is an indication that the person is not willing to let go in the private logic completely. Frequently the dreamer will wake the self up if the dream isn't going as wished (Kramer, 1969).

The Adlerian therapist asks for and interprets dreams. This causes the dreams to take on added significance as they become part of the dialogue between the patient and therapist. This can have a direct reference to the therapy itself. During the therapy, the first dream which occurs shortly before or after the first session, almost always refers to the therapy session. According to Kramer (1969) a sudden appearance of dreams in a nondreamer usually indicates an increased willingness to reveal the dreamer's self to the dreamer as well as to the therapist. The cessation of dreams means the patient has become unwilling to reveal the self further. Dream cessation can also mean that the patient is finished dealing with the problem area concerned with the previous series of dreams.

Adlerians believe that to dream of change can anticipate therapeutic change. To dream of childhood can indicate that the dreamer will move backward in therapy. Incessant dreams are often used to indicate resistance to therapy. This can mean that the patient is filling up the hour with dream

reports and not about the everyday life of the patient. The dream is purposefully used to circumvent reality and the rationale processes. This can be a sign that the dreamer feels inadequate to solve the problems solely by common sense. The absence of dreams indicates an adjusted or conflict-free person. In dream therapy the Adlerian therapist's task is to interpret dreams into the scheme of the personality so that the portrait of the patient's character becomes complete in accordance with the life style.

Through therapy the patient learns, through the successful and convincing interpretation of the dreams, that there really are mental processes which seem to be withdrawn from his willing and thinking..which..on closer consideration reveal themselves as valid portions of his responsible activity thinking and acting personality; and the denouement of the dream shows... with great clearness in what sense the patient is inclined to solve his actual problems (Kramer, 1969, p. 127).

To summarize, the main points of Adler's dream theory are:

1) Dreams express problems which the individual does not feel sure enough to solve or deal with.

2) Dreams are forms of mentation during sleep (i.e., in a state where man is most removed from social reality). To social sense, the learned socialization of the psyche, has a diminished influence on that mentation and leaves it, to a much greater extent than in waking life, to the influence of his fictional final goal, which is basically emotional, and of which he is largely unaware (or unconscious).

3) Intellect, logic and reason are social products which need for their effective activity an awareness of social connectedness. Since this is greatly diminished in sleep, the individual is exposed more exclusively to emotions; although, to some extent, the environment, always interpenetrates with all thinking and all feelings.

4) Man's striving toward his fictional, final goal, which constitutes his style of life (of which he is also largely unaware), is manifested in all expressive

movements, including all psychic movement, and therefore, during sleep in dreams as well as in waking life.

5) The emotions are used in the dream, as they are used in all other psychic phenomena, for the support of the style of life. The emotions will urge the dreamer to pursue his goals, even though the road suggested by them contradicts logic, reason, intellect, and social sense. This is then called "self-deception" (Adler, 1969, p. 138).



## CHAPTER III

### MODERN DREAM THEORISTS

This chapter is a continuation of the previous chapter in which the evolution of dream interpretation and therapy from ancient history up to and including the nineteenth century was discussed. The theories of the early pioneers, Sigmund Freud, Carl Jung and Alfred Adler, were included.

Almost all modern theorists in dream research and therapy have based at least part of their knowledge and background upon some aspect of the works of these three men. This will be shown in the sections on Montague Ullman and the Functional or Feeling Therapy of Richard Corriere and his associates. In these sections there will be a discussion and comparison of the current techniques of dream therapy and those of the pioneers' techniques and theories.

There are many different approaches to modern dream therapy. This section presents three divergent approaches that are appealing and also have relevance to modern thinking and attitudes towards dreams and dreaming. Calvin Hall and his Content Analysis of dreams will be presented first. His theory is important to those who seek answers and clues to their dreams. He deals with the many components of dreams and their meaning to the dreamer. Next, is the Dream Appreciation viewpoint of dream research of Montague Ullman, who

deals with dream telepathy and the Extrasensory Perception aspects of modern parapsychology. Last, is the Transformational or Functional and Feeling dream theory of Richard Corriere and his associates. This approach enables us to better understand the feelings of our dreams and begin to make our waking and dreaming life complete.

## CALVIN HALL

An interesting aspect of dream theory is that most of the ancient history of dream analysis has relevance and importance in many of the current dream theories. Many of the ancient theories expressed beliefs and points of views about dreams which laid the foundation for current theories. Calvin Hall and Vernon Nordby have based many of their findings in content analysis upon the views of Aristotle.

One of the primary foundations for Hall's and Nordby's theory is based on Aristotle's view that dreaming is thinking during sleep. They concluded there are no major differences between thoughts during sleep and wakefulness. They felt the concepts or ideas of dreams are expressed in the form of visual images which differ from waking thoughts. Waking thoughts are often expressed in the form of words or drawings. Hall and Nordby felt the sleeping person could see thoughts in the form of pictures. According to Hall and Nordby (1972), during sleep dreamers are thinking of problems and predicaments, fears and hopes. In addition they feel the dreamer thinks about the self and others who come into intimate contact with the dreamer's life. They feel that the thoughts of the dreamer are egocentric, centered around the kind of person the dreamer is and how well equipped to handle conflicts and anxieties. They found no impersonal, detached thoughts in dreams.

Hall and Nordby believe that the motives behind thoughts in dreams have a common origin. Many of these motives are wishes and fears that have their origin in childhood with roots in prenatal experiences and racial history. These wishes and fears do not change after childhood, but the ways in which they are expressed in both thought and action often do change (Hall & Nordby, 1972; Hall & Van de Castle, 1966).

Discussed in this section on the content analysis of Hall and Nordby will be the definition for a dream and dream reports for remembered, reported and experienced dreams. The purpose and use of content analysis, the labelling and categorization of parts of dreams and hypnogogic dreams and dream interpretation will also be included.

#### Definition of a Dream

It is important to have a definition of a dream before analysis so that all subsequent analysts are in agreement as to what constitutes a dream. According to Hall, et.al., (1966) the operational definition of a dream is "that which a person reports when he is asked to relate a dream, excluding statements which are comments upon or interpretations of the dream" (p. 18). A reported dream consists of words. This is different from an experienced dream, which consists primarily of pictures. The reported dream is a verbal description of a primarily visual experience, although according to Hall, the accuracy cannot be estimated (Hall & Nordby, 1972).

## Dream Reports

In order to obtain a more accurate description for investigational purposes, the dreamer can fill out a standard dream report. Another method used is for the dreamer to answer questions about the dream and report an interpretation of the dream. Free association of elements in the dream is also utilized as a method for obtaining a dream report. These are all descriptive statements of the experienced dream (Hall, et.al., 1966; Hall & Nordby, 1972).

Dream reports are often representational, which is a report of something that has been represented in experience. According to Hall, they are descriptive accounts of something that happened to the dreamer, and not something which was initiated, intended, influenced or controlled by the dreamer. As a result the dreamer doesn't accept responsibility for the dreams as one would for something written or said during wakeful life experience (Hall, et.al., 1966).

Dreams are projections that are not given in response to any specific stimulus material. In dreaming a person is supposedly projecting something that is entirely within the self. According to Hall the person is not ordinarily responding to the external perceptual field. However, one can compare a dream with the external reality represented in the dream and note any discrepancies (Hall & Nordby, 1972).

According to Hall, et.al. (1966) a dream has two important features: it occurs during sleep and it is a visual experience, although it is possible to dream in other sensory

modes. Occasionally a stimulus from the external world or from the dreamer's body is incorporated into a dream. However, the stimulus rarely appears in the dream as it is. More often, the stimulus is altered in some way to fit the context of an ongoing dream.

Hall believes that there are other experiences that occur during sleep besides dreams. These experiences occur while falling asleep as fleeting images passing before our eyes and are called hypnogogic images. Those images which occur while in the process of waking up are hypnopompic. Both the hypnogogic and hypnopompic images consist of brief images unlike dreams, which have continuity like a play or a movie. This continuity or story is sensed by the dreamer even if only a fragment of the whole dream is remembered upon awakening. Nothing of the dream may be remembered and still the person feels as if dreaming has occurred. Some dreams are vivid and seem realistic, and yet the individual knows that it was a dream and not real. Hall concludes that sometimes there is disappointment that the dream wasn't a real experience, but more often relief is felt by the dreamer (Hall, et.al., 1966).

### Content Analysis

Content analysis is a way of analyzing dreams. Many of the older methods of content analysis were subjective and qualitative and often caused different analysts to obtain different results of the same dream. The newer methods,

including the analysis of verbal material, value judgments made by the characters, dream settings, objects, body parts and characters are objective and quantitative and produce the same results when used by different analysts.

Content analysis is done primarily to quantify dream material. It converts verbal or other symbolic material into ordered numbers for statistical computation of the material. Content analysis is used to analyze verbal material in order to say something about the personality of the individual who has produced the dream. According to Hall and Nordby (1972), content analysis is done primarily to analyze the verbal material of a dream report. The verbal report and other symbolic material of a dream is broken down into basic parts. Each part or element is counted for reoccurrence. This results in a set of frequencies or numbers for a set of elements. These elements are then placed into common classes or categories for analysis. The categories must refer to something that can be identified in the dream material that is being investigated.

In analyzing dreams one can have a category consisting of injury to a part of the dreamer's body because these injuries have been described in dream reports. This category can then be labelled as a "castration anxiety, because according to Freudian theory, fear of injury to any part of the body, particularly to the extremities, is indicative of fear of castration" (Hall, et.al., 1966, 11). The theoretical categories such as Freud's castration anxiety, must always

have validation. What has been interpreted from a dream must be derived from the dream. In content analysis, one must thoroughly know the material to be analyzed before starting to form the categories to be used. The theory to be used must also be known thoroughly prior to setting up the categories in order for a useful classification system to be formulated. It also allows the interpreter to determine which items frequently recur and are of primary preoccupations for the dreamer.

The interpretation of dreams which is the translation of the dreamer's images into ideas, gives the interpreter an inner view of the dreamer. Hall believes that dreams can contain important data which a psychologist or therapist can utilize for a better understanding of the client. A view of how the dreamer sees the self, how others view the dreamer and how the dreamer conceives life is also presented through dreams. How the dreamer sees the self in dreams is expressed by the various parts the dreamer plans. A dreamer can be a victim, aggressor, or both, a winner in spite of difficult circumstances, or the loser. Although the characters in dreams are many and varied, they are felt to be connected with one another by being emotionally involved in the dreamer's waking life. Strangers in dreams are actually personifications of our conceptions of people that we know (Faraday, 1972).



## Parts of a Dream

In analyzing a dream it is extremely important that the subject describe the following items:

- 1) the setting or location of the dream
- 2) the characters appearing, their sex, age and if strangers or familiar persons
- 3) the actions and interactions between the dreamer and the other persons involved.
- 4) objects viewed
- 5) the emotions or feelings occurring during the dream (Hall, 1966).

The dream setting is felt to provide an insight into ways that the dreamer views the world. The world can be visualized as closing in upon the dreamer. It can be seen as a bleak and dismal place. According to Hall and Nordby, dreams are often filled with gratification or the attempted gratification of impulses. These impulses are usually sexual or aggressive in nature. Dreams can also show the dreamer's conception of conflicts and resolutions (Hall & Nordby, 1972).

Hall found that the setting is usually an identifiable place. The setting may be familiar or unfamiliar, indoors or outdoors. It can be realistic or distorted, a work or recreational locale or take place in rooms in a house or other building. There are as many different locales for a dream as there are dreamers. Hall's work concluded that women usually dream about being indoors in familiar settings, while men dream of being outdoors. The incidence of various types of settings in a dream or series of dream can convey valuable information about the dreamer (Hall, et.al., 1966).

The classification of objects occurring in dreams is usually made by:

- 1) architecture, the buildings and parts of buildings;
- 2) household, including furnishings and household articles;
- 3) conveyances, such as cars, boats, trains and elevators;
- 4) nature of trees, flowers, rivers and hills;
- 5) clothing, including hats, coats, shoes and dresses;
- 6) implements, such as tools, rope, ladders and axes (Hall, et.al., 1966, p. 38).

In addition these categories can be subdivided. The most frequent object in a dream is a house, followed by the automobile. The frequency of an object appearing in a dream is an indication of the individual's preferences and preoccupations.

There are five main headings for the classifications of body parts which are commonly referred to in dreams.

These are:

- 1) head--visible body parts above the shoulders;
- 2) extremities--arms and legs;
- 3) torso--all parts visible from the shoulders to the hips;
- 4) anatomy--internal organs and body secretions; and
- 5) sexual--body parts and organs related to reproduction and excretion (Hall, et.al., 1966, p. 42).

The characters in a dream are often classified by sex, age, occupation, ethnic background, prominence and relationship to the dreamer. The characters can be familiar or strange, individuals in groups or animals. Frequency with which characters known to the dreamer appear in a dream is usually a fairly accurate measure of the closeness of the relationships the dreamer has with the characters. Hall

found that when a relationship with a person weakens or is severed through death, separation or loss of interest, that person generally disappears from the dreams. Exceptions that Hall made to this finding are the dreamer's parents and spouse, who never seem to disappear completely from one's dreams (Hall & Nordby, 1972). The inferences made and significance of dreams occurring in a person suffering a loss will be discussed in the applications chapter.

Usually if a person dreams of many strangers, it is indicative of an isolated person. Strangers occurring in dreams are more often males than females. The usual prototype for the stranger in dreams is the father. Male dreamers dream more often about other men than they do about females with the ratio being 2:1. Females dream about men and women with equal frequency. Children and different ethnic and nationality groups also dream about men and women with equal frequency (Hall & Nordby, 1972).

Hall found that people often dream of prominent persons and of animals. A prominent person is classified as a well-known individual who may be real, living or dead, a supernatural being, or a fictional character. According to Freud's work, animals represent instincts or animal impulses and urges for the dreamer. Jung said that animals represent the shadow side of the personality (Hall & Nordby, 1972).

There are three significant types of interactions that occur between the dreamer and the other characters in the dream. These interactions involve aggression, friendliness

and sex. Aggression ranges from mild feelings of hostility to murder. The most common forms of aggression are chasing-attacking and quarrels-admonitions. Chasing-attacking in dreams is a physical form of aggression. Quarrels-admonitions in dreams is a form of verbal aggression. It has been found that men have more physical aggressions in their dreams while women have more verbal aggressions. This finding coincides with waking life aggressions. Friendliness most often occurs in dreams as doing something for another person or as a friendly greeting or compliment. Interactions of a sexual nature run the full course from fondling to sexual intercourse (Hall & Nordby, 1972).

## MONTAGUE ULLMAN

Montague Ullman is a theorist, investigator, clinician and teacher in the field of the psychology of dreams and dreaming. He describes himself as a practitioner in the art of dream appreciation and believes he has something valuable to contribute to the dreamer through his research. He gives descriptions and illustrations of his work to verify what the dreamer already knew about the dream. His descriptions also allow the dreamer to verify what the dreamer wasn't aware of about the dream. His work is relevant for its seeming simplicity. He also puts into perspective the works of Freud and Jung with his own theory of dream telepathy and modern parapsychology. For this reason he is included in this paper.

For thousands of years through the times of Egyptians, Babylonians and the Middle Ages (MacKenzie, 1965; Ullman & Zimmerman, 1979) man has reported having visions and receiving messages from divine sources. Today these visions or experiences are seen as examples of telepathy, ESP and premonitions by parapsychologists and other dream investigators. Ullman, Krippner and Vaughan (1973) cite the works of many learned and knowledgeable parapsychologists as proof of the importance of messages or spontaneous dream telepathy that are found in dreams.

In this section some of the important parapsychologists and their contributions will be discussed. This forms a basis for the work of Ullman and his associates. Included in this discussion will be a definition of telepathy and a comparison of Freud's and Jung's dream therapy to Ullman's theory and ESP in dreams.

### Telepathic Dreams

The first studies of spontaneous dream telepathy occurred in the 1880's in England's Society for Psychical Research. This Society was founded to:

examine without prejudice or prepossession and in a scientific spirit those faculties of man, real or supposed, which appear to be inexplicable on any generally recognized hypothesis (Ullman, et.al., 1973, p. 11).

F.W.H. Meyers, the president of this Society, first used the word telepathy to describe what he called "fellow-feeling at a distance" which included "not only that transference between distant persons but also emotions and less definable impressions" (Ibid., p. 12). Most of the telepathic dreams reported by the Society seemed to dwell on the theme of death. This theme was followed by themes in which the person dreamed about was in some sort of distress or danger.

This is interesting to this writer since most of the telepathic dreams that have been this writer's experience have dealt with persons in distress or danger. According to Ullman the details of these types of dreams are frequently not too vivid. The strong emotions that follow the dream's interpretation by the conscious mind usually lead the

dreamer to report the dream to another person. This causes the dreamer to inquire about the safety or health of the dream subject (Ullman, et.al., 1973).

Vasiliev, a prominent parapsychologist of the Soviet Union, said that most people view dreams as a reprocessing by the partially awake brain of numerous tangled fragments and bits of some past experience. Parapsychologists assume that there are some dreams that may be conditioned by the dreamer's parapsychological abilities. These abilities increase in their intensity during sleep, which is natural and often hypnotic (Ullman, et.al., 1973).

Freud had great difficulty in accepting the telepathic dream, due mainly to the fact that he never had one. He did agree that the conditions of sleep created favorable conditions for telepathy. He contributed greatly to the field of parapsychology by observing that "psychoanalysis was capable of unmasking a telepathic event which otherwise could not be recognized" (Eisenbud, 1953).

#### Differences Between Freudian, Jungian and Ullman's Dream Therapy

Freud and Jung disagreed on paranormal phenomena, especially precognition. They had several heated discussions on the subject. Jung's later analysis of his break with Freud and the events that occurred during this time, led him to identify his theory of synchronicity or meaningful coincidence. This has already been explained elsewhere in this paper. Jung reported often experiencing crisis telepathy and prophetic dreams. A definition of crisis telepathy

is that it usually occurs either just before or after and event (Jung, 1965; Hochheimer, 1969, Ullman, et.al., 1973).

The next topic is a brief discussion of the differences between Freudian, Jungian and Ullman's dream therapy. See Table I for a complete comparison in these three therapies. This discussion is important because Ullman combines certain aspects of both theories with some of his own ideas to bridge the gap between these views and current views toward dream psychology.

Ullman maintains that dreams are a form of consciousness oriented to the person's needs while asleep. Dreams are a reflection of the wide variety of tensions and concerns that can be termed as wish fulfillment. Ullman views the dream as a healing experience because of its power to confront. In confronting during dreams important aspects of the dreamer are revealed. There is an imagery to dreams that can stir up some of the significant memories of the past and can also convey meanings that come from the specific qualities of the images. The dream is a unique expression of the self that can elude any theoretically structured attempts to capture its meaning. The dream is the dreamer's own theory of who the dreamer is and what is being experienced at the time. This experience is often done through symbols and metaphors (Ullman & Zimmerman, 1979).

Extrasensory Perception (ESP) is a term that is used to include a large variety of paranormal abilities and activities. These include the dreamer's ability to pick up



information telepathically from someone else's mind, clairvoyantly through events that are not in anyone person's mind, and through precognition of events that have not yet occurred. Ullman states that under certain circumstances, people are able to obtain information in their dreams about events going on in the outside world. These events can take place either now or sometime in the future, about which the dreamer could have absolutely no prior knowledge through ordinary channels of communication. This ability to perceive present or future events is ESP and has been documented and observed in the laboratory as well as in every day situations (Ullman & Zimmerman, 1979).

TABLE I  
DIFFERENCES BETWEEN FREUDIAN, JUNGIAN AND  
ULLMAN'S VIEWS OF DREAM THERAPY

FREUDIAN VIEWS	JUNGIAN VIEWS	ULLMAN'S VIEWS
	<u>Function of Dreaming</u>	
a.) to discharge repressed instinctual impulses;	a.) to orient the dreamer to unacknowledged aspects of the self;	a.) to explore and assess the emotional impact of recent experiences and to bring about awakening if the feelings aroused go beyond a certain level of intensity;
b.) to modulate these instinctual tensions so as to preserve sleep (the dream as the guardian of sleep)	b.) compensatory--to help achieve psychic equilibrium;	b.) the dream is potentially available as a natural emotionally healing mechanism.
	c.) prospective to have a guiding influence.	
	<u>Motive for Dreaming</u>	
Wish fulfillment--an infantile wish connects with a current wish.	Goes beyond wish fulfillment to include all other concerns.	Agree with Jung that the single criterion of wish fulfillment is untenable. Dreaming is simply the form our conscious takes at night to make us aware of our feelings.
	<u>Concept of the Unconscious</u>	
a.) Unconscious as container of the repressed;	a.) Personal Unconscious repository of higher aspirations as well as instinct needs;	a.) Unconscious as the realm of the unknown but not unknowable;
b.) Dream as the royal road to the Unconscious.	b.) Collective Unconscious--that part of our unconscious that has been genetically determined, that is not directly knowable, and that manifests itself through archetypal images.	b.) the unknown consists of what we are ignorant of and what we defend ourselves against knowing.
	<u>Fixed or Universal Symbols</u>	
Gravitated to the idea of sexual symbols.	No fixed symbols in personal unconscious. Archetypal images are universal.	No fixed or universal symbols.

FREUDIAN VIEWSJUNGIAN VIEWSULLMAN'S VIEWSStructure of the Dream

Latent and Manifest content. Manifest content is a disguised rendering of the latent content.

"Manifest facade" is the dream. No disguise is intended.

Agree with Jung.

Language of Dreams

Imagery as the language of the unconscious preverbal and prelogical.

Imagery as archaic figurative mode of thought.

The archaic capacity for imagery is transformed into a vehicle for expressing feeling as visual metaphors.

Role of Current Life Situation

Day residue touches off an earlier conflict.

Day residue opens up an area not attended to while awake. More stress on the present predicament of the dreamer.

No essential difference with Jung.

Technique of Working with Dreams

Free Association

a.) Amplification;  
b.) Limited free association.

Assessment of the metaphorical potential of the imagery in relation to the life context that precipitated the dream.

Role of the Other

Authority working with specific structured point of view.

Authority functioning as a guide. No structured theory of Personal Unconscious, but structured view of the Collective Unconscious (archetypes).

Helper who sees the dreamer's uniquely personal view of what is unconscious to him. No a priori structured container.

(Ullman & Zimmerman, 1979, p. 71-74)

## RICHARD CORRIERE AND ASSOCIATES

Transformative Dream Therapy or Feeling Therapy focuses on dream processes rather than dream content. This theory grew out of the recognition that a dream is more than just a dream. A dream is an extremely high and recognizable statement of feeling. It involves not only the analysis of feelings, but also a move toward the full expression of those feelings. This is different from traditional dream interpretation, which takes place outside of the dream itself and represents a structure imposed on the dream (Corriere, Hart, et.al., 1977).

The founders of Transformative Therapy are Jerry Binder, Dominic Cirincione, Richard Corriere, Stephen Gold, Joseph Hart, Werner Karle, and Lee Woldenberg. Each one of these men has a different background of training as therapists. Each has used portions of their studies in hypnosis, bioenergetic therapy, autogenic training, and meditation and relaxation, as well as Jungian, Freudian and Gestalt techniques in their arrival at Feeling Therapy (Corriere, et.al., 1977).

This section of Feeling Therapy and Transformation Dream Therapy will discuss the origins of Transformation Therapy. A definition of the Functional Theory of Feelings, the Functional Theory of Dreaming and some of the differences between Functional Therapy and Freudian and Jungian dream theory will be presented.

## Origins of Transformative Therapy

Transformative Therapy originated from the above noted founders who set up their own dreamer community and began to deal with their dreams in a public manner. The sharing of their dreams with each other, that is typically found in the American Iroquois Indians and the Senoi Malaysia prior to World War II was used. These two communities had an attitude of making the private (their dreams) public which was the most important feature of the dreamer communities (Corriere, et.al., 1980). It is more typical for humans to keep their dreams to themselves and maintain the privacy aspect of dreams as personal to each individual. More will be said about the Senoi in the applications chapter. Transformative or Feeling Therapy was derived out of the need for the founders to demonstrate substantial process changes in their own dreams and in the dreams of their patients. This element was missing in the research and contributions of Freud and Jung. The patients of Freud and Jung showed a marked lack of change over time in their dream lives (Corriere, et.al., 1977; Corriere, et.al., 1980).

After they began working together, the founders discovered that who they thought they were and how they acted often didn't match the way they felt inside. These confused feelings led to a new thinking about therapy and dreaming. Even though their dreams often seemed chaotic, the chaos started to make sense. They came to the hypothesis that the "imaging that we did in waking was the same as we did when

we were asleep" (Corriere, et.al., 1980, p. 5). The feelings of their dreams remained the next day and soon they felt that all of these dreams and their feelings could be used in waking life. Soon they became active dreamers which is the breaking down of dream symbols through action and expression while dreaming. They believe that active dreaming gave a clearer perception and identifiable feeling upon awakening. This led to dream sharing as well as dream reporting and the discovery of the transformative dream and the Functional Theory of Dreaming (Corriere, et.al., 1980).

The transformative dream is a completely functional dream that has sufficient meaning, sensation and expression to tell the dreamer all there is to know about themself in that moment. It reflects the movements toward a fully feeling life that the individual is making each day, and it charts the feeling potential that is within (Corriere, et.al., 1980, p. 7).

The dream content becomes secondary to the shifts in the process of expression. "The dreamer takes incomplete feelings and their visual symbolism and through active expression changes them into bodily sensations and non-symbolic images" (Corriere, et.al., 1980, p. 8). Therefore, Freud's dream work is undone because the dreamer acquires a complete feeling of the dream and an internal understanding. This carries over into the waking day's activities in which the dreamer breaks away from passivity and enters into the process of sharing feeling. The dream becomes the message without interpretation or analysis (Corriere, et.al., 1977).

In the functional theory of feeling, a distinction is made between thinking, knowing and feeling. The expression

of feeling is viewed as a drive, specifically the effective drive by Corriere and associates (1980). This differs from Freud's preference for knowing your dreams and Corriere's desire for people to feel their dreams. Feelings are not seen as private thoughts, emotional outbursts, physical sensations or dangerous impulses, but instead are integral feelings. An integral feeling is a "sensation and its meaning completely expressed so that what a person experiences internally is matched in intensity to what he or she reveals" (Corriere, et.al., 1980, p. 18). Also included in integral feelings is the further self-awareness of body movements as the individual expresses them. All sensations and meanings are expressed in integral feelings.

However, in reality there is a threshold of privacy which sets the level of expression. This threshold is controlled by the cognitive balance. Complete feeling is a balance between expression and cognition. This exists when two conditions are carried out. First, the expression must be continued until the sensation is above the threshold of privacy. Second, the feeling must be ordered or free of the formation of images occurs. An image is a representative of a feeling to which thought or a feeling thought has been answered. Images can substitute for feelings when expression is absent or inadequate. Children learn to substitute images for feelings and their own explorations and sensations by disordering. Whenever thinking substitutes for expressing, past associations start to disorder present feeling. Trans-

formation occurs when a person shifts from a confused way of living to another which is based on the way the person feels inside. It is felt that as people start to completely express their integral feelings to other people, they transform their lives (Corriere, Hart, Karle, Binder, Gold, Woldenberg, 1977; Corriere, Karle, Woldenberg & Hart, 1980).

Corriere and associates view dreams as both feelings and pictures of feelings. The dream is composed of a series of images and feelings of feeling-thoughts and feelings. They are representative of the unconscious only to the degree that the dreamer is unconscious of the way in which expressions are disordered. Dreaming and waking are seen as parallel expressions of effort. Dreaming is a need based on a drive toward expression. Feelings that have been incompletely expressed during the day are continued at night. The incomplete feelings try to become complete during dreaming due to the increased affective drive. This is often manifested in the process differences between expressed feelings and withheld feelings. It is felt that there is an urge to express feelings fully, completely and openly during waking and dreaming which moves toward full consciousness. This dream process is felt to drive feelings to completion (Corriere, et.al., 1977; Corriere, et.al., 1980).

The definition for the process of transformation is the process of moving from a symbolic mode of dreaming based on substituted images, to an expressive non-symbolic mode, based on the expression of feelings. It is a primary or innate process which moves the dreamer toward full active expression and completion of his or her feelings. It is the same process,



which operates in the waking state as the effective drive (Corriere, et.al., 1980, p. 30).

There are five basic dream processes which support transformation. They are part of a fitness model of personality dynamics. These are: role or activity, feeling, expression, clarity and contact. Each of these processes is used in allowing the dreamer to begin to feel the effects of disordering in the dream and in waking life. The dreamer is helped to feel the origins of the disordering by beginning to feel past associates that make up cognitive overload. The dreamer uses the processes based on natural or innate expressive and cognitive powers, which emerge in the dreamer's dreams. The dreamer becomes functional when the dreamer has the ability to use these five basic dream processes in any basic life area, such as work, play, sex, relationships, sleep and dreams (Corriere, et.al., 1977; Corriere, et.al., 1980).

#### Differences Between Feeling Therapy and Freudian and Jungian Dream Theories

There are several differences and similarities in the Freudian approach to dreams and the Feeling or Transformations Theory. Some of these will be discussed followed by a presentation of the differences between Jungian dream theory and the Functional approach.

Freudians believe that dreams function as the "guardian of sleep" (Freud, 1965) providing a compensatory function for unresolved excitation in the unconscious. Corriere, et.al.,

believe that:

dreaming is a natural releasing activity in which feelings that were not expressed or not fully expressed during the day try to come to completion through expression. Symbolic dreams give a partial release and transformative dreams move toward a full release (Corriere, et.al., 1980, p. 60).

Freudian theory believes that dreams are always symbolic since the dream work mechanism, also known as the censor, is always converting direct wishes into indirect symbols. Functional theory thinks that dreams are symbolic only when the dreamer hasn't completed feelings during waking life. There can be nonsymbolic dreams in Freudian dream theory but they are categorized as part of the wish fulfillment aspect. Corriere and associates view nonsymbolic dreams as the first step in reordering dreams to the transformative process. According to Corriere, Freud's major concern deals with the interpretation of dreams and that when this is completed, the dream is seen as the fulfillment of a wish. Their major concern is with the transformation of a dream and when this is completed, the dreamer feels that what was left incomplete in the dream, that partial feeling, is made whole or complete (Corriere, et.al., 1977; Corriere, et.al., 1980).

The final distinction to be made between Freud's theory and functional dream theory is that of manifest and latent differences. Corriere, et.al. (1980) do not stress the differences between the hidden and visible contents, but instead focus on the differences between the expressed feelings and those that are withheld. Manifest and latent con-

tent come from feelings that are withheld, while the function is concerned with movement from defensiveness to expressiveness and insight (Corriere, et.al., 1980).

The functional theorists both agree and disagree with certain aspects of Jungian theory. The areas of agreement are: that dreams are more than wish fulfillment compensations; dreams are prospective as well as retrospective with directions of action and feeling for the dreamer to take in life; a dream should be seen as part of a dream series; and that the archetypal or big dreams occur at times when there is a need for more consciousness or a shift from one level of feeling to an expanded level (Corriere, et. al., 1977; Corriere, et.al., 1980).

The functional theorists feel that Jung only alludes to the possibility that dreams are attempts at completing what was left incomplete in waking. Archetypal dreams gain completed significance only when followed by transformative dreams. Jung viewed transformation as individuation indicated when there was a progression in the symbols. Functional theorists see transformation as indicated when there is a progression in feeling expression (Corriere, et.al., 1980).

Corriere and his associates founded the Center for Feeling Therapy in Los Angeles in 1971. This Center was followed by branches in New York, Montreal and other locations. Later, they founded the Clinic of Functional Counseling and Psychotherapy in 1977. They identified feelings as

the conscious mediators of personality change and the focus of therapy was defined as recognizing and expressing feelings. The therapists' responsibility in each session was to create and deal with feeling moments to enable the client to move from defending to feeling (Corsini, 1980). This is important for therapists to remember since so much emphasis is placed on the encouragement of the expression of client's feelings.

## CHAPTER IV

### APPLICATIONS OF DREAM THERAPY IN COUNSELING

It is this author's contention that dreams can be useful to the individual dreamer, providing insight into the conscious aspects of the person. These insights can also be informative to the therapist or person working with the dreamer to master problems in different areas of the client's life. As has been said previously, this author has been an avid dreamer all of her life and believes that the information that can be gleaned from dreams can be invaluable. This can be true in therapy and counseling.

One of the author's reasons for doing this paper on dream therapy is that she thinks that dreams provide valuable clues to problems and reactions to these problems. In this section on the applications of dream therapy into practice, it is hoped that evidence will be presented that shows how dream life can be an aid to waking life. Counselors and therapists can gain a better understanding of ways to apply different applications of dream therapy to change the waking behavior of clients or, at the very least, to help clients understand their waking life better.

Four main areas of counseling will be discussed. These are areas of interest for the author. She hopes to be able to pursue her counseling through specializing with

clients having difficulties in the areas of human sexuality and sexual problems and the death, dying and grieving process. The other two areas to be addressed in this chapter are concerned with the dreams of children and the effects of stress on dreams, including the stress of clients in therapy.

### The Use of Dream Therapy in Areas of Human Sexuality

One of the author's interest areas in counseling is that of human sexuality. Since most people do experience dreaming and have dreams of a sexual nature, it is the author's belief that therapists can use these dreams in sexual and marital counseling. In this section, the discussion will focus upon the views of different psychologists on sexual dreams. The Kinsey report of nocturnal orgasm during dreams and the use of these dreams in counseling pre-orgasmic (or never having achieved an orgasm) women and men with impotence will be included. Dreams which occur during pregnancy as a means of anxiety reduction during labor and delivery and the use of dreams in working with couples in conjoint marital or couples counseling will also be discussed.

There are many different types of sexual dreams that people can have just as there are a wide variety of non-sexual dreams that individuals have. The primary types of sexual dreams that are reported are overt sexual dreams, involving various sex acts with various sex partners, in-

nature or hidden sex dreams. Frequently these dreams culminate in orgasm for the female and the male (Kinsey, et.al., 1953).

Several practicing psychoanalysts (Greenson, Fisher, Bonime, Ullman, Kramer & Noble, 1975) believe that sexual dreams most often reveal deeper insights into the individual than non-sexual dreams due to the fact that they have avoided censorship. Greenson, et.al.(1975) states that this is true, particularly when the dream ends in orgasm or in fear. Freudian psychonanalysts view sexual dreams as wish fulfillment, as they do most other dreams, also, but have a difficult time labelling sexual dreams to orgasm as wish fulfillment since they resolve in satisfaction for the dreamer. Bonime (Greenson, et.al., 1975) views the significance of any dream, and not just those of a sexual nature, in what it reveals of the dreamer's personality. Kramer (1969) and Ullman (Greenson, et.al., 1975) see the visual scenes that are created by the dreamer as metaphors which depict the dreamer's relationship to a particular sexual problem area. This is often caused by some recent daytime life occurrence. Some of the underlying issues may be of control or loss of control. Feelings of frustration, anger, failure or gratification, superiority, or aggression are all dependent upon the dreamer's personality structure. Noble (Greenson, et.al., 1975) believes that in interpreting and understanding the latent (hidden) content of the sexual dream, the therapist should investigate and explore the associations obtained from the dreamer about the dream content. The dream contents and associations should be combined with the therapist's

knowledge of the client's life history to gain the hidden or underlying sense of the dream (Greenson, Fisher, Bonime, Ullman, Kramer & Noble, 1975).

Kinsey, et. al. (1953) reported that males have a higher incidence of orgasm in dreams, up to 83% by age 45, as compared to females who reported only 37% by age 45 of having orgasm in dreams. He seemed to find that a majority of subjects achieved orgasm quicker and often with greater intensity during dreams. This was probably due to the fact that learned controls and inhibitions were decreased during sleep. Also of importance in Kinsey's findings is that some 5% of females experienced nocturnal dreams to orgasm before they ever experienced orgasm from any source while awake. This could be a useful and encouraging piece of information when working with pre-orgasmic women in helping them to reach orgasm while they are awake, which will be discussed in this section.

A major characteristic discovered about orgasms that occur during sleep is that they are almost always accompanied by dreams. It was discovered by Kinsey, et. al. (1953) that this happens with females who rarely or never have sexual fantasies even during masturbation or other daytime sexual activity. Dreams are a necessary factor and are most often the primary precipitating factor for most nocturnal orgasms. The frequency for these dreams remained the same for all women, whether single, married or divorced and widowed (Kinsey, et. al., 1953).

Maslow, on the other hand, said that women's sexual dreams



are characteristic of women who are self-assured, poised, independent and usually capable. Those women with low self-esteem and more inhibitions most often have romantic, anxious, symbolic and distorted sexual dreams. Creative and imaginative girls have openly expressed sexual dreams (Garfield, 1974).

The Senoi of Malaysia, as previously mentioned, and Functional Dream Theorists, Corriere and associates, use a principle of advance toward pleasure in dreams. This has specific reference towards sexual encounters in dreams, in which the Senoi believe that one can't have too many dream lovers or sex dreams. They believe in confronting the negative and positive aspects of their dreams and conquering these aspects through to a successful resolution. In applying this advance toward pleasure principle in her dreams, Garfield (1974) found that both she and her students experienced more orgasms in their dreams. They also experienced an increase in passionate dream feelings at all levels. By increasing sexual expression in women's dreams the attitudes of their own self-esteem and independence may be increased. These attitudes may be carried over into waking life, just as it has been shown that aggressive dream behaviors produce an attitude of confidence during waking life (Corriere, et. al., 1980; Garfield, 1974; Sanford, 1978; Krippner & Hughes, 1970).

In working with nocturnal orgasms and dreams of women who are pre-orgasmic during waking life, it would be necessary to devise a system of measuring and recording the fact that

orgasm does occur. This could be done in a sleep laboratory, where the woman is awakened during different stages of her REM cycles and aided in dream recall. Her physical signs, such as heart and respiratory rate would also be monitored and would pick up an orgasm during sleep. This recorded data could then be presented to the woman as evidence of her capability for an orgasm. This would serve to build up the woman's self-confidence and awareness that she is capable of having an orgasm.

Next, it would be necessary to train the woman in the programming of her dreams. This would enable her to reach orgasm and aid her in gaining control over her dreams. Cartwright (1978) believes this can change the dreamer's state of mind for both the day after the dreams and also over an extended period of time. One method that could be useful in the programming of dreams is training dreamers to report their dreams each morning. This can be done in a group at the breakfast table or in a dream diary, written as the dreamers awaken and before arising. Based on the Senoi techniques for using dreams, the next step is to take any dream messages and incorporate these messages into waking life. So, if there are sexual dreams the Senoi believe in advancing toward any dream pleasures and enjoying these to the maximum. In waking life, the dreamer would feel positive and confident. For pre-orgasmic women, just the knowledge that they achieved orgasm in sleep might be enough to encourage them to try to achieve orgasm in waking life. This could be done in conjunction with a

women's support group for pre-orgasmic women in which the women learn methods for achieving orgasm. This will not be dealt with in this paper.

Gulevich and Zarcone (1969) have cited evidence which shows that erections in the male are present in 80-95% of all REM (rapid-eye movement) dream cycles. This can have some importance in the treatment of men with impotence. These men frequently have dreams of love affairs that are interrupted before completion of the sex act. This carries over into their waking life in which they are impotent or have premature ejaculations. Gulevich and Zarcone found that when organic cause for the impotence has been ruled out, often the mention to the patient of the existence of the erection cycle and his observation of the presence of erections upon awakening can give tremendous reassurance to the patient. They recommend assisting the patient to establish regular sleep patterns. Next, have the patient set an alarm clock to awaken him 30 minutes prior to the time he normally awakens. The patient can then observe the erection and may attempt intercourse which is likely to be more successful than at other times (Gulevich & Zarcone, 1969). Another fact that has been correlated to the sleep patterns of men with impotence shows that their REM erections are disrupted more often than is normal by anxiety states that are associated with anxiety dreams. By studying these dreams through psychotherapy, there might be some decrease in the difficulty and time required for treatment (Gutheil, 1951; Gulevich & Zarcone, 1969; Greenson, et.al. (1975).

Kinsey (1953) found that between 1 and 3% of the women in his report had dreams of being pregnant or of giving birth to a child. These were reported under the sex dreams heading and this is believed to have been associated, intellectually, with the relationship between sexual behavior and pregnancy. Since that time, there have been new studies on the dreams of pregnant women and their subsequent childbirth experience. Garfield (1974) cites a study that found that women who experienced greater anxiety related to the pregnancy, labor and delivery in their dreams had a shorter labor time and less difficulty with their delivery. Based on this study, dreams can be said to be useful in the preparation for crisis or a potential crisis in the waking life. Dreams can be used as a rehearsal for events that are about to take place and as a reduction in the accompanying stress and anxiety level. The use of dreams allows the individual to actively face and confront the anticipated crisis, instead of denying or repressing the event (Garfield, 1974; Van de Castle, 1970). This is found to be true in the post partum stage of delivery when the mother attempts to nurse her baby. This is often a time of great stress for the new mother, but if she has psychologically rehearsed the event and possibly immunized herself in her dreams, she can proceed with more positive and faster results.

This is quite frequently true for this author who finds that she often dreams about an event, such as an exam. This event is anticipated to be stressful and the author prepares herself through her dreams for the event. She has done this

throughout her life. She rehearses meeting people for interviews, exams and sometimes videotaping sessions in her dreams. At this point in her life, she has accepted this fact as part of her defense system and takes the dreams in stride. Often she finds that whatever happens in her waking life is usually not as bad as what took place in the dream.

It has been the author's experience as a counselor and as a nurse, that often there is a need to see the two primary persons involved in a relationship. Therapy can be done on an individual basis but when there are difficulties in the relationship, and especially in the area of sexuality, it is preferable to do conjoint marital therapy. This therapy can be applied to any intense relationship, whether the couple is married or living together, heterosexual or homosexual. Goldberg (1974) states the reasons for conjoint therapy are to improve the couple's communications and to expand the awareness that each person has of themselves and of the other person. The last reason is to correct any misperception that either partner may have about the other person.

Goldberg (1974) has developed a method for the use of dreams in conjoint therapy, which can enrich and enliven the therapy sessions. This method aids the couple in gaining mutual understanding. One of the basic premises that is used is that any interpretation of the dreams is done by the couple and not by the therapist. This serves to diminish any authority or finality about the interpretation by the therapist. The premise allows the couple to use their own resources of communication

as to the dream's meaning.

One of the pre-requisites for the use of dreams in couples therapy is that it is used along with other methods of therapy. Dreams are used after a working alliance and rapport has been established between the couple and the therapist after a few months of therapy. It is important for the therapist to assess the couple and their goals in the marriage. The therapist must determine if the couple is working toward the same direction in the marriage or whether one has decided, either consciously or unconsciously, to terminate or leave the relationship (Goldberg, 1974).

Goldberg uses several techniques to aid in dream recall which can be applied to other forms of therapy and not just exclusively to couples therapy. The first method is to inquire, in the first session, if the clients dream. This is done to encourage the continuation and recognition of dreams during therapy. Next, an inquiry about past dreams and dreams that occur during therapy will encourage dreaming in the clients. Finally, each spouse should be encouraged to keep a pad and pen or pencil by their bed to write down dreams. This aids in a more accurate form of recall and reporting. It may be found that some couples report their dreams to each other as they write them down. This should be encouraged as it facilitates the communication of meaningful feelings to one another (Goldberg, 1974).

When the couple waits to bring the dreams and their discussion into the therapy session, Goldberg recommends the fol-

lowing steps to be used in dealing with the dreams:

- 1) "the therapist should establish at the start that nobody 'knows' what another person's dream means... The emphasis for both the dreamer and the spouse should be on reporting their feelings and reactions to a dream" (p. 78).

The other is free to guess the meaning, as long as both know it is just a guess. The therapist should also express the therapist's doubts about the validity and specificity of the dream. The therapist should admit the necessity of reacting to dreams by the expression of feelings.

- 2) The specific parts of the dream can be associated by the dreamer, partner and therapist. It is important for the therapist to give their associations as an example based on their experience in working with dreams.

- 3) Dreams can be used as a bridge for the facilitation of communication of sexual feelings. People are often more able to gain a greater awareness of their sexual feelings, desires and fears by recalling dreams. Sharing with the spouse increases communication and closeness, but can lead to misinterpretation of the material.

- 4) Through dream recall, forgotten or half-forgotten childhood memories and experiences can be shared to enhance mutual closeness and understanding (Goldberg, 1974).

#### Working with Children's Dreams

Children's dreams have always held a fascination for this author, especially since she has vivid recollections of her

childhood dreams. She was encouraged by her parents to tell her dreams. As will be discussed in this section, the dreams of children, when openly encouraged and listened to, can prove to be invaluable in fostering mental growth and self-confidence in the individual. In this section, the ways in which children's dreams differ from those of adults will be presented. The ages of dreaming, nightmares and night terrors and how to deal with them in a positive learning way for both parent and child will be included. A method of challenging and conquering dreams based on a technique used by the Senoi tribe of Malaysia as well as some creative play tools to use in working with children and their dreams will be presented.

Children's dreams are somewhat different from those of adults. Researchers (Wickes, 1966 & Foulkes, 1978) have found the dreams of children to be rather vivid and simple, with few confusing details and subplots. The dreams are often picturesque with a fable or story-like quality of innocence in them. There is an abundance of imagery which contains children's hidden reaction, resistances and sometimes immature emotions. There is little unconscious content to be found in children's dreams, however Freud would disagree with this (Wickes, 1966; Garfield, 1974; West, 1978).

Among the Freudian psychoanalysts, Gutheil (1951) believes dreams of children to be unfulfilled wishes containing day residues as the frequent motives for the dreams. He feels that the environment is responsible for a large portion of children's anxiety dreams. These dreams can manifest themselves into bad



dreams or night terrors, which will be discussed later. It has been documented (Ames, 1964; Gutheil, 1951) that most children begin to have remembered dreams between the ages of  $1\frac{1}{2}$  to 5. This is the time when the ego begins to acquire an integrated form.

Very young children aged 3-4 often give extremely brief reports of their dreams in only a sentence or two. These dreams often lack a dynamic and interactive quality and have little feeling (Foulkes, 1978). Children have some difficulty in distinguishing the dream from reality. This author has discovered this to occur in adults as well as in children, unless a lucid dream (a dream during which the dreamer is aware of dreaming) is taking place. This is believed to lead to con-fabulation (to talk or chat in an informal, fable-like manner) of the dream whenever it is not clearly remembered.

Themes motivated in dreams are related to body functions, such as thirst, hunger and sleep. The dreams correspond to the child's developmental stage. The young child in Piaget's preoperational stage, has dreams that are episodic and distractible with content involving the previous day. By age 5-6, the school age child gives reports that are longer, more creative and imaginative. The dream reports contain interactions and themes of play activities and home life (Foulkes, 1978; Ames, 1964). Around the age of 5-7 and again from 10-12, many children experience nightmares or bad dreams. These dreams take on many forms and varying content matter, but all of them seem to exemplify the child's fears, insecur-

ities, and anxieties (Wickes, 1966; Ames, 1964).

As previously mentioned, one source for children's dreams seems to be residues left over from the day's events. These can appear when the child is anxious and often these anxiety dreams take the form of threatening animals (Hall, et.al. 1966; Van de Castle, 1970; Sanford, 1978), monsters, angels or other forms. These forms can represent many things in the child's life. West (1978) stresses the importance of not trying to interpret and analyze the meaning of these forms with children who might not understand and thus become overwhelmed.

Hartmann (1981) found night terrors to be different from nightmares or bad dreams in several ways. Night terrors cause an increase in the pulse and respiratory rate with a feeling of intense fear or terror in the dreamer. They occur in the first 1-3 hours of sleep instead of during the REM period of dreaming sleep. Night terrors are characterized by amnesia of the episode or a residual frightening image. There is little dream recall, but the dreamer is left with a different feeling like a terror without content. "Night terrors occur when a person is suddenly roused by unknown stimuli from very deep sleep" (Hartmann, 1981, p. 16). There is no associated personality pattern related to night terrors and no form of mental disease. One-fourth of all children have both night terrors and nightmares. They may be due to an immature nervous system or a mild form of neurological disorder. Frequently they are more frightening and worrisome

to the parents than to the child who doesn't remember the dreams (Hartmann, 1981).

West (1978) discovered that children's dreams contain much imagery. Another source of dream material comes from the family situation. Often the child is very intuitive and picks up messages about the feelings of the family structure which appear in dreams. Sometimes it is difficult to tell if the child's dream is reflective of the child's own psychological condition or from their intuition regarding a parental problem. West feels this is because there is such a strong psychic bond between parent and child, that the dream may frequently mirror the parental unconscious. This is just one form of communication level that exists between parents and their children. When there is stress on the family situation the child may have a telepathic or precognitive dream alluding to this situation. For example, when there is a problem between the parents, which they are desperately trying to keep from the children. West (1978) gives an example of a little girl dreaming about a mother and father robin who are disassembling their nest, leaving the baby bird exposed and frightened. The little girl is not consciously aware of the parents' planned divorce, but their action is affecting the child at psychic levels. She recommends that the parents and child's teachers or whomever the child chooses to share the dream with, listen carefully. These adults should remain sensitive to what the dream may be saying about the child's needs that are expressed through the dream (West, 1978; Wickes, 1966; Sanford, 1978).

It is important for parents, teachers or counselors to meet the child at the child's level of development and communication. This can be accomplished through creative play activity appropriate to the child's maturity and developmental levels (Nelson, 1979).

The Senoi (Krippner & Hughes, 1970; Garfield, 1974; Sanford, 1978; and Corriere, et.al., 1980) have three basic principles that they use in teaching their children the value of understanding and using their dreams. These principles are: to confront and conquer any danger in dreams; to move toward pleasurable experience in dreams, which has been discussed in the sexual aspects of dreams section; and to always make the dream have a positive outcome while extracting a creative product from the dream.

West (1978) believes in using these principles in helping children to challenge and gain control over their dreams. She views dreams as a challenge to the psyche. Adults should learn to work adaptively with the dream messages "to integrate their behavior so that more wholistic patterns of behavior may emerge" (West, 1978, p. 38). By challenging bad dreams the limitations imposed upon us by the dreams are removed. The repression, ignorance and worrying that often accompanies the bad dreams are also removed. Bad dreams in both adults and children cause ill feelings in the dreamer because they tend to cause an imbalance internally.

West feels that when working with children's bad dreams, adults challenge the dreams by being able to experience the

world of fear as the child does. Adults should then respond in a nurturing, supportive and responsible role-modeling manner that enables the child to meet the fear head-on and use it as a growth point. Use the child's attitude of fear as the direct problem rather than the content of the dream as the problem. The adult must be able to acknowledge and understand the child's fear to give it legitimacy in order to deal with the fear in an adaptive and healing approach (West, 1978).

As stated before, a frequent object in children's dreams is an animal of some sort. Rather than presenting the reality to the child that there is no animal in the room, West feels it is better to accept the whole content of the dream and help the child re-stage the dream and talk it through to another end. For example, one mother took the animal from the child's dream and threw it down the stairs and then out the front door so that it could bother the child no more. The Senoi teach their children to meet their dream animals the next night in their sleep and tame the beast or to arrive at their own logical means of confrontation. This open confrontation serves to teach the child self-confidence and feelings of mastery and competence (Krippner & Hughes, 1970; Garfield, 1974; West, 1978).

Some other creative ways of working with children's dreams to encourage them to tell of their dreams are through dream pictures or dream paintings. Dream stories, in which the children tell of their dreams, are used also and if the

dreams are particularly frightening to the child, have the other children assume the various parts of the dream. Their own creative imaginations often turn the scary dream into a funny dream or one with a logical solution for the children. Parents can encourage children to relate their dreams by setting aside time in the morning for their children to tell their dreams. Another method for encouraging children to understand their dreams is by making of a dream diary, in which the parent writes down or helps the children write down their dreams. These dream diaries can be decorated with the children's own dream symbols and contain pictures, drawings or stories. The children can work with clay and create their own dream images. They can also make puppets out of paper bags to depict their dream tales. The list of ideas is endless and will serve to foster creativity, responsibility and a higher self-esteem in the children. They will become aware of the celebration of their dreams instead of the fear of their nightmares (West, 1978; Garfield, 1974).

Blom (1960) found that some children in analysis seem to respond more to play acting, fantasy and daydreaming than to dream reporting. Others, specifically those with a single problem in an erotic zone, such as bedwetting, report more dreams. For some of these children, dreams serve as a safety-valve to discharge strivings. Dreams are a means of achieving distance to view their unconscious and are also a focus for intense and diffuse anxiety. Dreams may be used as a method

for further associations and daydreams. They can be used as a stepping stone from past events to future events in the child's life and activities. Dreams can be used to release unconscious pressures and as a place to test out dangers in life. Through dreams emotional growth may be encountered in a positive and anticipated manner (Blom, 1960).

#### The Use of Dreams of Death and Dying in the Grief Process

Death is a dark and mysterious force that no one has ever been able to understand and always seems to be at the background of consciousness causing at times, an intense fear. Children are often worried and preoccupied with this fear of death and adults should never ridicule these fears. Instead adults should seek to understand them in a sympathetic manner. The fear is often related to a fear of abandonment by the parents and loss of security. Sometimes these fears are of the actual physical finality of death and the loss of being. There is also a fear of being buried alive and a fear of the dark. These fears can show up in the form of bad dreams, which have been dealt with previously (Wickes, 1966).

In this section items to be discussed will be the variables that various researchers believe to be the meaning and significance of different forms of death dreams or dying. Death wishes, dreams of the dead, the grief stage of the dreamer and the counselor's role in the facilitation of the grief process and the utilization of dreams in this process will be presented.

Hall, et.al. (1966) has documented many dreams in which various forms of aggression take place. He included dreams of death and murder in this category. He attributes these manifestations of death to other forms of underlying fears and anxieties. Dreams about death and its many forms may show up as death wish dreams, death of the dreamer, premonitions of death and dreams of the dead (Ullman & Zimmerman, 1979).

As in all dreams, death wish dreams can have a variety of underlying psychological causes and can be manifested in many forms, both disguised and overt. Death wish dreams can arise out of feelings of guilt, revenge, anger and frustration. Hall, et.al. (1972) writes that when events happen to another person in a dream, it is a thinly veiled expression of the hostility that the dreamer feels toward the character. Often dreamers have relatively few openly aggressive dreams and will compensate for this by having dreams in which tragic events happen to a variety of other people.

Out of anger at something a parent may have done to a child, either as a form of punishment or saying "no!" to a desired object, the child may experience a dream of murdering that parent. Of course, the child does not really want to murder the parent, unless there is some pathological damage, but usually is unable to express the appropriate anger at the parent in the waking state. The anger is then suppressed and appears in the dream as murder, which may cause guilt, anxiety or fear upon awakening. The child may then be hesitant to relate the dream to the parent out of fear of either the event



coming true or out of fear of a withdrawal of parental love.

There are misfortune dreams or dreams in which tragic and unpleasant experiences are recreated in the dream. Individuals who have been "shell-shocked" in war often relive and have recurrent dreams of their terrifying experiences. Freud (1965) says this traumatic dream represents an attempt to master the overwhelming flood of anxiety which was caused by the original event. Frequently the anxiety of having lived through the experience and resultant guilt over not dying during the tragic experience like other persons in the same situation surfaces in the dream (Hall, et.al. (1972)).

Occasionally, the dreamer assumes that the spirit of the dead person has actually been present in the dream. This is a wish-fulfillment dream and is much less common than dreams of the actual death, according to Hall, et.al. (1972). These dreams are indicative of the stage of grief the dreamer is in. The dreams of the dead person are an attempt for the living person to become accustomed to the terrible reality of the finality of the death (Hall, et.al., 1972) Kastenbaum & Aisenberg, 1972). Faraday (1974) states that these visitations can often represent a message for the dreamer about the dreamer's life. At this time, it is necessary for the dreamer to decide what the message is and to decide what to do about the message.

It has been the experience of this author, when dreaming about her dead grandfather, to tell her mother that these dreams were attempts on the grandfather's part at communication with the dreamer. Another belief held by this author is

that these dreams contained messages relating that the grandfather was all right and to pray for the release of his soul from this earth so that it might make a safe soul journey (Faraday, 1974; Bro, 1968).

Gutheil (1951) states that the death idea in dreams can be disguised and that people who are really dead, but appear in a dream as alive, are usually symbols of death. Dying is often alluded to in dreams by such phrases as "arriving" or "leaving", as "terminal", a "long trip", or "across the river" (Gutheil, 1951).

Sanford (1978) views dreams about a person's own death as being indicative of a need for a great psychological change, since all change requires the death or termination of something so that something else may take its place. The death of the body is symbolized by the dying of a horse which can represent the death of the physical energy. A ship breaking up at sea represents the dissolution of the self that carries each individual through life (Faraday, 1974).

Some authors (Worden & Proctor, 1976; Bro, 1968; Ullman & Zimmerman, 1979) believe death premonitions to be genuine forecasts of impending death, even though the usual channels of information would not predict an imminent death. In some cases of illness and disease, the patient knows of their own impending death before the medical community does. Impending death can also be communicated by nonverbal signs such as a lowered anxiety and by a willingness or readiness to give up. It has been the author's experience that some

patients in an Intensive Care situation have been known to give up. It seems that the patients are able to tell when their body and psyche have had enough and just cannot take any more of life. It has also been shown that those persons with death wishes, depressions, apathy and unsatisfying personal relationships die sooner than they physically should (Worden & Proctor, 1976).

In working with the families of dying and critically ill patients, the patient's dreams can be used as an indication that death is near. If the patient's family is receptive, the dreams can be told to the family and discussed as a means of preparation for the death. The family can be told to be aware of their individual dreams and to use these dreams in adjusting to the death. Dreams can be viewed as a part of the grieving process, in which the unconscious fears and anxieties manifest themselves.

Kastenbaum and Aisenberg (1972) have noted that it is not unusual to have dreams of close friends or relatives who have died. Some people dream of the actual death circumstances and others dream of the funeral in an attempt to subdue the original shock of the event. This is one way in which some individuals work through their grief process. Counselors and therapists should be alert to these death dreams and utilize them as a means of facilitating communication and understanding between the client and the therapist. The dream can be used as the tool to open up feelings about the death that have not as yet been worked through to completion and resolution (Aslin, 1978).

A person's dreams often reveal any subconscious fears of death. These fears are frequently denied in the person's conscious mind, but surface in dreams. This is true for people who are known to be suffering from a terminal illness and also for healthy persons. The fears may center on the actual death event, but most often the person is more pre-occupied with the events leading up to the preceeding the death.

In counseling, one way to approach this fear of denial of death and dying is to ask the person which is feared the most. This can be done as an awareness exercise for the client to enable that person to be able to break free from the fear of death. A questionnaire used by Worden & Proctor (1976, p. 52-53) asks:

- 1) I fear death itself more than dying
- 2) I fear dying more than death
- 3) I fear neither.
- 4) I fear both of them
- 5) I dislike thinking about either of them

After answering the questions, it is important to determine if the client is in touch with the client's fears associated with dying as a process. This is done by completing the statement:

The thing which most frightens me about dying is: the pain; progressive deterioration and disability; losing control over personal decisions; being left alone; overwhelming emotional feelings; not knowing what is happening; being buried before I'm dead; getting inadequate medical care; other (Worden & Proctor, 1976, p. 53).

This questionnaire or a smiliar one can be used by the nurse or counselor as a beginning point for a discussion of death and its meaning for the patient. Often a dying person

is so relieved to have someone to talk to who seems to understand and wants to help them through their death. The counselor needs to be open, empathic and caring with these patients, allowing them to freely express any emotions about leaving others behind. It is important to allow the patient to express the anger and frustration that is so frequently apparent in these patients at the futility of their situation. They often have the feeling that whatever happens to them is out of their immediate control.

The stages of the mourning process as identified by Matz (1979) are: denial, undoing efforts, depression and helplessness, and re-engagement. When working with people who are in the grieving process, the counselor should remember to work at the pace of the client. This is important for any therapist or counselor to remember, but especially so following the death of a loved one. The counselor should help the client to put feelings into words, to explore the consequences of the loss, and help to find satisfactory solutions. According to Matz, the therapist must be willing to work with the client through the long grieving process. Inform the client that this process can take from a few months' time to several years, depending on the individual. The counselor must be available to the client, but not forceful in didactic actions. Work at the client's pace and keep an open door and ear for them to use as the client finds the need (Matz, 1979).

## Stress and Dreams

It seems that stress has always been in existence as part of life. At least a great deal of individuals are able to acknowledge and respond to stress. As has been discussed, anxiety surfaces in the dreams of children in the form of nightmares and night terrors. Adults have anxiety dreams also. This section focuses on some of the effects that stress and anxiety have on our dreams. This will be shown in a study of the dreams of surgical patients and a study of clients in group therapy and their dreams.

The effects that a traumatic or life-threatening situation has on dreams has already been discussed in the portion of this paper dealing with dreams about death. Gutheil (1951) found that individuals who have survived these events have recurring dreams in a repetitive pattern which enables the person to regain control over the environment. These dreams are extremely frightening. In working with these individuals such as our Vietnam veterans, it is essential to use the dreams as a means with which to assess the person's ego strength and their capability of adapting to stress. Is the dreamer able to regain control and the upper hand in the situation? How did the individual feel during the dream? And how does the dream anxiety compare with the person's conscious anxiety. (Gutheil, 1951). It is also important for counselors working with veterans and other survivors of accidents to remember that it can take many years for these individuals to work through their

feelings of the traumatic episode. Patience and understanding are required with these people. It is important to have the client relate the recurring dream in detail, noting any colors, patterns themes or associations which the client may make about the dream. Explore when the dream seems to occur. When it occurred last and what was going on in the dreamer's life at the time of the dream may be important. Ask the client when the dream first appeared. What was happening at that time in the dreamer's life? Ask about any residual feelings or associations the dreamer might have about the dream. Explore with the dreamer any possible explanations the dreamer might have regarding the dream. How does the dreamer view the dream? Is the dream a positive or negative experience? Would it be possible for the dreamer to confront any negative aspects in the dream? Which aspects would be included? Assist the dreamer in identifying specific actions to be taken in the dream when it occurs next to assure a positive outcome for the dreamer.

Patients who are about to have surgery are confronted with two causes for anxiety. These are the fear of the actual surgical procedure and the damage that is done to the body, and the possibility of death as a result of the surgery and anesthesia. It is fear that is the central source for anxiety and most individuals work through this fear in the form of defense mechanisms. These defense

mechanisms can be denial, projection or intellectualization and are used as an internal preparation for this assault on the body. Breger, Hunter and Lane (1971) found that the type of patient most likely to survive a surgical procedure is one with moderate anxiety. Patients who show little anxiety often exhibit anger and resentment during the post-operative period of recovery and convalescence. Those with an extremely high anxiety level to the point of intense preoccupation have a longer post-op recovery and more complications.

The dreams of persons about to undergo a surgical operation contain material about the procedure in symbolic and direct form. Following surgery, the dream contents were repetitive and had narrow themes. Breger, et. al., believe that the post-op dream content was greatly affected by the patient's pre-operative stress level. The pre-op dreams helped to decrease the post-op stress level and served as a method of adaptation to stress. However, it is important to remember that each individual reacts to a stressful situation based on prior individual experience. Surgery is an anxiety-provoking situation which causes the patient to focus on the self, feelings, thoughts and ways of relating to others and the integration of the body.

In working with patients about to undergo major surgery, it is essential to assess the patient's anxiety level.



One method is through the collection of dreams. Dreams can be recorded in the pre-operative phase and use in conjunction with pre-op teaching by nurses and counselors. The pre-op teaching should include a description of the surgical procedures and expectations in the post-operative phase. The patient and the patient's family should be given a tour of the pre-op ward, intensive care unit if it is to be needed, and the post-ward, a detailed description of daily activities for the patient while hospitalized should be provided. Methods of pain control, pre and post-op exercises and course of recovery should be explained. The patient should be introduced to appropriate hospital staff involved in the patient's care. An opportunity for any questions should be provided and encouraged. There should be an on-call nurse/counselor available during all shifts for patient or the family to talk with at any time.

During the pre-op phase, the patient's dreams should be recorded and encouraged as many unconscious fears and anxieties about the hospitalization and surgical procedures may surface. These fears can be reduced and a better post-op recovery period assured.

Breger, et.al., (1971) found that clients in group therapy had dreams which reflected the group therapy sessions. Much of the material presented in the therapy sessions was either represented or worked out through defense mechanisms during the dreaming of the clients. The central theme for each of the dreams was related to the previous day's theme

of discussion. Repetitive symbolic themes appeared in each dreamer's dreams, also. Breger discovered the dreams to show a progressive decline in the manifest anxiety of the clients as they became accustomed to the group therapy experience and to being dream subjects. The group therapy dream researchers made an interesting discovery. This was that dreaming allowed some of the anxiety-provoking material in the group to be represented or processed in a larger variety of ways than in waking life processes (Breger, Hunter, & Lane, 1971).

Dreams should be analyzed and discussed during group therapy sessions as a method of working through tensions and anxieties. This dream discussion could be held prior to the next day's therapy session. The purpose would be to facilitate further resolution of the therapy sessions. Dreams would be encouraged to continue and to be used as a means of reducing the anxiety-provoking material in the group.

Kremsdorf, Palladino, Polenz and Antista (1978) did a study on the effect of the setting and pre-sleep stress and the sex of the therapist upon dream content. The subjects were asked to complete a spontaneous dream report and were then assisted by the interviewers in clarifying ambiguities. Affect was assessed by anxiety, hostility directed outward, hostility directed inward and ambivalent hostility dimensions. The effects of same sex pairing of subject and interviewer revealed an increase in the reported sexual content of the dreams. They found male subjects had more

vivid and physically aggressive dreams with more subject impact. With the opposite sex pairings, there was a higher anxiety level, the hostility was found to be directed inward and there was also ambivalent hostility evidenced. From this study, the researchers recommend the use of a client and therapist of the opposite sex to stimulate conflict for therapeutic purposes. If sexual problems are the primary problem area, it was recommended to use the same sex of client and therapist to facilitate openness and discussion (Kremsdorf, et.al., 1978).

#### Dreams During Therapy

The last area to be discussed in this chapter on the applications of dream therapy is that of dreams during actual therapy and analysis. The two areas of application for the use of dreams in therapy are dreams occurring during analysis and the dream as a signal or message for termination.

It has been noted by several clinicians (specifically Freud, 1965; Jung, 1933; von Gruenbaum & Caillois, 1966, and Tauber, 1959) that the content and subject matter of dreams recounted during therapy reflects the actual process of therapy and the subsequent changes and interactions which occur. Tauber states that the personality of the therapist seems to influence the dream structure and at times mirrors the therapeutic relationship.

Von Grunbaum and Caillois (1966) and Saul (1940) recommend using a dream series, specifically, the current

first ten dreams and their associations in any therapy with a patient. The study of this dream series can allow for a comparison of the progress of analysis to be made. It is important to make notes of these and review them periodically for common features. The emergence of themes in the conflict situation between the client and therapist and also other situations in the client's life should be reviewed also. The therapist should relate these themes to areas of role and ego defenses. These dreams can be used for comparing the primary conflict with different psychosomatic and psychoneurotic conditions as documented by Saul (1940) in the treatment of male patients with hypertension.

Cavenar and Nash (1976) found that a typical dream of the termination phase of therapy occurs usually after the decision to terminate has been made and told to the client. The dreams that occur during this time are often review dreams. These can be interpreted as the progression made by the client in overcoming specific problems and difficulties. Frequently there are recurring dreams during therapy and, at the termination phase, these dreams change in character.

Once the client has reached the final phase of therapy, the dreams contain a representation of the original or presenting symptoms of the patient. These dreams show a profound modification in which the therapist is directly involved with the symptoms. Dreams of resolution go directly into the middle of the problem and solve it. There is often less disguise and/or distortion in dreams during the ter-

mination phase of therapy as cited by Cavenar and Nash (1976).

Cavenar and Nash (1976) also stated the fact that there are frequently dreams that have termination signals, which appear prior to the therapist's discussion of termination with the client. In order for these signals to manifest themselves, the original conflicts must first be resolved completely. These signal dreams are the patient's way of telling the patient that the conflicts have been resolved and to approach finalizing therapy. Signal dreams often appear in conjunction with the recurrence of symptoms. These symptoms may indicate a failure of transference neurosis resolution, which frequently occurs with a second analyst and therapy for the patient. This recurrence of symptoms may be an attempt to postpone the termination phase, based on who brings up the topic of termination. Symptom recurrence may also be based on the client's character structure and if there is to be a continuation of the relationship after therapy ends (Cavenar & Nash, 1976).

## CHAPTER V

### SUMMARY AND IMPLICATIONS

No one is really sure what a dream is but there have been numerous theories and beliefs throughout the years as to the causes and origins of dreams. This thesis has presented an overview of some of the divergent theories and beliefs about dreams and their origins and causes.

Dreams have been a part of almost all cultures and societies through time. Some of these cultures have been shown to have similar beliefs about dreams and their causes. Some of the ideas about the causes of dreams were discussed in Chapter I. It was shown that some of the causes could be attributed to physical stimuli from within the dreamer and also to those external to the dreamer. Another cause for dreams is past memories and recollections for life experiences that the dreamer has. Many of the day's problems and unresolved thoughts and feelings about the previous day's activities can be a source for dream material. Emotional and anxiety-provoking situations such as impending surgery, past traumas or deaths of loved ones can be manifested in the dream content. All of these causes were elaborated upon in some portion of this thesis.

There have been a large variety of beliefs about dreams. These were also presented in this thesis. Some of the beliefs

were that dreams have been thought to be caused by demons and devils and viewed as good omens or bad omens depending on the cultural beliefs. There have been many superstitions and ritualistic rites associated with dreams. Many people have received messages, both precognitive and divine, from dreams. Numerous examples were cited in the thesis.

Dreams have had many uses throughout the years. Some of these uses have been carried over from society to society and some, such as dream telepathy and the use of dreams as a monitor to the inner self, continue today.

This thesis presented an overview of dreams, their interpretations and uses through the years. The times covered in the history of dreams were the Egyptian, Babylonian, Roman and Greek civilizations. The Oriental and various religious philosophies including Buddhist, Hindu, Hebrew and Christianity were also covered. The Medieval Era and the Renaissance were included. Early British and American colonial periods influenced Freudian psychoanalysis and dream therapy.

The ideas and views of Sigmund Freud were presented as this author believes him to be the originator of most of the modern dream theories in practice today. Freud laid the foundation for dream therapy and there are still many Freudian psychoanalysts using his form of dream analysis. It is this author's opinion that there are many theories which are more relevant than Freudian analysis which seems to be outdated.

Some other dream therapy approaches evolved from Freudian analysis. Two of these new approaches were those of Carl

Jung and Alfred Adler. These men are considered by this author to be the originators of current theories for the uses of dream therapy, and for that reason, they were included in this thesis in Chapter II.

The approaches of three current practitioners in dream analysis and therapy were discussed. These were Montague Ullman, who believes that many dreams contain a precognitive or telepathic message; the content analysis of Calvin Hall; and the Functional or Feeling Therapy approach of Richard Corriere and his associates. This was accomplished by Chapter III.

Research and studies on the use of dream therapy in four main areas of counseling were presented in Chapter IV. Two of the areas presented were of major concern for the author who hopes to combine the practices of nursing and counseling in her clinical work. In her practice, she will use the various techniques of dream therapy outlined in this paper for her work with hospitalized and clinical patients in human sexuality, illness and stress and marital and family counseling.

There were several interesting things that this author learned while doing the research for this thesis. The first thing was the extent of the use of dreams and their significance in so many of the ancient cultures and civilizations. There are a lot of different beliefs and ideas about dreams that are still prevalent today. It was fascinating to learn exactly how far back into time these beliefs go and how very



little they seem to have changed. Also of interest to the author was the origin of many common practices used today, such as the incubation rituals used in the Greek culture. The variation for this today is in the incubation of persons with communicable diseases. The people in the Greek culture would go to the temples of various gods for cures for their ailments and would have visions of the gods in the form of dreams.

Another interesting fact learned by the author is concerned with many of the superstitions that are still prevalent about dreams. These have been cited in the various appropriate sections of this thesis. Many of the superstitions or sayings that this author grew up believing actually came from different times in history.

Another surprising fact learned from researching this thesis was that not everyone dreams. This had been stored away from past psychology classes, but had been forgotten. This is partly due to the fact that the author is an avid dreamer and tends to assume that everyone else dreams also. Dreams have always had importance in the author's life as a problem solving and fantasy source and it is her belief that other people can benefit from these uses as well.

The major factor that the author learned was that even though dreams have been a part of human life and have been recognized as such for thousands of years, there has been very little relevant documentation done on the uses of dreams.

Dreams are only now starting to come into vogue, as it were, as a useful part of people's lives.

### Implications for Further Research

Although there seems to have been a great deal of research done on dreams, dream interpretation and dream therapy, there has been very little documentation about the uses of dreams in counseling and therapy. Most of the research on dreams has been continued along the Freudian psychoanalytic mode. Freud contributed a great deal toward establishing psychotherapy and used his own dreams to provide insight into himself and his patients. However, this author believes that the Freudian model is not the best model to use in working with client's dreams. It can be used as a starting point or as a reference point along with other methods in counseling. Freudian dream therapy seems to be extremely rigid and centers on wish fulfillment as the answer for all dreams. The Freudian model may be responsible for holding back the exploration of dreams and their uses.

This paper was greatly limited by the seeming lack of information to be found on dreams and their uses in counseling and therapy. There is little documentation of the use of dreams in counseling children of all ages. As has been evidenced throughout this thesis, whenever the author found a source that seemed to cover the topic at hand, it was utilized to the maximum. Such was the case with the information found on children's dreams. This is an area that

definitely requires more research and application. This author would like to see research on the dreams of children in the following areas: children in single-parent families and their dreams during the parents' separation and divorce; hospitalized children and what health practitioners can learn from their dreams. The other areas for research on children's dreams could include a further exploration into children's nightmares and night terrors; the symbolism of children's dreams when a child undergoes a surgical operation or has a major life-threatening illness, such as kidney disease or cystic fibrosis. These dreams could be used in family counseling.

Although there is some information on father-son dreams and their dream similarity, there are few publications which discuss the applications of these dreams in working with families in counseling. Another area of exploration for dreams of both adults and children involves families in transition, those families who have moved from one location to another and the effects of the moves on the dreams.

There has been some information recorded on the effects of stress on dreams, as presented in Chapter IV, but no specific information on the dreams of specific groups of patients. Some of the groups of patients that this author would like to see data on are the dreams of open-heart surgery patients and heart attack victims, accident victims and other groups of patients suffering from chronic and disabling diseases and illnesses. These dreams could be

used in working with these groups toward stress reduction.

A problem area which needs further research is sexuality and sexual problems. Dreams in this area can be used as an adjunct in marital counseling as an adjunct to communication. This author feels that more research is needed on the use of dreams in sexual counseling.

Dreams play an important part in the death, dying and grief process, but there has been very little recorded information in this area. Dreams can be reflective of the stages of the dying process and could be used in counseling the dying as a tool for advancement to the final stages of acceptance of death. The grief process is often a difficult and prolonged time for many people, who relive the death of loved ones repeatedly in their dreams. A counselor working with the bereaved could use dreams to help the client work through their grief process.

Dreams are an important part of every person's life and counselors need to become aware of the many purposes and functions that dreams fulfill. Dreams can then be used as a tool for the improvement of self-esteem and self-confidence, but only through the understanding, teaching and encouragement of parents, teachers, counselors and other health care personnel.

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## APPENDIX

### Definition of Terms

1. Animism: The belief that all life is produced by a spiritual force separate from matter. The belief that natural phenomena and objects, such as rocks, trees, the wind, etc. are alive and have souls.
2. Animists: Those who believe in animism.
3. Archetypes: From Jung. The focus taken by the archaic potentialities in the collective unconscious. The racial inheritance of significant memories passed from generation to generation.
4. Cipher: A secret writing meant to be understood only by those who have the key to it.
5. Confabulation: To talk together or chat in an informal, familiar fable-like manner.
6. Divine: Given or inspired by God; holy; sacred.
7. Dream: A child's definition is something to look at while you are asleep. A visual experience even though the things dreamed about are not being presented to the eyes at the time we are dreaming about them.
8. Dreamer-Client-Patient: These terms will be used interchangeably throughout the text in reference to the person dreaming and undergoing therapy.

9. Enantiodromia: The emergence of that side of ambivalence of which the subject is unconscious.
10. Exegesis: The explanation, critical analysis of interpretation of a word or literary passage, especially of the Bible.
11. Hypermnesia: The appearance of recollections beyond the reach of conscious memory.
12. Hypermnia: An exaggeration of memory involving minute details of past experiences.
13. Hypnogogic: Images which occur while the dreamer is falling asleep.
14. Hypnopompic: Images which occur while the dreamer is waking up.
15. Latent Dream: The actual secret or key to the meaning of the dream, making the unconscious conscious. Often made up of sexual wishes, which are censored and disguised in order to allow the sleeper to escape the anxiety which would be aroused if directly confronted by the content.
16. Lucid Dream: A dream during which the dreamer knows he is dreaming. The dreamer can reason clearly, remember freely and act upon reflection as though conscious.
17. Manifest Dream: In Freud's dream interpretation this is the dream as it was remembered. The superficial dream in which the underlying thoughts were symbolically expressed.
18. Oneiromancy: The art of claiming to foretell the future by the interpretation of dreams.

19. **Persona:** Jung's term for the mask worn in response to social situations and the demands of social convention. The role assigned by society.
20. **Pre-orgasmic Women:** Those women who have never achieved an orgasm, either through self-stimulation or with a partner.
21. **Prodromic:** A term from the Greek which means running before.
22. **Shadow:** Jung's term for the opposite of the persona. The real self.
23. **Somnium:** A movement or notion of the multiform soul, which signifies good or evil in the future as defined and founded by Artemidorus.
24. **Synchronicity:** Jung's term for noncausal and meaningful coincidences.
25. **Yahweh:** God. A modern form of the Hebrew name in the Old Testament which is commonly translated as Jehovah.