

Dream Interpretation: A Developmental Counseling and Therapy Approach

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Abstract:

In counseling sessions, clients often present dreams as material to use in making meaning of their experiences. Mental health counselors may benefit from using Ivey's Developmental Counseling and Therapy (DCT) approach to help clients process dreams, thereby promoting insight and change. A case example demonstrates the use of DCT in dream analysis.

Article:

Dreams have fascinated people since ancient times. The Mesopotamians, Hebrews, Babylonians, Chinese, Greeks, and Romans all valued dream interpretation (Van De Castle, 1994), and early psychologists (Freud, 1900/1970; Jung, 1945/1993) wrote of the value of dream interpretation in spurring client insight. In fact, Freud stated that the interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind" (p. 647), and Jung viewed dreams as being a source of personal knowledge and guidance. Despite the attention given to dream interpretation by these and other theorists, and the fascination with dreams by people in a variety of cultures and times, only 10 to 15% of mental health professionals work with dreams (Davis, 2002). In our work with diverse clients, we have found that integrating dream interpretation into counseling can promote client development, understanding, and self-efficacy. Other mental health professionals have reported similar findings. For example, Diemer, Lobell, Vivino, and Hill (1996) goofed that use of dream interpretation in even the beginning sessions of brief counseling can lead clients to explore deeper issues than would be normal for early sessions. Provost (1999) and Berube (1999) both described the value of dream exploration in counseling groups, and Provost noted that such exploration helped to encourage client disclosure and exploration and that clients may have felt less threatened than they normally might when self disclosing.

We believe that mental health counselors (MHC) fail to use dreams in part due to lack of preparation and, thus, lack knowledge of how to process dreams in a meaningful manner. In this article, a brief review of historical perspectives on dreams and dream interpretation provides a foundation for examining dreams as an integral part of counseling practice. Ivey's (2000) Developmental Counseling and Therapy (DCT) is described as a useful model for dream interpretation, and a case example from practice illustrates the application of this model.

HISTORICAL PERSPECTIVES ON DREAM INTERPRETATION

Although early psychologists shared an interest in dreams, they disagreed on the meaning of dreams and how to interpret them. Freud (1900/1970) was not the first theorist to write about the unconscious and dreams, but he brought attention to the importance of the unconscious and dreams in psychotherapy through his book, *The Interpretation of Dreams*. Freud wrote that dreams contained both manifest and latent content. The manifest content is the material that the dreamer is aware in relating the details of the dream. The manifest content is a disguise for the true meaning of the dream, or the latent content, which is comprised of unconscious sexual and aggressive wishes and fantasies unacceptable to the conscious ego. These unconscious wishes and fantasies find expression in dreams. Consequently, Freud believed that the meaning of dreams is almost always wish fulfillment. To discover the meaning of dreams, Freud used a process of free association, asking his patients to free associate to various dream symbols. Invariably, he found symbols to be related to sexual or aggressive themes. Thus, a gun was a penis, and a cave was a vagina. He did not allow for cultural variations in meaning (Van De Castle, 1994).

Jung (1964) an early colleague who later broke from Freud, differed from Freud in that he believed that dreams can reveal other themes besides aggression and sexuality. According to Jung, dreams can also reveal archetypal material, creativity, and a drive toward individuation. Jung viewed the manifest content of dreams as not being disguises but being metaphors (Van De Castle, 1994). The psyche's libido is a more general form of energy which pulls us toward individuation, a process of developing greater insight in one's inner self. Dreams reveal material from either the personal unconscious or the collective unconscious, the source of archetypes. Jung's (1945/1993) approach to dream interpretation involved amplification, the process of asking the dreamer to focus on various symbols in the dream and provide as many associations as possible about the particular symbol; whereas Freud used free association to have the dreamer create a chain of associations beginning with the dream symbol. Dream symbols could represent an actual person in the dreamer's life or a part of his or her psyche. Amplification includes exploration of feelings connected to dream images, cultural meanings of dream images, and possible archetypal meanings of the dream images such as the mandala representing the archetype of the self (Van De Castle, 1994). Jung (1964) also encouraged the dreamer to use active imagination, reliving the dream and allowing it to continue in conscious imagination.

Adler (1927/1956), who like Jung broke from Freud's psychoanalytic group, is known for his own theory, Individual Psychology. Adler viewed the personality as being holistic; thus, the conscious and unconscious are not separate. Consequently, he did not place as much focus on dream interpretation as did Freud and Jung, although he believed that dreams provided insight into one's lifestyle and social interest. In particular, Adler noted the significance of repeated dreams as keys to understanding life challenges and their unique meaning for the individual (Sweeney, 1998).

Like Jung and Adler, Pens (1969) studied psychoanalysis but moved away from it to found Gestalt therapy. Pens viewed dreams as parts of the personality that had been unexpressed. Because Gestalt therapy focuses on the "here-and-now," dream interpretation involves asking the dreamer to relate the dream in the present tense. The Gestalt therapist asks the client to experience parts of the dream by actively playing them out or by dialoguing with dream parts in an "empty chair" technique. The goal of dream work is not insight but experiencing so that disowned aspects of the personality can be reintegrated. Pens differed from Jung in that he viewed dream characters as parts of the dreamer's personality. Similar to Freud, Jung, and Adler, however, Pens considered the interpretation of dreams to be an important area of consideration for mental health professionals.

DREAMS AS A TOOL IN MENTAL HEALTH COUNSELING

Although empirical research on dream analysis as a therapeutic tool is somewhat sparse (Diemer, 1999) and has mainly explored Hill's (1996) dream interpretation model, most research findings support the importance of dreams and the use of dream interpretation as leading to positive counseling outcomes (Ziemer et al., 1996; Heaton, Hill, Petersen, Rochlen, & Zack, 1998; Rochlen, Ligiero, Hill, & Heaton, 1999). For example, Heaton et al. reported that clients found psychotherapist-led dream interpretation sessions to be deeper and more insightful as compared to psychotherapist-led sessions without dream interpretation, and they found self-guided sessions to be similar in terms of depth and insightfulness to psychotherapist-led sessions without dream interpretation.

One possible explanation why many MHCs do not use dream interpretation is that they feel they lack training in dream interpretation techniques. Other possibilities are that dream interpretation seems incompatible with the emphasis in counseling on developmental issues (Ivey, Ivey, Myers, & Sweeney, 2005), that empirical research on dream analysis as a therapeutic tool is limited, or that managed care emphasizes short-term counseling approaches. Whatever is the case, even if MHCs do not plan on making dream interpretation a part of the counseling process, some clients will inevitably talk about their dreams. Dreams are personal to the dreamer, reflecting one's own underlying preconscious, semiconscious, or unconscious thoughts and feelings (Adler, 1927/1956; Freud, 1900/1970).

The lack of clear conscious states and images in dreams contributes to an ethereal and mystical quality of experience; this quality, in turn, stimulates the universal human tendency to discover meaning in experience

(Holden, 2001; RiGazio-DiGilio, 2001). This desire to find meaning may explain why MHCs and MHC educators have found that many clients as well as counseling students are curious about the meanings of their dreams. One way to explore these meanings is through the use of DCT.

DEVELOPMENTAL COUNSELING AND THERAPY: A USEFUL MODEL FOR UNDERSTANDING DREAMS

DCT (Ivey, 2000) is both a theory of development and a cognitive-affective-behavioral counseling approach whereby MHCs evaluate the cognitive-emotional-developmental style of clients and systematically select appropriate counseling interventions to facilitate client growth. A brief review of the theoretical foundations of DCT provides a basis for understanding both the four cognitive styles defined in the model and associated assessment and intervention strategies. Empirical research using DCT, though not extensive, provides support for using this approach in counseling (Barrio, 2005; Heesacker, Rigazio-Digillio, Prichard, & Ivey, 1995; Ivey, et al., 2005; Rigazio-Digillio, 1989; Rigazio-Digilio & Ivey, 1990; Rigazio-Digillio, Ivey, & Locke, 1997). Drawing from Piaget (1965), Ivey (2000) emphasized assimilation, accommodation, and developmental stages in the systematic selection of counseling interventions. Accommodation is Piaget's term for the cognitive process whereby people develop new schemata to understand information from the environment, and assimilation is Piaget's term for the cognitive process whereby people incorporate information from the environment into existing schemata. Including sensorimotor, pre-operational, concrete operational, and formal operational stages, Piaget postulated that children move through these stages until they are between 11 and 15 years of age when they possibly reach the formal operations stage (Piaget, 1965). In other literature (Dail & Cavanaugh, 2003) there is also some support for a post-formal stage of thought, termed mutual perspective taking.

Ivey (2000) developed DCT by theorizing that development, as outlined by Piaget (1965), is an ongoing process that is both circular and spherical. Consequently, individuals continue to develop cognitively after their childhood as they confront various issues in their lives (Ivey et al., 2005). Using a metaphorical interpretation of Piaget's four cognitive stages, Ivey proposed a model including four cognitive-affective-behavioral styles with early and late development evident in each of the styles. Ivey does not believe that the styles are hierarchical or linear or that one style is superior to another: rather each style is an alternative perspective that is as valuable as all others. However, similar to Piaget, Ivey recognized that not all individuals will be able to function in all of the cognitive styles, notably those requiring formal and post-formal thought processes. As adults encounter their worlds, face issues in their lives, and interact with other people, they process these experiences using one or more of the DCT cognitive-affective-behavioral styles (Ivey et al., 2005). Although most people have a predominant style that they use to process their experiences, such as dreams, they may use other styles as they encounter various issues.

Sensorimotor Style

Ivey (1993; 2000) described the sensorimotor style of his DCT model as the experience, awareness, and meaning of felt body sensations or emotions. Individuals operating from an early sensorimotor style focus on their senses in making meaning of their current experiences. When individuals experience a distressing event, such as the death of a family member, they may focus on the pain and sadness of the event, a feeling or sensorimotor experience, and initially be unable to do anything but emote. Focusing on one's senses on a beautiful day or during a massage is a positive example of the sensorimotor style. Ivey called Piaget's second stage, preoperational thinking, a late sensorimotor style and noted that it is characterized by irrational or magical thoughts such as should or ought. Thus, most individuals enter counseling with problems they are viewing from a preoperational perspective.

Clients experience dreams in the sensorimotor style when they identify vague feelings or sensations in their body during the dream or when they first awake. They may have difficulty remembering the concrete details of the dream or labeling the feelings from the dream. At a late sensorimotor style, they may recall an image or various images from the dream: however, they cannot describe how the images connected to encompass the

dream (i.e., as one would tell a story). Alternately, they may describe vivid images, with powerful feelings associated with the image and experienced both in the dream and upon awakening (Marszalek, 2004).

Concrete-operational Style

Early and late aspects of a concrete-operational style are characterized by concrete, specific, detailed language. Early concrete thinking is evident in detailed, linear descriptions of events such as relating the details of one's day; whereas, individuals functioning in a late concrete-operational style can use "causal, if/then thinking" (Ivey, 1993, p. 32). Examples of early concrete thinking are thoughts like "I took a test today" or "I finished my test after two hours." Examples of late concrete-operational client statements include the following: "I feel happy because I finished my test" or "If I finish my test, I will be happy."

Clients experience dreams from a concrete style when they can describe the details of the dream and relay them as if telling a story. Importantly, the concrete sequences of events may or may not make sense, or not make sense in the same manner as they would in a description of waking events. Clients may also be able to describe how certain details of the dream made them feel (i.e., sensations or emotions). Often they lack understanding of the deeper meaning of the dream and do not understand how aspects of the dream may be connected to their waking world (Marszalek, 2004).

Formal-operational Style

The formal-operational style is characterized by abstract thinking concerning emotions and experiences. In early formal-operational thinking, clients reflect on the events in their lives and are able to recognize patterns in their thoughts, feelings, and behaviors. For example, statements such as "every time I have a paper due I get nervous" and "every time I have a paper due I think about failing" represent this style. Individuals functioning in a late formal-operational style recognize "patterns of patterns" (p. 296). They are able to comprehend that patterns of thoughts, behaviors, and emotions can be intertwined. For example, "my pattern of being nervous is related to my pattern of thinking of failing" (Ivey, et al, 2005) shows formal operational thinking.

When experiencing a dream from a formal-operational style, clients can recall something from their waking world that is similar to a part of the dream. They see a pattern between an occurrence in their waking world and something that happened in the dream, something they felt in the dream, or something they thought in the dream. The occurrence in the waking world can be from the present or past. Clients who have moved to more abstract styles of thinking may also be able to identify more than one similarity between aspects of the dream and the waking world. For example, clients may identify an occurrence from the present and an occurrence from the past that is related to one or more aspects of the dream. They may be able to understand how the occurrences are not only related to the dream, but how the occurrences are related to each other to form a pattern; in essence, "patterns of patterns" (Ivey 2000; Ivey et al., 2005; Marszalek, 2004).

Dialectic or Systemic Style

Ivey (1993: 1986/2000) further theorized that adults are capable of abstract reasoning that extends beyond the formal-operations stage. He used the Platonic concepts of knowledge and intelligence to describe post-abstract or post-formal thinking. Adults in the dialectic stage reach new levels of comprehension by understanding that their view of the world (i.e., their knowledge) is influenced by their interaction with the environment; in other words, they understand that they do not live in a vacuum and that they cannot avoid being influenced by the environment in which they exist. The dialectic also refers to rules, often unconscious, by which people make choices in life. These rules typically developed in childhood family environments and are not functional for healthy adult relationships.

When experiencing a dream from a dialectic style, clients are able to put the pieces of the dream together. For example, they may explain how parts of themselves are represented by various figures in the dream. They develop an "interpretation" of the dream, describing what the dream means for them and how the dream has led to deeper insight into themselves. Developing an interpretation of the dream means that clients can see the overall pattern of the many connections they have discovered between aspects of the dream and their waking

world. Importantly, however, these interpretations may not be complete and clients may have missed some essential underlying issues in their analysis (Ivey et al., 2005). Dialectical deconstruction occurs when clients are encouraged to challenge their meaning-making processes or insights at a sensorimotor, concrete, or formal operational style. This process can be encouraged by asking questions such as: "how did you feel when you discovered the meaning of the dream?"

Assessment and Treatment Planning Using the DCT Cognitive Styles

Ivey, Ivey, and Rigazio-DiGilio (2005) presented the Standard Cognitive/Emotional Developmental interview (SCDI) as a means of assessing how clients ascribe meaning to a particular presenting issue. The SCDI is a one to two hour structured clinical interview with a series of questions designed to assist clients in working through the DCT styles related to a particular issue. Once preferred styles and possible developmental blocks, or inability to process issues fully in one or more styles, have been identified, MHCs may use the results of the assessment to develop interventions using traditional counseling theories appropriate for each style (Ivey, et al., 2005). For example to facilitate sensorimotor exploration, MHCs can use Gestalt techniques of asking a client to repeat their last statement several times; ask the client to dramatize various images in the dream: have the client imagine a discussion between images in the dream; and help the client focus on changes in body language. Asking for a linear description of what happened in the dream can promote concrete processing. Jungian free association can be used to help the client identify patterns between dream components and the client's waking experiences; Object Relations Theory's focus on one's internal objects and transference relationships can help clients identify patterns between dream components and internal objects (formal-operational).

According to Ivey et al. (2005), MHCs can choose to either match or mismatch an intervention to a client's preferred DCT style. Matching an intervention to a client's DCT style may be used to facilitate rapport and to expand horizontal development, cognitive and affective development within the same DCT style. Mismatching an intervention to a DCT style other than the client's preferred style may be used to promote vertical development, cognitive and affective development in other styles.

APPLYING DEVELOPMENTAL COUNSELING THERAPY TO DREAM INTERPRETATION: SPECIFIC STRATEGIES AND CASE ILLUSTRATION

When clients presents dreams, MHCs can help them explore the meaning of their dreams by integrating DCT into the flow of the session (Ivey, 1993; Ivey et al., 2005). This can be done in one of two ways. One way is to use the SCDI as a structured or formal way to examine the meaning of the dream. A second way to integrate DCT into the session is informally based on listening to how clients describe their presenting issues and matching interventions to their DCT styles. The informal process is described below. A series of eight steps are defined and examples provided from a counseling session with one client.

Description of Client

Carl (pseudonym) was a gay male in his early 30s who worked as an assistant manager in a retail setting. He was quiet, reserved, and had difficulty expressing his emotions. At the time of this session, Carl had been meeting with John, the MHC, for about a year. Carl originally sought counseling because he was depressed. He grew up in a strict religious family that did not accept anything that deviated from their values, including his sexuality. His mother had frequent angry outbursts if the other members of the family (including his father) did not adhere to her wishes. Carl coped with his mother by learning to anticipate her wishes and by isolating. At the time of the first session, Carl had few friends and was unhappy in his job.

Carl and John spent many of the early sessions on his learning to trust John and not feeling that John would judge him as his family had. As he became more comfortable, Carl and John noticed that he began to recall his dreams from time to time (something he had rarely done before). By the time of the session described below, Carl and John had interpreted several dreams. Consequently, Carl had learned to associate material from dreams to his waking life with little prompting from John. More prompting is often required for clients who have not discussed their dreams previously.

Step One

The first step in dream interpretation using DCT is to begin with a client-generated dream fragment and use active listening techniques to help the client talk about the dream. It is important to begin in a relatively unstructured manner, asking the client to discuss whatever she or he remembers about the dream. This approach will result in the client providing an initial construction of the meaning of the dream and is important for later deconstruction. Usually the client recalls dream images; however, sometimes the most powerful dream material is a combination of images, feelings, and thoughts.

At the beginning of the counseling session, Carl reported the following dream (notes on DCT cognitive styles are provided in parentheses):

Carl: I had a dream about the new manager at work. He told me that he was going to have to let me go because my work had not met his expectations. Loretta, my co-worker was also there. I was so angry (sensorimotor, note that Carl rarely shows anger in his waking life) that I told him I would not stay for the two weeks he wanted me to stay and that I was leaving now.

Step Two

The second step in the counseling process is to focus on the most powerful images, feelings, or sensations of the client. The MHC can help clients identify aspects of the dream on which to focus by asking them what stood out for them in the dream or by asking the initial SCDI (Ivey, Ivey, & Rigazio-DiGilio, 2005) question: "What happens for you when you focus on your dream?" This question is intentionally broad so that the client may identify either concrete details of the dream (concrete), or feelings or sensations felt during the dream or upon awaking (sensorimotor), or patterns of thoughts, feelings, and behaviors evoked by the dream (formal). Following Ivey, Ivey, and Rigazio-DiGilio's (2005) suggestion, MHCs can help clients focus on the specific aspects of their dream by asking them to imagine that they are experiencing the dream in the present and use questions to help them discover what they see, hear, taste, smell, sense in their bodies, and feel.

John asked Carl what stood out for him in the dream.

Carl: I found the image of the manager firing me the most powerful.

John: Can you image this as if it were happening right now?

Carl nodded his head affirmatively, and John asked him about what he saw and heard as he imagined himself in the dream scenario. Carl was able to describe the details of the surroundings in the dream and describe what Loretta was doing.

Step Three

Third, assess the DCT style used by the client in discussing the most powerful aspects of the dream, MHCs can assess the four cognitive styles by listening to how clients describe their dreams and comparing them to the characteristics of each of the DCT styles described above.

Functioning in each of the four styles is issue-specific and may vary depending on the particular issue presented. Consequently, it is possible for clients to process a dream using a concrete operational style and to process a conflict at work using a formal operational style. In assessing clients' DCT style related to a dream, MHCs should also be aware of developmental blocks in a particular cognitive style. Developmental blocks are evidenced by an inability for clients to process their dreams in a particular style. For example, a client may be able to describe the details of the dream using the early concrete style but cannot identifying patterns between the dream and the waking world. In this case, the client may be experiencing a developmental block in a formal-operational style. Noting this block can help the MHC assess that the client is presenting the dream using a concrete style.

John realized that Carl was processing his dream using a concrete style. Carl had remembered many of the details of his dream and had related them as if telling a story.

Step Four

Ivey (2000) stated that clients generally present issues in counseling at a sensorimotor or concrete-operational style. and the interventions will differ based on which of these two styles is evident. Based on our experience as MHCs, most clients will present dreams from an early concrete style, being able to describe the dream as if telling a story but not understanding the meaning of the dream. Sometimes clients present dreams from a sensorimotor style by discussing unconnected fragments of dreams or recalling lingering feelings from dreams without remembering the details.

When clients present their dreams from a concrete-operational style, MHCs can use active listening techniques and questions to help the client talk about the details of the dream, thus, matching the intervention to the client's DCT style. Next they can mismatch interventions at a sensorimotor style to encourage the client to explore any feelings or sensations felt during the dream. Finally, MHCs can mismatch interventions at a formal-operational style by proceeding to Step Five below.

In contrast, when clients present their dreams from a sensorimotor style, MHCs can use sensorimotor interventions to help them process the feelings and sensations. Next they can use active listening and questions at a concrete operational style to discuss any details remembered before proceeding to Step Five.

Because Carl was processing his dream using a concrete style, John used concrete interventions to help Carl discuss the details of the dream. John then asked what Carl felt in his body to encourage him to explore in a sensorimotor style any feelings or sensations he felt during the dream. Carl realized that he felt tense and anxious. He felt stiffness in his neck that he had identified in past sessions as being related to anxiety, and he, of course, felt angry. He could identify sensations and feelings he had during the dream or if he imagined himself in the dream scenario (early sensorimotor style), he could understand that if he felt stiffness in his neck, he was feeling anxious and angry (causal thinking of late concrete style), and he could understand that the feelings he felt were related to his confrontation with the manager (causal thinking of late-concrete style).

Step Five

To draw parallels between problems and situations presented in the dream and real life experience, ask questions appropriate for the formal operational style. Immediately after either the sensorimotor or concrete processing, MHC's may ask clients if there are times in their lives when they have felt the same way (SCDI question) or what comes to mind for them about the dream component identified (Jungian amplification). These questions will bring the projection (i.e., the dream) into conscious awareness and discussion. Although the MHC may choose to make this link, it is preferable to have the client construct the examples. Links can then be made between the example of the dream and the real life example, and the discussion can proceed with the identification of patterns. John asked Carl if he could recall a time when he felt anxious and/or angry and felt tension in his neck.

Carl: Well, when the new manager was hired, he told all of us in a staff meeting that he had some changes he would be implementing in the store but that he wouldn't do them right away. He said he knew that we had grown accustomed to doing things in the store in a certain way and he wanted to make changes slowly.

John: So you felt anxious when the manager said this?

Carl: After the manager said that, I wondered if there were things I was doing that he didn't like but that he wasn't telling me about. Every time he was around, I felt like he was watching everything I was doing. John next asked Carl if he could think of another time when he had felt anxious and felt tension in his neck. Carl recalled that he felt similarly when he disagreed with his partner, Daniel; that he felt anxious whenever Daniel wanted him to do something that he did not want to do. Carl responded angrily (sensorimotor response).

Carl: I go ahead and do it and I keep thinking inside that I really don't want to be doing it.

John next asked a formal-operational style question to help Carl identify a pattern in the two examples he had discussed:

John: You've just given an example of how in the dream you became anxious, and in the example about Daniel you also got anxious. In addition, you also expressed anger both times. What similarities do you see in these two circumstances?

Carl (After thinking for a moment): I guess I feel angry whenever I think that there's something I'm supposed to do that I don't want to do, and I also get angry at myself that I don't know how to handle the situation.

Step Six

If the client chooses to continue to discuss the dream, identify and focus on other segments of the dream by repeating steps one through five. Try to keep the focus on one set of images and feelings at a time in order to illuminate clear patterns associated with each feeling.

After processing the first dream fragment, ask what else stood out for the client in the dream. Usually the client will identify another fragment; however, MHCs can also identify fragments to explore by being aware of their countertransference feelings that are picked up from clients. Noticing changes in client affect while relating specific parts of the dream, and noting sections of the dream that relate to issues, words, feelings, objects, stories, or anything else that has occurred in past counseling sessions. Choosing the right fragment on which to focus is less important than exploring several fragments until patterns emerge.

John asked Carl what else stood out for him in the dream. Carl indicated that the talk with the manager was the only section that really stood out for him. John remembered that Carl has spoken about Loretta in past sessions and followed his hunch that she might be another important part of the dream. He asked Carl to describe the concrete details of what Loretta was doing, how she looked, and any other details he could recall. He did not identify any feelings or sensations regarding Loretta in the dream, so John proceeded to a formal-operational style intervention.

John: What comes to mind about Loretta?

Carl: The old manager always thought she was careless and not competent. She's always messing up. I watch the way the new manager looks at her, and I think he thinks she's not very competent either.

John asked Carl his associations to the word "incompetence" and one of Carl's associations was "me." He asked Carl to give examples of times when he felt incompetent. He discussed feeling incompetent as a partner, incompetent as a worker, and times when he felt incompetent in school. John then offered an interpretation of a pattern.

John: I wonder if Loretta represents the part of you that feels like you're incompetent.

Carl nodded affirmatively: I do feel that way when I see the manager watching me as I'm working (if-then thinking; late concrete, early formal operational [client is beginning to identify his pattern]).

John: You imagine that he thinks you're not doing it correctly?

Carl: Yes. And then I start to get anxious.

John: That feeling in your chest?

Carl nodded again affirmatively.

Step Seven

Seventh develop hypotheses concerning the overall interpretation of the dream by connecting the previously explored dream components' meanings. Watch for a cognitive shift experience (i.e., an "a-ha moment") when a hypothesis feels meaningful to the client. As the MHC and client discuss the meanings they have identified through exploration of dream fragments, themes emerge that are the basis for making an interpretation of the dream.

John: It's interesting that your mind interprets the situation as the manager thinking you're messing up. You could also interpret it as the manager thinking you're doing a good job.

Carl laughed and said. "And that surprises you!"

John: So you realize a pattern here that we've talked about before (in previous sessions)?

Carl: Yes. That I imagine that people are thinking badly about me and that I'm not meeting their expectation.

To encourage movement to a dialectic style, John replied, "Sounds like what you described feeling in your family as a child."

Carl nodded and John continued: So that pattern has been there a long time. You imagine people will see you as you saw your mother seeing you. Could it be that this has become a rule? When other people expect things of me, I am not competent to do what they want. It makes me anxious and angry (co-construction of rule).

Carl: Yes. It's hard not to think that (dialectic experiencing).

John: Did you notice in the dream at the end that you became angry.

Carl: Yes I got angry and stormed out.

John: You got angry at the manager and did not give him what he wanted which was for you to stay and be the "good boy" for two weeks even after he had fired you.

Carl: I didn't think of it that way.

John: I wonder if the manager represents that judgmental part of you that says you have to meet other people's expectations....

Carl: ...or I'm crap if I don't.

John: So in the dream, another part of you came out. The part that got angry at the critical part. That said—I'm not going to put up with this.

Carl: I didn't think of that.

Step Eight

In the final step of the dream interpretation process, the goal is to help the client process the feelings and sensations experienced as a result of the cognitive shift. After the MHC and client develop an interpretation for the dream, the client may experience a variety of feelings and bodily sensations. It is important for MHCs to help clients process and understand what they are experiencing. Thus. In the case example, John next helped Carl process his feelings and sensations in the dialectic style.

John: How do you feel about what Tin saying?

Carl: I feel better. It all makes sense.

John: It seems like you have more strength than you give yourself credit to fight those negative thoughts about yourself.

Carl: You think so? It doesn't usually feel that way.

John: You can hold onto the feeling of "feeling better"—you don't have to hold onto the feeling of doubting yourself.

Carl: And this helps me become aware of how I always think people expect things of me. I do it with Daniel all the time. I guess I have a lot to think about....(deconstruction of dialectic functioning in relation to others).

At this point John and Carl moved on in the session to a discussion of other examples of the identified pattern, and began to discuss alternate ways to respond when the client began to feel that others expected something of him. His primary cognitive styles were sensorimotor and dialectic. In that he was often aware of his interactions with others and felt a deep need to respond to their requests of him, usually imagined rather than real. In subsequent sessions, relaxation tapes helped Carl to learn to relax his body when he felt tense (sensorimotor style). Gestalt empty chair exercises, role playing, and cognitive-behavioral homework assignments to be aware of such situations and respond in different ways resulted in the development of new behaviors, thoughts, and feelings in his relationships with others (concrete-operational style). Object-Relations 'Theories' focusing on transference in the mental health counseling relationship helped Carl realize when he imagined that John had expectations of him that were in actuality messages from critical internalized objects and helped him learn to make the same distinction in relationships outside counseling (formal-operations style). Finally, the use of Bowenian and psychodynamic family therapy exploration of past, unspoken family rules that continued to affect Carl in the present led to new insights for him (dialectic style).

DISCUSSION

Even if MHCs do not plan on making dream interpretation a part of the counseling process, some clients will inevitably present their dreams for discussion. Researchers have demonstrated that dream interpretation may lead to positive counseling outcomes (Diemer et al., 1996; Heaton et al., 1998; Rochlen et al., 1999). Thus., dream interpretation can be one of many tools that MHCs can use to help their clients develop greater insights into their feelings, thoughts, and behaviors.

During the initial session, MHCs can explain to clients that if they have any dreams between sessions they can talk about them. This simple statement leads many clients to begin remembering their dreams, thinking about them, and discussing them in sessions. When clients present dreams, MHCs can integrate them into the session using the steps described above. However, there are several caveats to consider.

First, these steps are general guidelines that we have found helpful in processing dreams with clients.. However, adhering to the steps is less important than following the natural flow of the session. It is important that MHCs do not follow the steps so rigidly that they do not help the client process feelings and thoughts throughout the session. In addition, if MHCs notice changes in affect or know from past experience that particular clients tend to struggle with revealing intimate emotions, it is important to encourage them to talk about their feelings regarding a discussion of the dream and not force clients to process painful material until they are ready.

Second, before applying the DCT mode' to dream interpretation it is important to determine whether clients have any interest in or desire to discuss their dreams. The preferred DCT styles of clients provide important clues in this regard. For example, some clients who operate predominantly in a concrete operational style may

be less likely to view dream work as meaningful and important as compared to clients who operate predominantly in a formal operational style; clients who are most comfortable using a concrete operational style may find dream work to be too abstract and not directly related to their presenting issue. With such clients it is important for the MHC to explain how dream work can lead to concrete solutions but not push clients into discussing their dreams. In addition, clients who experience developmental blocks, or an inability to process their issues in a particular cognitive style (Ivey et al., 2005), may be good candidates for dream interpretation to help remove the blocks.

Third, in using the DCT model, MHCs are not limited in their use of various counseling theories. Ivey et al. (2005) explained that MHCs may integrate a range of theories when using the DCT model as long as they use interventions that are appropriate for clients' DCT styles. For example, we draw from Jungian theory in encouraging clients to free associate, in stressing that dream symbols are usually unique to the individual, and in theorizing that dreams can reveal powerful messages about clients' inner selves; we employ Gestalt techniques to help clients experience feelings and sensations from dreams in the present; we utilize Object Relations theory to study the ways in which figures in dreams can represent different parts of the self or actual figures. Other MHCs may find different theories to be helpful for work in each of the DCT styles.

Fourth, regardless of the theories used, one of the goals should be to help clients experience dreams in multiple DCT styles. Research indicates that people who are able to use an four DCT cognitive styles in making meaning of their environments have fewer physiological and psychological problems than those who are not able to use all four cognitive styles (Heesacker et al., 1995; Rigazio-DiGillio, Ivey, & Locke., 1997). In the case example presented above, Carl was able to experience his dream in multiple cognitive emotional styles. For example, he could feel the anxiety in his body (sensorimotor), identify the place in the dream when he felt the anxiety (concrete), remember a time when he felt anxious while awake (formal operational), and understand how the dream features applied to parts of himself (dialectic). Moving back and forth between the DCT styles provided Carl with the experience of understanding the multi-layered meanings of the dream.

Fifth, MHCs should not dictate to clients the meaning of dreams, Contrary to the supposition of authors of dream dictionaries found in popular bookstores, dream symbols do not have the same meanings for all people. Clients' cultures can influence the themes of their dreams, their receptiveness to dream interpretation, and their own interpretation of dream symbols (Adams, 2002; Josephs, 2002; Mageo, 2002; Thwala, Pillay, & Sargent, 2000; Wax, 1999). For example, several African American clients and counselor education students from around the United States have remarked to us that their families believed that if one dreamt of a fish someone close to that person was going to have a child; whereas, other clients had different associations for fish (Marszalek, 2005). Thwala et (2000) reported different views about the meaning of dreams among Zulu South Africans based on gender, age, education, and area of dwelling. Kane (1994) stated that dreams can reveal internalized societal messages, and found that the dreams of African American college women in her study contained a greater frequency of failure and victim themes as compared to Anglo-Americans and Mexican Americans.

In clinical practice, as in the case example presented here, we often present hypotheses of various meanings of dream figures and the dream, itself. However, as with any counseling interpretation, we explain to clients that any interpretation we offer is only accurate if it feels right to them. The client must experience an "a-ha moment" and experience the hypothesis as meaningful in order for an interpretation to be valuable. Our goal, however, is to help clients begin to offer their own hypotheses about their dreams, so that we are like two detectives working together to solve a case. In time, clients usually do begin to offer possible hypotheses. Ivey (1993) and Ivey et al. (2005) noted that a MHCs approach will impact the client; clients will make hypotheses in similar ways that MHCs do. Consequently, it is important to use a variety of approaches in a variety of DCT styles to both model and encourage multiple ways of exploring and interpreting dreams.

Finally, as in facilitating any counseling technique, helping clients process and interpret dreams is much smoother when the MHC and client have been working together for more than a couple sessions. It is easier

for the MHC to see possible meaning in a client's dream based on an understanding of the client. It is also easier for the MHC to make connections between several dreams or to notice what Jung termed a dream series (Jung, 1945/1994). When clients have worked with a MHC for some time and know that the MHC is skilled in dream interpretation, they seem to remember dreams with more frequency, develop more hypotheses for meanings on their own, and learn that they can process dreams on their own: thus promoting self-efficacy.

CONCLUSION

Based on our experiences and discussions with other MHCs, most MHC education programs devote little time to the topic of dream interpretation and could benefit from further use of DCT as a model for counselor training (Myers, Barrio, & Paredes, 2005). A discussion about dream interpretation may be included in a lecture on psychoanalysis, or Jungian or Adlerian counseling, but most programs do not teach MHC trainees how to integrate dream interpretation into the counseling process. There is also little discussion on dreams in the counseling literature. Based on the universality of dreams and on the success of our experiences in using DCT to facilitate dream exploration and interpretation, we believe that DCT offers a useful model for helping clients process their dreams in a meaningful manner. In addition, counseling outcome research is needed to study the effectiveness of using DCT and dream interpretation in counseling with diverse clients.

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