ABSTRACT

Title of Document: THERAPIST DREAMS ABOUT CLIENTS: A QUALITATIVE INVESTIGATION OF THEMES, EXPLORATION, AND USE

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Although case studies have indicated that dreams about clients can have therapeutic utility, little empirical research has been conducted on such dreams. The purpose of the current study was to learn more about this phenomenon, with a focus on four specific areas: (1) themes that occur in dreams about clients, (2) the meaning therapists make of the dreams, (3) what methods therapists use for gaining understanding of these dreams, and (4) what uses therapists make of their understanding. The consensual qualitative research method was used to analyze transcripts of interviews with 8 experienced therapists. Results indicated that the dreams typically had primarily negative interpersonal patterns, deepened therapist awareness of a known issue; therapists used multiple methods to work with the dreams; and therapists used their understanding of the dream in deciding how to proceed with the case. Specific meaning of the dreams included signals of unmanaged countertransference and indications to make fundamental changes in the therapeutic relationship or the therapist's life.

THERAPIST DREAMS ABOUT CLIENTS: A QUALITATIVE INVESTIGATION OF THEMES, EXPLORATION, AND USE

By

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Table of Contents

Acknowledgements ii

Table of Contents iii

List of Tables v

Chapter 1: Introduction 1

Chapter 2: Review of the Literature 5
- Therapist Dreams about Clients 5
  - Self-Analyses, Case Studies, and Anecdotes 5
  - Empirical Studies 19
- Client Dreams about the Therapist 36
- Qualitative Research 45
  - Background 45
  - Consensual Qualitative Research 46

Chapter 3: Statement of the Problem 49
- Research Questions 50

Chapter 4: Method 51
- Design 51
- Participants 51
- Measures 55
- Procedure 55
- Qualitative Analysis 63

Chapter 5: Results 66
- Dreams in General 68
- Specific Dream about a Client 75
- Participating in the Study 91
- Case Examples 94

Chapter 6: Discussion 102
- Research Question 1 102
- Research Question 2 107
- Research Question 3 114
- Research Question 4 116
- Other Findings 119
- Limitations 121
- Implications 123
- Future Research 125

Appendices 127
Appendix A: Recruiting Email 127
Appendix B: Interview Protocol 1 129
Appendix C: Interview Protocol 2 130
Appendix D: Dream Summaries 133
Appendix E: Sample Core Idea Table 138
Appendix F: Sample Cross Analysis Table 139

References 140

List of Tables

Table 1: Number of Dreams about Different Clients or Same Client Presented by Each Therapist 66

Table 2: Domains, Categories, and Frequencies Regarding Therapist Dreams about Clients 70

Chapter 1

Introduction

From the dawn of human cognition, dreams—alluring, terrifying, inscrutable—have been a common source of fascination. Our adventures in sleep are at once universal and unique; everyone dreams, but we dream alone. Perhaps it is this paradox that drives the need to share our dreams, to decipher them, ultimately, to make some use of them. As psychoanalytic science was in its infancy, Freud (1900/1913) recognized the singular power of dreams and seized upon them as the *via regia* to knowledge of the unconscious. Since that time, researchers and clinicians have sought a greater understanding of dreams—their intrapsychic functions, their neurological footprints, and their therapeutic utility—and have made dreams the topic of wide-ranging research efforts.

The vast majority of studies on therapeutic uses of dreams have investigated clients' dreams, with a strong concentration on dreams about the therapist, which have been shown to be useful in elucidating client perspectives of the therapeutic relationship. More specifically, studies of clients' dreams about their therapists have shown how frequently these dreams occur, their common themes, how they change during the course of therapy, and their utility as indicators of unconscious client issues or of difficult points in therapy (Carlson, 1986; Eyre, 1988; Feldman, 1945; Geffner, 2004; Gillman, 1993; Harris, 1962; Oremland, 1973; Rohde, Geller, & Farber, 1992; Sirois, 1994). In contrast, few empirical studies have been conducted on psychotherapists' dreams about their clients. The body of research to date comprises mainly case studies or therapists' reports of their own dreams, although four empirical studies have produced some inroads to understanding the nature of these dreams. These studies include Lester, Jodoin, and

Robertson's (1989) survey of psychoanalysts and candidates on dreams about patients, which indicated that the dreams occurred at a difficult point in analysis and that candidates and less experienced analysts do not dream about patients any more frequently than do more experienced analysts. Included in the study was an analysis of 41 dreams about patients provided by respondents, from which the researchers classified six relational themes. In the first of three qualitative studies reviewed here, Karcher (1999) examined the supervisory uses of dreams about clients in addressing countertransference in graduate student trainees. Results showed that most of the trainees' dreams contained countertransferential material and that trainees perceived some benefit in supervisory use of the dreams. Degani (2001) showed that therapist dreams about patients occurred during challenging periods during therapy; that they involved difficult patients; that they functioned as a mode to fulfill wishes, work through relationship problems, and purge unpleasant emotions; and that insight gained from dream interpretation could elicit therapeutic breakthrough. Kron and Avny (2003) examined Jungian and relational perspectives of therapists' countertransference dreams and identified nine interpersonal themes, some similar to themes identified in previous studies, and found three types of dream functions: prognostic, diagnostic, and compensatory.

Although these studies have deepened our understanding of the phenomenon of therapist dreams about clients, the only approach taken thus far is psychodynamic, with a focus mainly on countertransference. In addition, for some of the studies, supervisor feedback was a key component (Karcher, 1999) or at least a consideration (Degani, 2001), but little attention was given to other measures therapists might take to help them understand their dreams about clients. Finally, most of the therapists in these studies were

graduate student trainees, which again, limits generalizability of the findings to that population.

To broaden the knowledge base of this rich but underexplored resource, the current study examined dreams about clients from a very different sample: experienced therapists of various theoretical orientations. If dreams about clients serve the purposes of signaling unmanaged countertransference and providing clues about difficulties in the therapeutic relationship for therapist trainees, it was worthwhile to investigate the dreams of experienced therapists for these and other potential uses. In addition, results on the supervisory uses of dreams about clients have been mixed, and given that few experienced therapists are in regular supervision, it was useful to explore what other methods therapists have for working with these dreams and what uses they ultimately find for them. The existing literature indicates that therapist trainees tend to have negative dreams about challenging clients and that they occur during difficult times in therapy, suggesting that these dreams reflect young therapists' state of unease regarding their professional development. Another goal of this study was to expand the investigation to the dream content and therapy environment pertaining to experienced therapists' dreams about clients. In addition, the current study utilized a more rigorous methodology, consensual qualitative research (CQR), than has been applied in previous studies on this topic.

Finally, this investigation had several implications for practice and training. Results of our investigation showed various methods being used to explore and understand dreams about clients. Elucidating the methods found in the current study can provide some guideposts to other therapists for working with their own dreams,

expanding their dream work repertoire, and potentially enabling them to gain a fuller understanding of their dreams. A richer, more complex picture of therapists' unconscious representations of themselves, their clients, and the therapeutic relationship can then be of greater therapeutic and personal utility. The results can also provide a glimpse of the broad variety of ways in which therapists put their deeper understanding to use.

In terms of training, students could be introduced to the idea of using their dreams about clients as a means for accessing and monitoring thoughts and feelings not only about themselves and the client in interaction, but also about their own professional growth. They could thus be encouraged to work with their dreams via multiple processing methods and to bring to supervision the richer understanding gleaned from this multimethod approach.

Chapter 2

Review of the Literature

The first section of this review begins with a sampling of anecdotal accounts and a review of self-analyses of therapist dreams about patients, which constitute a large share of the literature (Cogar, 2004; Consolini, 1997; Freud, 1900/1913; Kron, 1991; Myers, 1987; Watson, 1994; Zwiebel, 1985). This section also includes case studies (Abramovitch & Lange, 1994; Roberston & Yack, 1993; Whitman, Kramer, & Baldridge, 1969) of analysts' dreams about patients and one qualitative study (Ladany et al., 1997) on sexual attraction toward clients that included interpretation of a dream about a client. The section concludes with a detailed review of the research most directly related to the proposed study, that is, empirical studies of therapist dreams about their clients (Degani, 2001; Karcher, 1998; Kron & Avny, 2003; Lester et al., 1989). The next section is a brief, selected review of research on client dreams about the therapist (Carlson, 1986; Eyre, 1988; Feldman, 1945; Geffner, 2004; Gillman, 1993; Harris, 1962; Oremland, (1973); Rohde, Geller, & Farber, 1992; Rosenbaum, 1965; Sirois, 1994). In the final section a rationale is developed for further qualitative investigation of the topic by providing some general background on qualitative research and a more specific history of the development of the CQR method (Hill, Thompson, & Williams, 1997; Hill et al. 2005).

Therapist Dreams about Clients

Self-analyses, case studies, and anecdotes. With the preponderance of psychodynamic perspectives informing the research on therapist dreams about clients, it seems fitting to begin by citing what is widely considered the first countertransference dream—the "Irma" dream. Freud (1900/1913) had this dream about a patient early in his

career and reported that it was “the first dream which I subjected to an exhaustive interpretation” (p. 18). In the dream, Freud is in a large hall receiving guests, including his patient, Irma. Freud takes her aside and scolds her for not improving, and she complains. He becomes anxious that he has overlooked some physical malady and he examines her mouth and throat, discovering white patches and scabs. He is uneasy and has his mentor and colleagues examine her. His mentor suggests that dysentery will develop, which is a puzzling prognosis. In the dream, Freud concludes that Irma’s failure to improve is the result of a colleague injecting her with an inappropriate medicine. He also suspects that the syringe was not clean.

Freud processed the dream by writing detailed associations to each theme he perceived, including his projections of another patient onto Irma, his own feelings of professional inadequacy, fears about his cocaine use, his pride in making sure his syringes were scrupulously clean, and his colleague’s tendency to make rash decisions. Freud wrote that initially he was puzzled by the dream, but in the course of analyzing it the meaning became clear. He perceived the dream as a fulfillment of several wishes: he wished that he was not responsible for Irma’s continuing ill health, that his mentor was an incompetent, and that he could have revenge against his colleague, who in waking life had sided against Freud.

Although many consider the Irma dream a countertransference dream, Freud did not acknowledge it as such, even in subsequent editions of *The Interpretation of Dreams*. He affirmed its function solely as an unconscious expression of wish fulfillment. The uses he made of the dream included deepening his self-understanding and, of course, introducing to the world the value of dream interpretation in psychoanalysis. The Irma

dream has been the subject of intense scrutiny since its emergence from Freud's unconscious 110 years ago. For example, Erikson's (1954) interpretation of the dream was somewhat different from Freud's. He saw it as a means for Freud not only to ease his conscience (the fault for Irma's failure to improve lay elsewhere) but also to lift his sense of isolation (as reflected in the struggle with his mentor and in the projection of himself onto his colleague) and to preserve his identity because Freud ultimately recognized that regardless of his desire to consult, he had to be the sole investigator and decision maker. Langs (1982) added to the body of literature on the Irma dream by positing that it revealed, among other conflicts, a supervisory crisis. At the time of the dream Freud planned to write to his mentor to justify his actions with the patient, Irma, and to solicit his opinion on the case. Thus, in Langs' view, the Irma dream is in part a response to Freud's quest for supervision. Many others have come to a variety of conclusions about the origins and purposes of the Irma dream, making it a worthy specimen for demonstrating the role of perspective in understanding dream content and uses.

Other psychotherapists have followed Freud's example of self-analysis of dreams about patients. Tauber and Green (1959) observed that countertransference reactions, including dreams about the patient, seemed to occur during fallow periods in the analysis or when the patient was offering protracted resistance. They viewed the function of such dreams as the therapist's unconscious attempt to provoke contact with the patient. To this end, they advocated therapists' responsible and considered disclosure of their countertransference dreams to their patients and provided several clinical examples from their own experience. In one example, the therapist dreams that he and the patient, a young married woman, are walking together at dusk on an island in the Mediterranean.

Although the two do not talk, there is a romantic quality to the dream. The therapist has a sense of trying to understand something, although the patient has said nothing.

Prior to the session, the therapist had decided to tell the patient about the dream, but when he related it to her, she had no response. When the therapist probed further about her marriage, the patient began to talk about her marital problems. The therapist had previously avoided the topic because the client was so distressed and he felt that she needed to believe that at least her marriage was strong. The dream helped him realize that his avoidance of the issue was only a delay tactic and that the troubled marriage would have to be addressed.

For their study of therapist dreams about patients, Whitman, Kramer, and Baldridge (1969) gathered dream narratives from seven sources: Freud's dreams; narratives from their own earlier study; psychiatric residents in supervision; dreams colleagues had while candidates; psychiatric residents currently in treatment; therapists not in treatment or supervision; literature containing references to therapist dreams about patients. The authors provided a detailed analysis of each dream and concluded that the occurrence of these dreams during the course of supervision and self-analysis are useful tools for understanding countertransference attitudes. They further suggested that therapists who are in analysis are blocked from productive use of their countertransference dreams because they are more likely to identify with the patient. In terms of dream function, they differentiated between recurrent dreams about clients, which suggest a countertransference neurosis, and occasional dreams, which indicate more transient countertransference attitudes. Whitman and colleagues acknowledged the limitations of their data-gathering method as subject to self-selection bias in the case of

dreams requested from colleagues and demand characteristics in the case of dreams taken from their earlier study of therapist trainees.

Zwiebel (1985) hypothesized that dreams about patients occur more frequently during difficult times in therapy and more often when the patient has a severe personality disorder. He also hypothesized that dreams about patients can signify anxiety about professional competence and thus occur most often among therapists in training. He provided as an example his own dream, in which the he is in session with the patient, who suddenly sits in the analyst's chair and refuses to take his regular position on the couch even after the analyst has so directed him. When the analyst threatens to stop analysis, the patient begins to sob and tries to leave the room. The analyst tries to convince him to stay, but he leaves. The analyst sees two colleagues in the hall and thinks about a paper they are writing together. He then begins to wonder who will take the now open appointment time.

Zwiebel found several themes in the dream, including the patient's desire to take control, the analyst's feelings of hatred toward the client, and separation. He recalled that during this period in the analysis, he felt that his competence as an analyst had completely fallen apart, that there was a severe disturbance in his relationship with the patient, and the dream was the result of these disturbances. Zwiebel hypothesized that countertransference dreams are not only a signal of ruptures in the therapeutic relationship, but that they also are a method of self-healing because they help the analyst recognize and address disturbances in the therapeutic relationship.

Myers (1987) provided evidence of the utility of analysts' dreams about patients in his description and analysis of four of his own dreams. Through self-analysis, he was

able to elucidate and monitor his countertransference feelings toward these patients, which included racism, sexual desire, castration anxiety, irritation due to perceived sexual rejection, anxiety stirred by patricidal wishes, and a desire to rescue the patient. In addition, Myers wrote that his self-analysis facilitated understanding of his clients' unconscious needs and intentions. For example, analysis of one dream in which he was fencing with a female patient enabled him to recognize the patient's need to take on the role of a phallic woman in order to defend against feelings of being castrated after losing significant men in her life. Thus, Myers effectively addressed the theme, function, and processing of his dreams, but he did not provide any follow-up as to the therapeutic use he made of the insight gained through his self-analysis.

Kron (1991) analyzed her own dream about a patient and offered it as evidence countering the notion that such dreams are necessarily countertransferential. Following is her dream about a patient with whom she was at impasse:

> I was rushing to the center of town to meet Edna. I was walking down the main street, and noticed that it was empty, all of the shops were closed. In the distance, I saw Edna approaching me, her bright face smiling. "Tammi," she said, "how come we are meeting on a Sabbath?" I replied, "Because I promised you." At that moment, I notice that Edna was wearing my clothes: my favorite long blue skirt, my white blouse, and a blue sweater my mother had knitted for me. (p.5)

Kron analyzed the dream from three perspectives. In the countertransference interpretation, Kron recognized that Edna had cast her in the role of the good mother, when in fact she was really a wicked little girl much the same as Edna, which is why Edna appeared in her clothing. Kron's object-relations interpretation centered on the fact

that Edna had reconstructed her mental representation of her mother onto the therapist and evoked in the therapist the same feelings of irritation and fatigue she found in her mother. This is reflected in the dream when Kron takes away from her family time on the Sabbath to attend to Edna's needs, but the patient does not seem to need her even though they had agreed to meet. Kron initially favored this interpretation because it took into account the therapeutic relationship and did not focus solely on the therapist. Yet Kron began to see that the object-relations interpretation did not really take into account her true existence, that she was merely a reflection of the patient's mental representation of her. In the inclusion interpretation, Kron viewed the dream as a response to the loneliness of both therapist and patient. Before the dream, therapy had been at an impasse, she had felt distant from the patient and disappointed in the lack of progress. She could not recognize the polarity of the good mother and bad mother in either herself or in her patient, and this failure kept them from true dialogue. After the dream, began to see that she had to accept this polarity in both of them in order for them each to begin to truly communicate with the other's unaccepted part (the good mother in the patient and the bad mother in the therapist).

For the author, the key function of this dream was to convey the importance of the promise of responsibility to her patient, of committing to interact with her. Later, by focusing on interaction, the author made use of her dream in guiding her patient and herself out their impasse. After the dream, Edna related a terrifying dream in which she had a type of brain disease. Rather than offering an interpretation, Kron began to talk about motherhood and the feelings of inadequacy that she and many mothers have. Edna began to talk about the difficulties she had had since the birth of her daughter, which had

left her feeling inadequate. The therapist had focused on interacting with her patient rather than on interpreting the dream, thus making the patient feel more at ease to disclose her feelings, which facilitated the breakthrough.

Kron acknowledged the dream about Edna as a reflection of her own conflicts with her mother and her projective identification with the patient's conflicts with her own mother, but she found that these interpretations did not consider the dream might "[signify] for the therapist the possibility of turning toward his patient and opening the way to dialogue between them" (p. 9). Her multiple interpretations supported the idea of valid interpretations from several different perspectives and challenged the notion that dreams about patients are indications of unaddressed countertransference.

In another approach in studying dreams about patients, Robertson and Yack (1993) suggested that when addressed in supervision, a candidate's dream about a patient is a valuable analytic training tool. They presented the case of one candidate who had been seeing a particularly troubling patient for about 1 year. The patient, Ilona, had been referred for analysis although she held it in low regard and treated her analyst (the candidate) with contempt, much as she had treated her mother. In supervision, the candidate frequently expressed her feelings of helplessness. Toward the end of the first year of analysis, when the patient began to come late and cancel sessions, the candidate had the following dream:

> Ilona…was surrounded by male subordinates and one of the shot her in the arm with a rifle. I…asked him why… and he replied that she was such a bitch to work for. Attendants were taking her away to jail on a train. There were tears in her eyes and I gave her a toothbrush so that she could keep her teeth clean in jail.

> After this, I was sitting with you (the supervisor) and I was discussing whether the analysis should continue if Ilona was in jail. You were inclined to believe that I should continue but I was arguing that it would be difficult to commute to jail and back every day (p. 998).

Both candidate and supervisor realized the dream's link to the impasse in the analysis and that deeper understanding could help to break the impasse and facilitate development of the candidate's self-analysis skills. By carefully analyzing the dream's images and associations in supervision, the candidate was able to recognize her rage at the patient ("she was such a bitch to work for") and address her fears about the appropriateness of the rage. Processing the dream in this way served the purposes of enabling her to find a path out of the impasse with this patient and provided a valuable lesson in countertransference management.

Abramovitch and Lange (1994) argued that a therapist's dream about a client is not necessarily an indication of neurotic countertransference. They presented a case illustration of a therapist's initial dream that is instead an analogue to the patient's initial dream, as first described by Jung and later characterized by Fordham as syntonic countertransference. After talking with the patient for the first time on the telephone, the analyst's confidence was shaken by the warmth and confidence in the patient's voice. She then dreamed on the morning of the first session that she went out to her workroom only to find it missing, and found blankets hung as temporary walls. Wanderers in search of food then appeared and when she went back into the house to get food, the wanderers took the blankets and disappeared. The authors acknowledged that the dream had characteristics of both neurotic and syntonic countertransference, but that the syntonic

countertransference was signified by the analyst asking the wanderers what they wanted, which the researchers interpreted as the analyst's exploration of the therapeutic task—to provide emotional sustenance.

Watson (1994) described several dreams about patients from the literature, including those of Freud (1900/1913) and Myers (1987), and Tauber and Green (1959), which have already been addressed in this review. Watson then explained how he processed and used three of his own dreams about patients by considering all of his associations to the dream about the treatment process and then asking a series of questions about the associations. With the following dream, in addition to developing his own interpretation, he chose to present the dream to the client:

> Gloria comes into my office. As she is coming in a woman patient is leaving. Gloria lies down on the couch and begins to speak. The other woman, who is actually Gloria, rushes back into my office screaming. She has left something on the top of my desk and wants it. The desk top now has become very high….I get up to try to help her. What she wants is a bowl that has a small American flag sticking out of it. Gloria now gets up from the couch and begins to leave. She is very upset. Before leaving she offers me a paper bag to help the other Gloria, who has now collapsed and is hyperventilating (pp. 518-19).

Watson's associations to the dream centered on termination with the patient he had been seeing for 9 years. When he presented the dream to the patient, they worked together to understand the dream, coming up with several themes. The patient wondered if the analyst had perceived something in her that did not want to say good-bye; the analyst wondered if he was feeling left "holding the bag" by the patient ending analysis.

The patient also felt that the analyst's decision to share the dream signified a shift in their relationship. She had been offering material for interpretation for many years, and the situation was reversed by his disclosing the dream and asking for her impressions of it. Their work on the dream touched on several issues relating to termination and initiated an essential collaboration in this final phase of the analysis.

Watson made use of the dreams by increasing understanding of himself and his patients, and, with the third dream, he took the added and somewhat risky step of disclosing the dream to the patient, which resulted in a more collaborative therapeutic relationship. The author concluded that disclosing can be beneficial, but that its use should be limited to times of therapeutic impasse with patients who have been in analysis for a number of years.

Consolini (1997) added to the self-analysis literature by describing three dreams about his patients, one that occurred as he was completing his analytic training and two more recent dreams. The relational themes he reported were denial of the patient's wish to feel like his child, desire to kill the patient, and infatuation with the patient. In one example, Consolini related a dream about a particularly frustrating patient that occurred as he was completing his analytic training. In the dream, the patient arrives for the session several hours early, interrupting the analyst's nap. Annoyed by the patient's childish behavior, he sends him to the gym and tells him not to return until the correct appointment time. In the dream the patient, a man of 30, appeared as a young boy. Consolini recalled that the patient had telephoned earlier on the evening of the dream to cancel the next day's session. Initially, the analyst was relieved and happy to get the extra rest afforded by the cancelled session, but the dream made him realize that he was in

truth annoyed at the lateness of the cancellation and feeling guilty about taking pleasure in the extra time he would have to himself. Later, he also realized that he was rebuffing the patient's effort to be more dependent and with guidance from an instructor was better able to accept the patient's desire for dependency.

In each clinical vignette, the author provided adequate background of the treatment environment for each patient around the time of the dream as well as extensive analyses of the dreams. He concluded that self-analysis was a useful mode of processing the dreams, even if it only enabled him to recognize his need for additional help in addressing his countertransference. Consolini found it plausible that experienced therapists develop characteristic countertransferences that aid in understanding the patient and the relationship, although he did not report on how his self-analysis evolved as he gained experience.

In a qualitative study of pre-doctoral interns' sexual attraction to clients, Ladany and colleagues (1997) asked interns about dreams that might have reflected sexual attraction. One intern reported a dream in which a fire had not yet reached her house, and as she was trying to get her family and dog out of the house, she opened the door to find her client dressed as a firefighter standing ready to rescue her. The therapist reported that in the dream, she was both relieved to see the client and attracted to him and thought of him as a hero. Although the content of the dream was not overtly sexual, the therapist interpreted it as such because she associated fire with sexuality and passion. She felt disturbed by the dream because she had previously been aware of her maternal countertransference toward the client and because it suggested a role reversal in that the client took care of her needs.

Rudge (1998) explored her dream about a patient who had difficulty talking about herself and did not expect much from analysis. After about two years in analysis, the patient became ill and was absent from sessions for two weeks. She telephoned to say that she had an infection with bouts of vomiting. Rudge later had the following dream, which she characterized more as a countertransference nightmare:

> I was bottle feeding a baby, when I discovered, to my horror, that I was inadvertently giving it detergent instead of milk (p. 105).

In a subsequent phone call, the patient informed her therapist that she had been hospitalized and given intravenous feeding, but that her vomiting had continued. Rudge began to believe that the vomiting was symptomatic of an unresolved psychological issue rather than a physical problem and urged the patient to meet with her the next day. The dream signaled to the analyst the seriousness of her patient's bouts of vomiting, and enabled her to recognize the patient's dreams as indicative of her transference crisis. Immediately after the telephone call, the patient's vomiting stopped, and in subsequent sessions it became clear that this refusal of food was a reflection of her push for autonomy away from her controlling family.

Cogar (2004), in giving two anecedotal accounts of therapist dreams about clients, demonstrated the different purposes these dreams can serve. The first dream she related was her own, and although the client was not manifestly present in it, the dream's occurrence on the evening after an uncomfortable session and its readily associated content led Cogar to conclude the dream was about her client. In her first session with the client, she felt so uncomfortable that she had the urge to leave the room. In the dream that evening, she argued loudly with her daughter about curfew. In waking life, however, they

seldom argued. Cogar's associations to the dream were her difficult relationship with her own mother during adolescence and fears about how she would handle her daughter's growing independence. She recognized that the client's issues in dealing with her last child leaving for college aroused a marked discomfort because she would be dealing with the same circumstance in a few short years. This dream became a very effective tool for managing her countertransference reaction. Because she worked on the dream, she was able to recognize the feelings aroused by the client and was subsequently much more focused and at ease with the client.

The second dream Cogar related was that of another therapist. In the dream, the therapist is in session with the client and things are not going well. The session was in the kitchen of the therapist's childhood home. The client put her one the spot when she handed the therapist her cell phone and asked her to speak to her boyfriend. Later the client's boyfriend appeared in the dream and began taking photos. He indicated that he wanted a photo of the therapist, but she was partially hidden behind a clothesline hung with drying laundry. Although initially puzzled by the dream, the therapist looked at the most obvious message and realized that she needed to give more attention to the boyfriend's importance to the client and talked with the client about having him join them for one session. In that session, the therapist became aware of problems with the boyfriend that the client had not been able to discuss. From that point, they began to focus more on relationship issues. Thus, this dream about a client had less to do with the therapist's personal issues (although she did associate the location to her parents' arguing during her childhood) than with the client's relationship with her boyfriend. For this

therapist, the dream helped to solve a problem by alerting her to the client's unaddressed issue.

All of these contributions to the literature have broadened our knowledge of therapist dreams about clients, even if only in small ways. Cogar's (2004) anecdotal accounts, for example, served to increase awareness of these dreams and in doing so helped to normalize the phenomenon. Likewise, the self-analyses (Consolini, 1997; Kron, 1991; Myers, 1987; Rudge, 1998; Watson, 1994; Zwiebel, 1985) helped to mitigate the aura of therapist pathology still surrounding these dreams and provided a more in-depth account of the therapists' experience of these dreams and what purposes and uses they found for them. The two case studies (Robertson & Yack, 1993; Abramovitch & Lange, 1994) examined the supervisory uses of therapist dreams about clients and suggested that the countertransference in these dreams may not necessarily be neurotic. The existing literature is nevertheless limited by the dominance of psychodynamic approaches. In addition, most of the studies are of a single case, which also limits generalizability. Finally, the fact that most of these studies are self-analyses also calls into question the researchers' objectivity. The studies reviewed in the next section addressed some of these limitations.

Empirical sudies. A search of the existing literature turned up two dissertations and two published studies as the most relevant precursors to the current study. Lester, Jodoin, and Robertson (1989) surveyed 95 members and candidates of the Canadian Psychoanalytic Society on the occurrence of countertransference dreams, factors relating to the dreams, and the analysts' reaction to the dreams. Although the percentage of female respondents was low (19%), the authors stated that it corresponded to the

male/female ratio in the total number of questionnaires that were sent out. In terms of dream occurrence, 78% of respondents reported that they had had a countertransference dream. The response rate was 19% for candidates and 25% for members, a difference the authors speculated might be due to the candidates' reluctance to reveal their work. Survey results showed that nearly 60% of respondents reported the dream coincided with the patient's expression of aggressive or erotic transference, and of the 46% who had the dream when they had trouble understanding the patient, the "vast majority occurred at a time when the patient was in the grip of an 'instinctualized' transference" (p.311). In terms of reaction to the dream, 22% reported feeling guilty, 20% were embarrassed, and 76% reported increased insight.

In addition, the researchers analyzed 41 written dreams about patients provided by 32 respondents (26 males and 6 females). The authors gave little information about their method of categorizing dream content except to state that because no associations to the dreams were provided, they focused on manifest content and derived the thematic content from the narratives as they examined the dreams. The authors found six classifiable relational themes: sexual/erotic, intrusive, competitive, overwhelming affect, identification or closeness with the patient, and sadistic control over the patient, and provided one example of each category. The example of a sexual/erotic dream follows:

> Wandering through narrow, dark streets (Medieval) I come to a low door, open it and go in. In this basement level (too low to stand straight), the patient is sitting cross-legged in the middle of a makeshift bed (assorted covers and pillows), her top open to bare her breasts. She smiles at me and laughs joyously (p. 309).

The authors viewed all of the reported dreams as evidence of a reciprocal resonance between therapist and patient on multiple levels, pointing out that 32% of respondents reported that the dreams occurred at a time when the patient was expressing intense transference anger. In addition, of the 19 erotic dreams reported, 15 were about patients who were manifesting strong erotic transference at the time of the dream. Although no differences were found between junior and senior analysts in terms of dream content, there were gender differences. For example, of the 21 dreams classified as erotic, 19 were reported by males; all competitive and sadistic dreams were reported by males; and intrusive dreams and those with nonsexual closeness were reported by females.

In collecting dream and response data from a large number of analysts, Lester and colleagues added significantly to the literature in terms of dream thematic content and understanding of the meanings of dreams about patients, and they were able to establish the pervasiveness of dreams about patients regardless of experience level. As with the studies reviewed in the previous section, however, this survey was limited by its exclusive psychoanalytic perspective. In addition, the survey questions were leading. For example, the question, "Are you able to relate these dreams to a period in analysis when the analysand was in a strong erotic transference?" (p. 307) would be likely to prompt recall of a particular kind of dream. Finally, the researchers did not ask how the analysts processed the dreams or what personal or therapeutic use they made of them.

In a dissertation, Karcher (1998) investigated dreams therapist trainees had about their clients and how the dreams were addressed in supervision. The researcher's goals for the study were to discover whether the therapist trainees' dreams would contain countertransferential material; whether the dream content would pertain to their

development as therapists; and whether, by working with such dreams in supervision, the therapist trainees would gain insight that facilitated the course of therapy. Karcher also sought to examine the themes of the dream content and compare them with those found in previous research (Lester et al., 1989; Zwiebel, 1985).

Therapists were five psychodynamically oriented graduate students in a counseling psychology doctoral program and five supervisors, also psychodynamically oriented and who had clinical experience in working with dreams. The therapist trainees recorded their dreams on the nights before and after therapy sessions and before supervision and then brought the dreams to two supervision sessions and discussed them. At the end of the supervision sessions, therapist trainees and supervisors completed questionnaires concerning dream content and the utility of addressing them in supervision. In coding the dreams, the author first examined the manifest content of the dreams and categorized them by searching for key words related to the topics of therapy or clients, training, test of competence, and mastery of task. The author next coded the trainees' associations to dream content as expressed in supervision, using themes suggested in the literature (Lester et al., 1989; Zwiebel, 1985). These categories included training and supervision; therapy or the client; identification with client; questioning the effectiveness of the treatment; feelings of incompetence; protectiveness; and anxiety. Results showed that countertransference material appeared in 11 of the 16 dreams. Questionnaire results showed that the trainees felt they benefited greatly from addressing the dreams in supervision. The supervisors, however, did not encourage or find much value in the process, a response that Karcher suggested may have been due to supervisors

feeling challenged by attempting to reconfigure appropriate boundaries for working with dreams in supervision.

Karcher's study broke new ground by examining in detail not only therapist dreams about clients but also the usefulness of such dreams when discussed in supervision. She was able to expand on previous research, which comprised almost exclusively case studies and anecdotal reports, by investigating the dreams of several therapists and yet she was able to conduct an analysis that was sensitive to the complexity of the dream material.

Despite the richness of the data collected, the study was hampered in several ways. Among the limitations the author cited is the lack of diversity among the therapists (all therapists except one therapist trainee were white, and all supervisors were male). Nor was there theoretical diversity; all therapists were psychodynamically oriented. In addition, because the researcher herself was the sole rater, the credibility of the results is questionable. Lack of consensual categorization of dream content increased the potential for results skewed by researcher bias and expectations, and there was, in fact, some evidence of researcher expectation reflected in the coding. Although 11 of the 16 total dreams were coded as referring to therapy or a client and thus as containing countertransferential material, an examination of the dream narratives revealed that a client was manifestly present in only one of the dreams.

The tendency to focus on trainees' associations to dream content may reflect the exclusively psychodynamic orientation of the therapists as well as the researchers' expectations of how the dreams would be addressed in supervision. Supervisors and trainees alike tended to lean heavily toward examination and interpretation of latent

dream content. For example, in one dream, the trainee is riding in a truck with her mother on a curving mountain road going uphill. The mother would stop the truck periodically and the trainee would jump out and remove debris from the roadway and was frustrated by some larger pieces. The trainee saw the dream as a metaphor for therapy and associated it to one of her clients, toward whom she felt protective but also removed. Karcher noted the "trainee concluded that her countertransference is to be 'mothering' and 'protective' of Jenny because she felt she was not protected by her own mother" (p. 101).

It could be argued that whether or not the client was manifestly present in the dream was less important than the trainees' associations to the dream, but the researcher's instructions also might have inclined trainees to interpret latent content. The trainees were directed to record their dreams on the night before and the night after seeing clients and thus were primed to consider these dreams countertransferential regardless of manifest content.

Another limitation of the study was the use of therapist trainees. Although the author partially based her rationale for studying graduate students on existing literature showing trainees' tendency to dream with themes of countertransference (Lester et al., 1989; Zwiebel, 1985), the results can be generalized only to graduate student trainees. It would useful to expand the knowledge base by investigating the dreams of more experienced therapists. A final limitation of the study was that in the interest of client confidentiality, Karcher took great care to minimize client identifying factors, but this came at a cost. With so little information given on client presenting problems or current

state of the therapeutic alliance, it detracted from a fuller understanding of the issues of each case.

The second dissertation (Degani, 2001) reviewed here is also a qualitative study, but its focus was solely on countertransference issues. Degani investigated therapists' dreams about patients and about supervisors through a qualitative examination of therapists' descriptions and perceived meaning of the experience. She also explored how therapists made use of these dreams. Among the issues Degani sought to address were how therapists describe their experience of dreaming about patients and supervisors, how therapists perceive the meaning of such dreams, how therapists make use of the dreams, and how analysis of these dreams affect the therapeutic and supervisory relationships. Three 90-minute interviews were conducted with eight graduate psychology students who had stated a commitment to psychoanalytic orientation, were conducting psychotherapy at the time of research, and were willing to keep a dream journal for 2 weeks. The second interview was conducted 3 weeks after the first, and the third was conducted 6 to 8 weeks after the second. In the interim between the second and third interviews, therapists were encouraged to observe how the exploration of their dream in the interviews affected their relationships with patients and supervisors. In addition, the author did a cursory pre-analysis of each interview transcript prior to the next interview in order to gain a deeper understanding of the therapists' issues and prepare for a more thorough exploration during the next interview.

In her comprehensive analysis, the author took a phenomenological approach to coding, sorting, and integrating the transcript material. Coding involved simply linking transcript content to concepts and themes, a process she described as developing through

the coder's repeated interaction with the material (Weiss, 1994). The sorting process involved placing material within the categories and themes, beginning by examining each case individually and then identifying patterns across cases (Benner, 1994; Polkinghorne, 1989). In the integration process the investigator organized each category and then developed a framework within which all local integrations could be fit into a coherent structure. More specifically, Degani took a four-level approach to analyzing the transcripts. The first level entailed summarizing each dream within a given transcript and identifying general themes and the function of the dream. At the second level of analysis, themes and issues of all dreams within one interview were identified and integrated according to several categories: therapist perception of the dreaming experience, manifest and latent content of dreams, function of the dreams, and effect of dream interpretation on relationships with patients and supervisors. At the third level, the researcher integrated the information from all three interviews for each therapist. The fourth level was an integration of data for all therapists and identification of themes and patterns across interviews.

Of the 70 dreams discussed during the 24 interviews, 43 were about patients. Degani contextualized dream content by inquiring about the treatment environment with a given patient at the time of the dream. She identified nine categories of treatment conditions: concerns about competence; erotic transference or countertransference; aggressive transference or countertransference; separation and abandonment; intrusion; identification with the patient; shame and vulnerability; relational dynamics involving a third person (triangulation); and conflicts arising from cultural differences. Results

showed that dreams about patients occurred during problematic or challenging periods during therapy and that they involved the most difficult patients.

The author made the most extensive use of her rich data in the analysis of therapists' descriptions of the dreams functions, uses, and meanings. Her findings—not surprising given the therapists' psychoanalytic orientation—were that all of the dreams had three potential functions: wish gratification; evacuation of painful emotions, and unconscious working through of conflicts in the therapeutic relationship. For example, one therapist dreamed that her patient called her at home looking for a place to stay. The patient became angry with the therapist and hung up. Just then a fuse blew out, leaving the house dark. The therapist went outside to look for a particular neighbor she felt she could turn to for protection. When they re-entered the house, they saw a homeless person cooking in the kitchen together with the therapist's colleague. Later the therapist received a call asking her to come to a meeting at the local women's services agency. At this point, the lights in the house came back on. The dream occurred at a point in therapy with this patient when the therapist was feeling helpless and was attempting to get the patient to seek help in addition to individual therapy. The therapist viewed this dream as a gratification of her wish to have someone else take some of the responsibility for her failure with her difficult patient and of her desire for help and sustenance.

Degani found that in general, the therapists' dreams occurred during challenging periods with the most difficult patients, which suggested to her that therapists commonly have dreams during difficult points in therapy in order to purge themselves of painful emotions. Therapists also recognized multiple meanings in their dreams and believed that analyzing the condensations helped them understand some particularly enigmatic

unconscious aspect of their patients or their own unresolved issues. Some therapists were able to integrate these new insights into working with patients and reported therapeutic breakthroughs and changes in the relationship. One therapist had a dream she titled, "The interrogation of an abused child" (p. 93). Degani did not provide a detailed account of this dream, but stated that the therapist felt that in the dream, her challenge was to negotiate between the interrogative and empathic parts of herself in her work with a patient who had been abused. Working on the dream enabled the therapist to tolerate the confused child within herself and she thus became more tolerant with her patient and more genuine in their interactions. She also observed a shift in their relationship. The patient had been in therapy for two years and suddenly began to disclose traumatic material as well as painful feelings regarding her marriage that she had never before discussed in session.

Degani also examined how the dreams were processed and found that all therapists talked about at least some dreams about patients with their personal therapists, whereas just four of them discussed a dream in supervision. None of the therapists disclosed their dreams to patients. A possible mode of processing the author did not assess was self-analysis. Not all dreams were an immediate source of distress for the therapists. For eight of the dreams, therapists were not aware of any problems signaled by the dreams until the issues were raised during interviews. Therapists generally did not discover new meanings of the dreams on their own, as their initial responses to them tended to be rather concrete. As the therapists began to process the dreams in supervision or during the interviews, however, they were able to gain deeper insight into the dream content.

By examining treatment environment and using a three-interview format, Degani significantly expanded what is known about therapist dreams about patients. Her results provided further evidence that such dreams are a fairly common phenomenon among psychoanalytic trainees. In addition, her approach yielded data supporting the notion that dream content relates to treatment environment, specifically, that therapists tend to dream about the patients they find most difficult and that such dreams occur during critical times in therapy. The number and structure of the interviews allowed Degani to uncover material from many types of dreams, including retrospective, current, associative, and manifest dreams—a leap forward from the dream material uncovered by Karcher (1998), who investigated only current dreams that were primarily associative. This broader base of dream material facilitated Degani's exploration of the function of the dreams with the therapists, which in turn enabled the therapists to make use of them either personally or in session.

In addition, Degani very effectively took on the dual roles of observer and facilitator, an essential task of qualitative research. Of the three-interview structure, she wrote, "It allowed the researcher and the therapist to get to know each other and to develop a trusting relationship, which was crucial because the research material was clinical and involved disclosing very personal information" (p. 104). In addition, the semistructured interview format gave her the necessary latitude to guide therapists through careful analyses of their dreams. Another factor that appeared to contribute to therapists' recognition of the utility of their dreams was the stretch of time between the second and third interviews; several therapists were able to apply their newfound insights to their conceptualization of both their patients and themselves.

Degani provided a detailed account of the challenges and risks she encountered during the course of the study. One challenge was negotiating the therapists' shifts between cooperation and resistance. The therapist trainees usually were enthusiastic therapists, but when confronted with unconscious material they were unprepared for, they could be resistant. The researcher's challenge was to encourage exploration while respecting the therapists' reluctance to disclose sensitive material. The issue of boundaries also arose when the researcher felt pulled to give supervisory feedback to therapists rather than maintain her role as therapist-observer. Degani pointed out that her awareness of these challenges was instrumental in mitigating her boundary issues and enabled her to focus on staying within the study structure.

One of the limitations cited by the author was small sample size (N = 8), but this was a necessary condition of her qualitative approach. In addition, as in Karcher's (1998) study, all therapists were graduate student trainees, which limits the generalizability of results to that population. Other limitations cited by the author were self-selection of therapists and her own subjectivity in guiding the course of the interviews. Another limitation not cited by the author was the influence of researcher expectations and bias in analyzing the interview material. Although her coding structure was more nuanced and integrative than Karcher's (1998), Degani nevertheless was the sole coder of the material, thus leaving the credibility and confirmability of her results open to doubt. Finally, Degani's intent in recruiting therapists with a stated interest in a psychoanalytic approach to therapy was to work with therapists who were accustomed to dream interpretation. Although an effective strategy for ensuring therapists' interest in dream work, this approach detracted from the study in at least two ways. First, it all but guaranteed a

psychoanalytic bias for the interview and coding processes, and, second, it strictly limited the generalizability of the results.

Kron and Avny's (2003) qualitative investigation of therapist dreams about patients differed from previous studies (Karcher, 1998; Degani, 2001) along several dimensions. Thematically, their approach diverged from the earlier studies' classical psychoanalytic perspective by examining dream content from the Jungian and relational perspectives. In addition, rather than using a personal interview technique the researchers gathered data via anonymous self-report, which produced brief dream narratives along with the therapists' associations to them. The therapists also represented a more diverse sample in terms of age, experience, and gender. Because Kron and Avny recognized therapist dreams about patients as a little-studied topic, their objective was to identify and categorize the themes as they appeared in dreams. They posed three research questions concerning therapist dreams about patients: (1) Which themes appear in the manifest content? (2) What contributions does Jungian interpretation make to the understanding of these dreams? (3) To what extent are masochistic themes expressed in the manifest content? The authors' rationale for the third question was that they assumed unpleasant and painful themes would appear in dreams as therapists were forced to confront their patients' and their own emotional issues.

Participants were 22 therapists, ages 25 to 60. The authors identified 16 of the therapists as young and 6 as more experienced, with no specific length of experience reported. The sole measure was a self-report inventory that inquired about demographics such as age, gender, and status in the field. Therapists were also asked to provide a written response to five open-ended items including a narrative of the dream itself, any

associations to the dream, considerations of the dream's meaning, specification of obscure parts of the dream, and any other thoughts about the dream. The narrative analysis was of the dream content alone. The Jungian interpretations were of the dreams as well as associations, interpretations, and other written responses.

Narrative analysis of 31 dreams uncovered themes of role reversal; meeting attendance and departure; session cancellation; sexuality between therapist and patient; aggression; presence and absence of patient and therapist; nonverbal relationship and communication; preoccupation with time; and driving together versus stopping. For example, five dreams were coded as having a presence versus absence theme, including the following: "The patient was presently standing by the fence at the end of the road….He is talking to me even though I don't actually appear in the dream." (p. 324) In terms of the contribution of Jungian interpretation, 17 of the dreams were categorized as having diagnostic and prognostic elements. These were dreams that provided crucial information for diagnosing the patient's problems, pointed to problems that may not have become conscious, or reflected the patient's attitude toward therapy and the therapist and could thus give some indication of possible outcome. Nine of the dreams were compensatory, including the following example: The therapist is on a bus full of schoolchildren from her high school. She tells a friend that her supervisor has told her she does not play enough. So she takes a lump of ice and throws it out the bus window. Just then, her patient appears dressed as a policewoman and looks very threatening. She states that she is arresting the therapist for throwing the ice. The therapist protests and remembers feeling very frightened just before waking. On the questionnaire the therapist wrote that in sessions the patient was very childish and refused to gain any insight in

therapy, a situation that angered the patient but enabled her to regress to the childhood phase in which she was most comfortable. The authors assessed the dream as compensatory because it was the therapist who played the naughty child and the patient who took on the adult, authoritative role, thus compensating for the therapist who did not play enough and for the patient who was too passive and childish.

Fourteen of the dreams showed the patient as the shadow of the therapist, taking on the dreamer's unacceptable characteristics. In one example of a shadow dream, the patient participates in several meetings in a kind of group workshop, which have an intoxicating affect on her. The therapist judges the meetings to be harmful and limits the number the patient may attend but later relents, on the condition that the therapist attend the meetings with the patient because she has no self-control. The therapist noted that in waking life, she takes care to avoid intoxicating states because she feels it is not healthy and she is afraid of losing control. In the dream, the patient takes on these shadowy dangerous aspects of the therapist.

Masochistic themes were also present in 18 of the 31 dreams and were dreamed by 12 different therapists. The authors cited as an example of masochistic theme the following excerpt: "…suddenly I realize that during my vacation, my patient had started seeing a different psychologist from the same clinic…I am surprised and betrayed" (p. 330).

These results support the findings of previous research, which also reported themes of therapist-patient sexuality and aggression, abandonment, and boundary maintenance and violation. Where the authors broke new ground was in the systematic investigation of masochistic themes and relating them to the influence on the therapeutic

relationship of therapists accepting in themselves the archetype of the wounded healer. In addition, the appearance in all 31 dreams of both patient and therapist in interaction, whether in a negative or positive way, provided evidence that the therapeutic process is an interpersonal phenomenon.

In terms of dream function, Kron and Avny adhered to Jungian theory in their assessment of the narratives and determined that there were four types of dreams: diagnostic, prognostic, compensatory, and shadow. Dreams were considered diagnostic if they provided evidence of a problem of which the dreamer was not yet consciously aware. Prognostic dreams provided unconscious resolution to a problem. Compensatory dreams provided some aspect that was lacking in the dreamer's life. Shadow dreams revealed some unaccepted part of the dreamer's self. The authors cited the high number of diagnostic and prognostic dreams (17) gleaned from the narratives as evidence of the evaluative function of the therapists' dreams. They also found that compensatory dreams convey essential information about the therapeutic relationship.

One of the strengths of the study was the use of an anonymous questionnaire to gather data. Through this method, Kron and Avny engendered a sense of confidentiality that increased the likelihood of fuller therapist disclosure, particularly of sensitive material. In addition, the authors were able to recruit a more diverse sample of therapists, at least in terms of age and experience level. Perhaps the most significant strength of the study was the systematic examination of dreams about patients from the Jungian and relational perspectives. The results not only support the conceptualization of dreams about patients as both intrapsychic and interpersonal events, but in passing the dreams through the lens of Jungian theory, the authors expanded the categories of dream function

beyond wish fulfillment, working through relational issues, and evacuating painful emotions (Degani, 2001) to include diagnostic, prognostic, and compensatory functions. In addition, they found that the appearance in dreams of the therapist in the archetype of the wounded healer had the potential for engendering greater self-understanding and empathy in the therapist, which would in turn benefit the therapeutic relationship.

Although Kron and Avny cited no limitations to their study, several omissions and oversights should be mentioned. One limitation was that they did not give their criteria for determining a therapist's status as "young" or "experienced." Nor did they provide a breakdown of the types of dreams that occurred with young and with experienced therapists. In addition, no detailed description of their narrative and interpretive Jungian analysis procedures is given. Although they explained that categories arose from the manifest content in an open reading of each dream, they did not specify how they arrived at their coding decisions, whether individually or as a team. In addition, the authors gave passing acknowledgement of the bias inherent in their method, but they provided no reflection, as did Degani (2001), on the specific challenges faced in considering their own biases and expectations. Self-report narratives have the benefit of anonymity, but in using this approach to data gathering, the authors sacrificed the benefit of follow-up, including the possibility of new insight, as demonstrated by Degani (2001). Finally, Kron and Avny gathered no information on how the therapists processed their dreams or what use them made of them, either personally or clinically.

Overall, the empirical studies reviewed here deepened the understanding of therapist dreams about clients, particularly in their careful annotation of the common themes that arise in these dreams. There were nevertheless limitations, including their

exclusively psychodynamic approach, with a particular focus on countertransference. In two of the studies (Degani, 2001; Karcher, 1999) supervision was a key component or a consideration, but little attention was given to other modes of processing dreams about clients. In addition, the methods of content analysis used in each of these three studies did little to minimize the effect of researcher biases and expectations, leaving their conclusions open to justified and significant doubt. Finally, most of the therapists in these studies were graduate student trainees, which again, limited generalizability of the findings to that population.

Client Dreams about the Therapist

In contrast to the studies reviewed above—mainly case studies and all focusing on countertransference—the following review of the literature on clients' dreams about their therapists reveals a pervasive view of these dreams having broad utility. When clients dream about their therapists and disclose such dreams in session, therapists are presented with a wealth of material. The empirical studies reviewed here have taken advantage of this wealth by sampling a far greater number of dreams than those reviewed above and by investigating a variety of aspects of the phenomenon, including frequency of occurrence (Harris, 1962; Rosenbaum, 1965), how client dreams about the therapist change over time (Carlson, 1986), implications of termination dreams (Oremland, 1973), and focus on a particular theme (Feldman, 1945), as well as the expected investigations of co-occurrence with intense transference (Eyre, 1988; Gillman, 1993).

Feldman (1945) examined six variations of a particular type of dream about the analyst in which the session is interrupted by others and the patient expresses resentment over the intrusion. In the six variations of this theme, the disturbance is caused in

different way, for example, by the patient's relative, the analyst's relative, or another patient. In one variation of this dream, the patient is on the couch when the session is disturbed by the analyst's wife or other family member, and the dreamer feels he cannot talk freely. One male patient whose analysis was at an advanced stage had this type of dream (which Feldman did not describe) and associated it to having heard the voice of analyst's daughter in the office two days earlier. He remembered having met the daughter previously and his favorable impression of her. For this patient, the association of the daughter to the latent dream content led to his reliving his feelings of sexual desire toward his mother and sister. Feldman found that this type of dream and depth of association occurred only when the analysis was advanced and suggested that it opened a path to the patient's most deeply felt and repressed wishes, including the patient's underlying wish to join the mother. In another variation of the dream, the session is again interrupted, but in this case by the patient's relative, and the patient feels he cannot talk freely. Feldman stated that this variation had occurred many times in his practice and concluded that this particular variation reflects the patient's resistance to the desire felt toward the person in the dream. Because of the high frequency of these dreams in Feldman's experience, he assumed that other analysts observed the same dream pattern in among their patients.

Harris's (1962) study focused on the question of whether the appearance of the analyst in the patient's dream was the result of something in the dreamer or something in the analyst. He analyzed 1,000 dreams from 17 patients and found that dreams about the analyst were quite common, occurring in about 10% of all reported dreams. Subjects were selected who had at least 100 hours of psychoanalytic or psychoanalytically

oriented therapy and who frequently reported dreams. In terms of presenting problems, Harris characterized the therapists as mostly "…psychoneurotics and character neuroses. Four could be considered borderline cases, and one was frankly psychotic" (p. 152). Although the mean occurrence of dreams about the analyst was about 10% of all dreams reported, Harris pointed out that there were considerable individual differences. One patient reported having no dreams about the analyst, whereas four reported dreaming about the analyst in about 16% of their dreams.

Harris also noted variations in content and affect in the dreams even for the same patient. For example, he cited one therapist whose first dream about the analyst involved having the session in the street, which left the patient feeling embarrassed and anxious. By contrast, this patient's 10th dream about the analyst had a very different feeling: "You were talking to me in a friendly, almost conciliatory way, telling me to go to this or that place" (p. 152). The author also found that compared with other types of dreams, first dreams about the analyst occurred relatively late in treatment, on average, in the 42nd hour. This is compared with first orality dreams, which appeared on average in the 22nd hour, and anxiety dreams' appearance in the 18th hour. He found that early dreams about the analyst indicated the patient's strong desire to fuse with the mother as a defense against castration anxiety and that the analyst had facilitated this transference through overidentification or excessive empathy. This led to Harris's conclusion that, in some cases, these dreams may be due to something in both patient and analyst. Harris also examined dreams about the analyst in relation to termination and found an increased occurrence of these dreams during this phase, which he speculated was a means for

seeking fusion with the mother (the analyst) as a defense against the anxiety of termination.

In his study of patients' dreams about analysts, Rosenbaum (1965) collected data from questionnaires completed by 22 analysts about 44 patients. Two of the questions investigated centered on the frequency of dreams about the analyst and frequency of dreams about family members. Like Harris (1962), Rosenbaum found that dreams about the analyst constitute about 10% of patients' reported dreams. Unlike Harris, however, his results showed that this average remained constant through the early, middle, and terminal phases. The exception to this finding was when there was a very intense transference. In these cases, the patient tended to dream more frequently about the analyst during the first 50 hours and less frequently during the last 50 hours of the analysis.

In addition, Rosenbaum examined whether dreams about the analyst correlate with a poor prognosis, strong transference, strong countertransference, or the analyst's conscious reaction to the patient. His results did not support previous suppositions about correlation with poor outcome. Rather, he found that such dreams were not significantly related to outcome, whether they occurred early or late in the analysis. Rosenbaum found no significant correlations between the frequency of these dreams and intense transference, a highly erotized transference, intense countertransference, or with the analyst's strong conscious feelings of toward the patient. He suggested that the meaning of these dreams related to the patient's equating the face with the breast, and that they therefore indicated conflicts that occurred during the early oral stage. He concluded that dreams about the analyst serve as a signal to the analyst to go deeper in examining the inner lives of both patient and analyst.

In an investigation of dreams about the analyst that occurred near termination, Oremland's (1973) presented three of his own cases in which the patients dreamed of him as termination approached. In each of the three cases (which were successful analyses), the patient had a dream during the termination phase with several specific characteristics: it occurred in relationship to a termination event, the patient's original presenting problem was portrayed but significantly modified, and the dream represented the analyst as himself. The dream demonstrated the changes in the patients' symptoms and transference that were due to the analysis. Oremland concluded that these dreams indicated that the analysis had been successful and that the analyst's appearance in the dream was a symbol of the work done by the patient to overcome his distorted perceptions.

Carlson (1986) examined six transference dreams from one patient, which were selected from each of the 3 years the patient was in treatment and each of the first 3 months post-treatment. The author hypothesized that post-treatment consolidation of the therapy experience would enable the patient to function better, which would be reflected in an increase in positive affect toward the therapist, decrease in negative affect, and outcome sequences representing effective grappling with life problems. In a modified script theory analysis of the dreams, Carlson used a three-step approach: (1) scripts were summarized (with a script defined as an individual's constructs for responding to a scene or series of scenes) in order to capture the dream's essential message to the dreamer; (2) structure of the scene (with a scene defined as including at least one affect and at least one object of that affect) was examined by coding specific affects and objects of the affects, and (3) sequences were considered both within and across dreams.

The dream narratives were independently coded by two raters using a three-step method: identification of story lines; coding of specific affects and their objects; and an assessment of sequences. Interscorer agreement on identification of affect and object (the key step in analyzing scene structure) averaged 62% to 77% across pairs of judges. Of the 30 instances of affect the author identified in the six dreams, 22 were also identified by one or both of the judges. The affects included excitement, joy, anger, contempt, distress, fear, shame, and surprise. Carlson noted a striking shift in the affect from during-treatment dreams to post-treatment dreams. Specifically, during treatment, excitement appeared only once in a dream and was projected onto a sister, whereas in post-treatment dreams, excitement dealt with her own life situations. Joy was also experienced more frequently in post-treatment dreams. In addition, in during-treatment dreams, overall negative affect predominated, whereas in post-treatment dreams, the ratio shifted to a balance with positive-affect. With regard to representations of the therapist, results showed improvement, defined as increases in positive affect and decreases in negative affect in the patient's representation of the therapist in dreams, but not until the post-treatment period, thus supporting the researcher's hypothesis.

A case study by Eyre (1988) illustrated how the appearance of the analyst in one patient's dream signaled to the analyst the patient's deep disturbance and the start of its resolution. Early on, the patient had developed a negative, extremely angry paternal transference that the analyst was not able to resolve. The patient's distorted perceptions cycled between build-up to an outburst of rage at the analyst and temporary abatement after an intervention. The patient continued in this pattern until he presented the dream of the analyst in session, after which the analyst reported a positive change.

Rohde, Geller, and Farber (1992) analyzed the mood, interactions, and themes in 67 patients' dreams about their therapists. The therapists were therapists who dreamed about their own therapists. The measure used was a subscale of the Therapist Representation Inventory, a written protocol designed to examine patients' mental representations of their therapists during therapy and after termination. Subjects rated the frequency and vividness of their dreams about therapists on a 5-point Likert scale and reported a dream about their therapist in as much detail as possible. Two coders used a four-part coding system to assess the manifest content of the dreams. In part one, coders rated on a 7-point scale the degree to which the therapist was perceived as gratifying or frustrating. In part two, raters assessed the pleasantness or unpleasantness of the mood in the dream. In part three, the interactions between patient and therapist were rated for presence or absence of friendliness, sexuality, and aggression. Part four consisted of a thematic analysis of the patients' dream reports. Thirty-six dreams were initially identified as salient by the senior researcher and each of the themes were then coded for salient on a 5-point scale. Themes included the therapist betraying or shunning the patient and the therapist acting seductively with the patient. Results showed that more than half of the dreams were rated as clearly unpleasant, although the authors noted that there were wide individual differences in mood, with therapists appearing as frustrating in 37% of dreams and gratifying in 33% of dreams. Friendly interactions between therapist and patient occurred in 17% of dreams, aggressive interactions in about 13% of dreams, and sexual interactions in 8% of dreams. The researchers discovered themes of separation-rejection, seduction-antagonism, protectiveness-responsiveness, and praise. As an example of the separation-rejection theme, they gave the following example:

> I was at this house for an appointment. He wasn't there and his wife and young son were there. His wife was in jeans and a plaid shirt and was embarrassed at seeing me. She tried to call him but couldn't reach him. He arrived with my husband acting as if they were old friends and he said he didn't have any time for our appointment. When I got upset, he dismissed me and sent me home with my husband (p. 540).

The authors proposed that the thematic content of this dream (as well as the other themes they identified) is characteristic of patient dreams about therapists and indicates effective use of the transference to work on issues.

Gillman (1993) presented six cases to illustrate three types of undisguised transference dreams: dreams occurring in many patients as a response to a break in the analytic barrier; dreams that are a defense against an emerging transference neurosis; and dreams that reflect a specific character defense. In contextualizing the dreams following a break in the analytic barrier, the author described specific situations, including transfer of sessions from his office to his home, discovery of the analyst's dual roles, and session cancellation due to the analyst's illness. The content of the patients' dreams revealed the effect of seeing the analyst in another role on facilitating the emergence of intense transferential feelings. In analyzing the two cases of dreams that defended against the emerging transference, Gillman found that the patient dreamed of the analyst as real person as a way of repressing memories that were arising as transference feelings. An examination of one case illustrating the function of undisguised transference dreams as a character defense, the author reported on the patient's transference dreams over the course of her 4-year treatment and found defenses against the patient's characteristic

phobias of being seen and of signing a check and later in the analysis, of her helplessness in sexual situations.

Sirois (1994) found that dreams in which the analyst appears signaled sensitive moments during analysis, and such dreams occurred when the analyst's interventions were perceived as traumatic. He hypothesized that such dreams are counterproposals offered in response to the analyst's interpretation. He further suggested that these dreams indicated an upset arising from either an accurate and painful interpretation or from an interpretation arising from the analyst's countertransference. In support of these hypotheses, two clinical vignettes were offered, one in which the author appeared in the dream as a protector of children rather than as a demanding father, which had been touched on in the previous session. In the other vignette, after the analyst offered a too-deep interpretation about the analytic relationship, the patient dreamed of avoiding a confrontation, which the analyst attributed to his push to explore the patient's feminine identification.

Generally, dreams about therapists have received much more extensive treatment in the literature than therapist dreams about clients. The large number of client dreams about therapists that have been sampled for study may be due in part to the far greater accessibility researchers have to client dreams; they are regularly discussed during the analytic session and thus are part of case notes and other records. There is, however, also an attitude pervading these studies that dreams about the therapist are expected and supply a great deal of material for the session. In contrast with therapists who dream about their clients, clients who dream of their therapists have a ready mechanism for deeper understanding of their dream; they are expected to discuss the dream in depth with

someone who is expert at dream interpretation and who has extensive experience of the patient's mental representations and relationship patterns. An understanding of the research on client dreams about therapists illustrates the broad range of topics that may be studied and suggests the potential for greater range in the study of therapist dreams about clients—a potential that merits further exploration.

Qualitative Research

Background. Heppner, Kivlighan, and Wampold (1999) defined qualitative research methods as an approach to investigation that assumes bias as inevitable in the scientific process. A goal of qualitative research is acknowledging the perspective and bias of researchers and building understanding of phenomena within this context. Highlen and Finely (1996) characterized qualitative research as an interpretive approach to the study of the thoughts, feelings, and behavior of people within the natural setting and involving the systematic examination of empirical data. In qualitative research, the focus is on process and meaning rather than quantification. The authors also outlined the purposes and parameters of five qualitative paradigms, but because the CQR method proposed for this study has elements of only the constructivist and postpositivist paradigms; these are the two that will be described here.

The constructivist paradigm assumes that reality is constructed through human interaction and that there is no objective truth. Rather, multiple realities exist. Research findings are created through the interaction of researcher and therapist and this interaction is central to the analysis. Trustworthiness is key and consists of four components: credibility, transferability, dependability, and confirmability. These correspond, respectively, to the quantitative criteria of internal validity, external validity, reliability,

and objectivity. Data in the form of "thick description" is gathered from therapists and given back for verification. The use of thick description brings forward the context and meaning of therapists' lives and allows readers to make their own interpretations of the data.

Highlen and Finely's (1996) description of the postpositivist paradigm defined its purpose as explanation leading to prediction and control. Objective reality is assumed to exist, but postpositivists hold that it can only be approximated. Researchers seek to remain objective but recognize that interaction between researcher and therapist affects the data. The most widely used design in postpositivist research is grounded theory, in which researchers generate theory from the data gathered and refine theories as new data is gathered. Interviews and observations are most often the data source.

Consensual qualitative research. CQR (Hill et al., 1997) was developed as a solution to the limitations of existing qualitative methods, which the authors found vague and difficult to understand and use. A recent update and review (Hill et al., 2005) revealed that CQR had been used successfully in 27 studies, thus attesting to its utility. Hill and colleagues also provided a detailed description of the method's components and theoretical underpinnings. CQR components include the use of open-ended questions in semistructured interviews; teams of judges for multiple perspectives; consensual decision-making processes about interpretation of data; an auditor to check consensual judgments; and the generation of domains, core ideas, and categories and the cross-analyses of these items.

Hill and colleagues' (2005) review described CQR as incorporating components from several qualitative approaches, including phenomenological, grounded theory, and

comprehensive process analysis. With the CQR method, emphasis is on consensual decision making among judges in the construction of findings through the use of words rather than numbers to determine meaning.

In terms of its theoretical underpinnings, CQR, as previously mentioned, has elements of constructivism and postpositivism. The authors explicated their philosophical stance using Ponterotto's five constructs of reality. CQR takes a constructivist view of the nature of reality in the assumption that reality is constructed by humans and thus there are multiple realities, although commonalities among therapists are also sought. In terms of the relationship between researcher and therapist, the CQR approach emphasizes that each has an effect upon the other. The interviewer serves as a reporter, and the therapist teaches the researcher about the phenomenon of interest. Concerning the role of the researcher's values in CQR, the authors believe that because bias is inevitable it should be discussed openly and at length in order to minimize it effects on the construction of meaning. Use of consistent interview protocols is encouraged to aid in minimizing the impact of individual expectations and biases. In terms of language use, the goal is to be objective and work toward this goal by summarizing therapists' statements while staying as close to the original data as possible. They also search for patterns and themes across therapists with the goal of generalizing to the population. Methodologically, CQR is a constructivist approach, with interactive, naturalistic data gathering methods.

Consensual decision making is a critical component of CQR. During the process, team members discuss disagreements, expectations, and biases, which demands that all team members have a strong sense of self and good interpersonal skills. Small group dynamics play a role in the process, particularly when one team member is certain he or

she has “the” correct interpretation. On a related topic, researcher biases are an inevitable obstacle to attaining optimal results. As mentioned previously, biases and expectations must be discussed among team members openly and frequently. Rather than providing here a summary of the authors’ description of the CQR processes, it is described in some detail in Chapters 4 and 5.

Chapter 3

Statement of the Problem

To date, research on therapist dreams about clients has primarily involved case studies, clinical reports, therapist's reports of their own dreams, and surveys. Just four empirical studies have been done, and all of these are from the psychoanalytic/psychodynamic perspective. Lester, Jodoin, and Robertson (1989) surveyed psychoanalysts and candidates on dreams about patients and found that the dreams occurred at a difficult point in analysis and that candidates dream about patients about as frequently as experienced analysts do Karcher (1999) examined the use of dreams to address countertransference in graduate student trainees and found that that most of the dreams were countertransferential and that trainees benefited from addressing the dreams in supervision. Degani (2001) showed that therapist dreams about patients occurred during problematic or challenging periods during therapy; involve patients that the therapist views as most difficult; that the dreams' functions were wish fulfillment, working through of problems in the therapeutic relationship, and purging of painful emotions. Kron and Avny (2003) identified nine interpersonal themes in therapist dreams about their client, some of them similar to themes identified in previous studies. They also found three types of dream functions among their sample of dreams: prognostic, diagnostic, and compensatory.

These studies have elucidated some aspects of therapist dreams about clients; however, the literature is circumscribed by a psychoanalytic/psychodynamic perspective, thus limiting the generalizability of these analyses. In addition, the methods of content analysis for all but one of the empirical studies relied heavily on the judgment of one or

two people, leaving the results open to doubt. Finally, the research to date has focused primarily on the dreams of therapist trainees, with little empirical investigation done on the dreams of experienced clinicians. Given these limitations, further qualitative exploration would more shed light on this phenomenon. The purpose of the current study was to examine experienced therapists dreams about their clients using a qualitative approach. Specifically, the following research questions were addressed:

1. What themes occur in therapist dreams about clients?
2. What meanings do therapists make of these dreams?
3. What methods do therapists use to explore and interpret these dreams?
4. How do therapists use their understanding of dreams about clients?

Chapter 4

Method

Participants

Therapists. Eight European American/White therapists (4 women, 4 men) who were in practice at the time of the interview and who had at least 5 years of clinical experience participated. Four had Ph.D. level training and four had Master's level training. Therapists ranged in age from 40 to 71 years (M = 54.5, SD = 10.76) and had been in practice for 7 to 42 years (M = 22.81, SD = 11.29). Therapists rated their theoretical orientations (not mutually exclusive) on a 5-point scale as follows: psychoanalytic/psychodynamic (M = 4.5, SD = 0.76), humanistic/person-centered (M = 3.75, SD = 0.76), and cognitive/cognitive-behavioral (M = 3.00, SD = 0.76). Other orientations were mentioned as integral to several therapists' approaches, including feminist (n = 1), spiritual (n = 2), narrative (n = 1), and relational (n = 1). Therapists' recall of dreaming in the previous 2 weeks was measured on a 0 to 7 scale and their rating of how frequently they have dreams they can remember was measured on a 0 to 4 scale. These items were summed (M = 6.25, SD = 2.63), in accordance with Hill et al. (1997).

Current practice settings (not mutually exclusive) included university counseling centers (n = 2), family mental health clinic (n = 1), nursing home (n = 1), and private practice (n = 6). With regard to training in dream work, two therapists had no formal training; one was self-taught and regularly taught approaches to dream work in her courses, and one had learned a great deal about the interpretation and therapeutic use of dreams in her own long-term psychoanalysis. The other 4 had participated in numerous workshops and seminars (including workshops in active dreaming/shamanic journeying,

Jungian workshops, teachings from Native American elders, vision quests, learning to work with PTSD nightmares, learning the Hill cognitive-experiential model, conducting research on the use of dream interpretation in groups, clinical course work in use of dreams in individual and group therapy, nontherapy dream groups, various workshops through the International Association for the Study of Dreams; and post-doctoral supervision in dream work.

Judges. Eleven women (one 36-year-old White, Briton, five 21-year-old White, European Americans, two 20-year-old White, European Americans, one 20-year-old Asian American, and two 21-year-old Asian Americans) participated in this project as transcribers and judges. All were undergraduate students who had taken upper level counseling psychology courses. The judges transcribed six of the therapists' interviews and worked as team members in coding the transcripts. Three of the coding teams had four members, one team had three members.

Interviewer. The primary researcher, a 48-year-old White, European American female graduate student in counseling psychology conducted the taped telephone interviews, was a member all coding teams, and transcribed the interviews of two therapists.

Auditor. The auditor, a 58-year-old White, European American female professor of counseling psychology audited the domains, core ideas, and the cross analysis.

Measures

Interview protocols. Two semi-structured interviews were used to collect data for each participant. The interview protocols were constructed according to the consensual qualitative research method (Hill et al., 1997; 2005), using as examples the protocols of a CQR dissertation (Williams, 1997) and a dissertation proposal (Stahl, 2005). The

interview protocols were piloted in face-to-face interviews with two graduate students, whose feedback was instrumental in refining and restructuring the protocol.

Both interviews (see Appendices B and C) consisted of a defined set of open questions, with closed questions, restatements, or reflections used to probe and clarify as needed. The first interview began with two grand round questions that asked the therapists about their overall dream recall and what they typically do with their dreams. These questions were intended to serve as ice breakers to begin to evoke a dream recall state of mind and encourage a re-experiencing of the therapists' dreams about their clients.

The third question asked therapists why they thought they dreamed about the specific client. The purpose of this question was to investigate the second research question (What meanings do therapists make of these dreams?) by assessing current insight about the dream and to stimulate further thinking about how the dream related to client background, therapy events, and the therapist's own history and waking life events at the time of the dream.

The fourth question asked therapists to tell the dream in as much detail as possible and to relate the emotional experience of the dream. The purpose of this question was to investigate the first research question (What themes occur in therapist dreams about clients?) by gathering as much information as possible about both the thematic content and emotional sequence of the dream. The purpose was also to encourage further exploration and deepening of insight about the dream's meaning.

The fifth question asked when the therapist had the dream, and the sixth question asked therapists what they did with the dream, with probes about how they explored the

dream and what insight they gained about themselves, the client, or their relationship with the client. The purpose of these questions was to investigate research questions two and three by gathering information about timeline and techniques for exploration and interpretation and stimulating insight responses focused specifically on the client, the therapist, and their relationship.

The seventh question asked therapists what the dream meant to them at the time it occurred. The eighth question asked if the meaning of the dream had changed over time and if so, how the change occurred. The purpose of these questions was also to investigate research question two by determining the therapists' original insight into the dream and any changes in insight over time.

The last question of the first interview asked therapists how they used their understanding of the dream, which directly addressed research question four (How do therapists use their understanding of dreams about clients?). The second interview protocol was briefer than the first, with four main questions. The first question asked what reactions the therapists might have had to participating in the interview the previous week. The purpose of this question was to further investigate research questions two and three (What meanings do therapists make of these dreams? What methods do therapists use to explore and interpret these dreams?) by determining whether the first interview stimulated any new thinking about the dream and what, if any, new meanings there were. The second interview question also addressed the second research question by asking the therapists for their current thoughts or feeling about what the dream reflected about their relationship with the client.

The third interview question asked whether dreaming about clients is a typical experience for the therapist, with follow-up questions about how the dream described in the first interview differed from other client dreams, when they had their first client dream, and how often they dream about clients. The purpose of this question was to assess the relative prevalence of dreams about clients for the individual therapist and to compare the content, exploration, insight, and use of the dream reported in the first interview with other client dreams. The fourth question asked about the experience of participating in the study.

The second interview concluded with a demographic questionnaire, which included basic demographic data such as gender, age, ethnicity, marital status, and years of clinical experience and information on theoretical orientation, extent of training in dream work, and whether and to what degree the therapist worked with dreams in therapy.

Procedure

Recruiting therapists. Hill and colleagues (2005) recommended random selection from a population of "participants who are very knowledgeable (hopefully having had recent experience) about the phenomenon under investigation" (p.199). In accordance with this recommendation, therapists were targeted from the community of psychologists known for their work and interest in dream interpretation, as demonstrated by extensive writing or research on the topic.

After receiving human subjects approval for the study, therapists were contacted via an e-mailed letter (see Appendix A). Because the response rate was much lower than the hoped for 50%, it was necessary to expand the list of initial contacts to include

members of the International Association for the Study of Dreams who qualified for the study and to use snowball sampling.

The recruiting letter briefly described the study as an examination of therapist dreams about their clients and stated that the prospective participant had been selected because of her or his longstanding interest in dreams and dream work in therapy. The letter inquired as to whether the therapist had dreamed about a client and about his or her willingness to participate in an interview. The project was described as an examination of the content and uses of therapist dreams about clients, an area of research that has received little attention but that has potential as a vehicle to greater understanding of the therapeutic relationship. The letter further explained that the two telephone interviews would each be 45 to 60 minutes long, and that the second interview would take place approximately 1 week after the first. The interview format was described as semistructured. It was explained that all data would be kept completely confidential, that participants would be identified by code number only, that both interviews would be tape recorded and transcribed, and that participants would receive a copy of the transcripts for review and correction. The primary researcher's advisor (also the auditor) cosigned the recruiting letter.

The interview protocol indicated to participants they would be asked to present only one dream about a client; nevertheless, 6 of 8 participants spontaneously presented more than one dream, beginning with the first participant, who stated that the second dream she presented, which occurred at around the same time as the first dream, helped her better understand the meaning of both dreams. Given that the current study focused in part on the methods therapists use to explore and understand their dreams, it was

necessary to include the second dream as essential data. Other participants said they wanted to present more than one dream because they felt one dream did not necessarily represent of all of their dreams about clients or did not adequately reflect the changes that occurred over time with a given client. Thus, it was decided to accept more than one dream if offered and to attempt to collect full data on all dreams presented but not to explicitly ask for more than one dream because the interview protocol asked for material on only one dream.

In total, initial e-mail contact was made with 61 individuals; 35 did not respond, 15 declined to participate, and 11 initially agreed to participate. Of the 11 who accepted, 3 later decided not to participate, leaving 8 as the final number of participants (13% response).

Telephone interviews. As pointed out by Hill and colleagues (2005), telephone interviews may be preferable to face-to-face interviews when there is a potential for participants to feel vulnerable or embarrassed by the material under discussion. Given the likelihood that some therapists would bring to the interview dreams about clients that left them puzzled or embarrassed, interview via telephone was selected as a more propitious method for collecting data than in-person interviews.

The primary researcher conducted all interviews. At the start of each interview, therapists were reminded that the interview was being taped and would be transcribed and that all identifying information would be removed from the transcript. Follow-up interviews were conducted approximately 1 week after the initial interview.

The interviewees received a copy of the transcript so that they could correct or amend any information in the original interview. All therapists returned revised

transcripts or contacted the primary researcher via email indicating their approval of the transcripts.

Recruiting judges. Eleven judges for the coding team were recruited from the population of upper level undergraduate psychology majors at the university. Six judges were initially recruited for coding to begin at the start of the Spring 2006 semester, but 5 of these judges were not able to continue past the spring semester because of graduation or prior commitments. Thus, 5 additional judges were recruited for coding; 3 of these could not continue into the Fall 2006 semester. Thus, 2 judges from the latter group and the primary researcher comprised the coding team that worked through the fall semester. All judges had taken or were currently taking Introduction to Counseling Psychology or Basic Helping Skills. Because of the nature of the CQR method, particular focus was given to recruiting judges with interpretive interests or aptitude, for example, by asking about their writing or previous course work in literature, theater, music, or art. All judges were offered research credit for participating.

Transcription. Each judge transcribed at least one interview, depending on interview length. The primary researcher reviewed all transcripts, made corrections, and ensured that all identifying information was removed. In order to maintain confidentiality, the primary researcher also transcribed the interviews of two therapists who might have been known to the other judges. The transcripts were then given a code number and sent to interviewees for amendment. Final corrections were made based on interviewee comments.

Training. Because the judges had no previous exposure to consensual qualitative research, some training was necessary. Judges were assigned background reading on

CQR (Hill et al., 1997; 2005) and discussed questions they had about the method with the primary researcher at the first meeting. A brief introduction was then given to the three basic steps of CQR: deriving domains, developing core ideas, and cross analysis. Although the coding team members were undergraduate students with no experience with qualitative research methods, their interpretive aptitude facilitated learning the method in a timely way.

There were four coding teams, and the primary researcher was a member of all coding teams. The first team was composed of one 20-year-old Asian American undergraduate junior, one 20-year-old European American undergraduate junior, and a 36-year-old Briton who was a returning student; the second team was composed of one 21-year-old Asian American undergraduate senior and two 21-year-old European American undergraduate seniors; the third team was composed of one 20-year-old European American rising senior, and two 21-year-old European American graduates; the fourth team was composed of one 21-year-old European American rising senior, one 21-year-old Asian American rising senior, and the 36-year-old British returning student from the first team.

Given the differences in age, ethnicity, and personality of team members, group dynamics were a concern. Several of the more reserved judges expressed some concern about their ability to contribute adequately to the team. In addition, because the primary researcher and one of the judges were significantly older than the other judges and both were very outspoken, there was some concern that they might dominate their teams. For these reasons, during the first meeting, each coding team spent time discussing anticipated issues regarding group dynamics. It was stressed from the outset that all team

members should feel at liberty to express their opinions and argue their points; the primary researcher often modeled free expression of biases and probed for similar expression from team members. This helped to minimize hierarchical structuring due to differences in temperament and age. Team members were also encouraged to maintain an ongoing, open discussion of group dynamics. In addition, the primary researcher ensured that all opinions were heard by asking for opinions from members who had not spoken on a particular decision and by checking in with team members periodically to see if they felt they were being rushed or forced into a decision.

Expressing and bracketing biases and expectations. At the start of the training process, all judges were asked to discuss their biases and expectations. In addition, all judges kept reaction journals, in which they initially described any biases or expectations they had about the project they were not comfortable expressing in team meetings and kept an ongoing log of their reactions to each coding meeting. Judges wrote and sent their journal entries to the primary researcher within 24 hours after each coding meeting. The primary researcher read the journals and, based on these comments, encouraged team members to describe any expectations or biases they might have, especially those regarding dreams, the therapeutic relationship, and qualitative research, or any opinions they believed might affect their judgment of the interview material.

All team members initially expressed a strong interest in dreams; several judges stated they believed that dreams have meaning and that dreams had played an important role in their lives. For example, one judge wrote in her journal that she and her mother regularly shared their dreams with each other. Another stated that a series of dreams helped her sort through difficulties with her boyfriend. One judge believed there was a

link between dreams and stressful situations, and another similarly stated she felt that therapists treating severely traumatized clients such as combat veterans would be much more likely to dream about their clients.

Several judges said they felt the therapeutic relationship should be professional at all times. One judge characterized her attitude toward therapists as idealized. Several particularly mentioned the importance of observing appropriate and ethical boundaries—an expected consequence of having recently taken Basic Helping Skills or Introduction to Counseling Psychology—and these judges were concerned they might be biased in their coding of data about a therapist who had sexual or erotic dreams about a client. However, none of the main dreams had sexual content, and although one therapist mentioned having had an erotic dream about a client (not the main dream presented), he described how he immediately sought consultation and dealt with it in a professional way, a response that helped forestall any negative bias toward this therapist. Another bias was a romantic or idealized view of Native American culture, which several judges said might influence their coding of one therapist's dream about his Native American clients.

Other biases included those from three team members who expressed their discomfort with homosexuality and concern about their ability to code the data for a lesbian therapist who presented two dreams about lesbian clients. However, once these judges read the interview transcripts, they felt they would be able to set aside their bias in coding the material. This bracketing likely was aided by the therapist's empathy for the clients in these dreams and by the fact that although one of the dreams dealt with relationship issues, neither of them contained erotic or sexual content. Finally, three of the judges expressed potential bias regarding the therapist whose dreamed-about client

was in prison for murder. The judges said they felt they might have difficulty even listening to dream material about such a client. However, once they read the interview transcript and began to code it, the therapist's expression of deep empathy for his client and innovative use of his dreams helped to ameliorate the judges' discomfort with the material.

All of the judges were naïve to qualitative research and all initially expressed anxiety about their ability to learn the CQR method. One judge who had research experience on quantitative studies in biology expressed skepticism about CQR as a method that could produce scientifically valid results. However, once coding began, this judge as well as the rest of the team members recognized consensual coding as key to the method's reliability and soon began to express enthusiasm for the process and for the richness of the material. Another judge was particularly anxious about learning the coding; it took three or four meetings before this judge became thoroughly comfortable with the process.

The primary researcher's biases and expectations included a belief that dreams have meaning and interpretation of them is useful both for gaining insight about oneself and one's client. In addition, the author believed that theoretical orientation influences not only the meaning the therapist finds in the dream, how the therapist chooses to process the dream, and what uses he or she will make of the dream, but also the content of the dream itself. Thus, it was expected that not all therapists would necessarily interpret their dreams about clients as evidence of countertransference or that something was amiss in therapy. It was also expected that therapists who had a very integrative theoretical orientation would be more likely to find meanings other than

countertransference and to use the dream for purposes beyond gaining insight about themselves or their clients. In addition, the author also expected that therapists who chose to disclose a dream about a client to someone and seek feedback would be insightful.

Qualitative Analysis

The transcripts were analyzed using the CQR method (Hill et al., 2005), which involved three primary steps: (1) domains were derived from interview responses, applied to data, audited, and corrected; (2) core ideas summarizing essential points of the data were used to abstract data within domains; and (3) cross-analysis of core ideas for all therapists was done to refine domains and construct themes across all cases. Within each of these steps, the critical task was to reach consensus among team members, and for this reason, expectations, biases, and group dynamics were carefully monitored, especially when new team members were introduced.

Determination of domains. Initially, domains were framed around the general topics covered by the interview questions. They were then refined by the teams as they read through the transcripts and consensually identified themes. For example, in an early version, the teams derived 9 separate domains, including Content of the Dream as one domain and Salience of the Dream as another. Upon further examination of the data, it was determined that Content of the Dream should be reconfigured into separate categories and, along with Salience, more appropriately fit within the domain Specific Dream about a Client. The domains were revised several times until some stability was reached. Domain titles were also revised to be more inclusive or descriptive.

Core ideas. In the next stage, the teams constructed core ideas by distilling the participants' responses down to essential components while remaining as close to the

original language as possible. To do this the judges first worked together to identify and separate transcript passages into complete, coherent thought units. The judges then worked independently to assign the units to one or more domains and develop draft core ideas. The team then met to consensually determine the domain assignments and construct core ideas from the thought units. This was done by having one judge read a transcript passage aloud and state into which domain she believed the passage fit. Other judges then offered their opinions; if there was a difference of opinion on placement, judges discussed it until consensus was reached. The judge then gave a core idea for that passage and the other team members worked to refine it until consensus was reached. Team members took turns reading aloud and offering their initial coding and core ideas.

Audit. For each consensus version, the auditor examined the domains and core ideas to ensure that the data were categorized appropriately and that all material was accurately represented in the core ideas. The judges then revised as necessary by considering the auditor's comments and reaching consensus on a new version. The judges continued to return to the auditor for feedback until there were no more changes.

Cross analysis. In the cross-analysis, judges worked as a team to derive categories by reviewing core ideas that fit into each domain and then constructing categories and subcategories within each domain. An extra step was necessary for this cross analysis because of the introduction of new judges just prior to cross analysis. The cross analysis team was composed of one 21-year-old Asian American undergraduate senior and one 21-year-old European American undergraduate senior and the primary researcher, a 48-year-old European American. The two undergraduates had coded domains and core ideas for only one participant and thus were relatively unfamiliar with the data. Working only

with the core idea tables for each interview that had been compiled during the coding process (see Sample Table in Appendix E) was initially problematic; the judges had questions about dream content and therapist background. To familiarize the judges with the data, the primary researcher provided them with a summary of all dreams (see Appendix D) and all interview transcripts for review and reference. The judges reviewed the material and referred to it as needed during cross analysis meetings.

Once the categories were determined, team members worked together to place the core ideas into categories and subcategories. This was done by having the judges first work independently on suggesting placement of core ideas and then working as a team until consensus on both placement and category title was reached. As a team, the judges took turns reading core ideas aloud and suggesting placement, category revision, and sometimes revision of core ideas. As categories were revised, core ideas were also revised to ensure that they fit. Frequencies were then characterized as general, typical, variant, or rare (see Sample Table in Appendix F) following the guidelines set by the Hill et al. (2005).

Audit. The auditor reviewed the cross-analysis tables for each domain to ensure that they accurately reflected the data (Hill et al., 2005). The team then reviewed the suggested changes and revised the cross analysis. The revisions were then returned to the auditor for further review and the cycle continued over several drafts.

Chapter 5: Results

Three domains were derived from the data. For two domains (Dreams in General and Participating in the Study) the sample size for categorizing frequencies was based on number of therapists ($N = 8$). For one domain (Specific Dream About a Client) the sample size was based on number of dreams about different clients or client groups ($N = 13$). The rationale for using two different sample sizes was based on two considerations: (1) two domains focused on therapist general beliefs whereas one was centered on the presented dream and (2) participants presented different numbers of dreams. As shown in Table 1 below, two therapists presented 1 dream, five presented 2 dreams and one presented 3 dreams. Because

Table 1

Number of Dreams About Different Clients or Same Client Presented by Each Therapist

Participant #	One dream about a client, X	Dreams about different clients, X & Y	Dreams about same client, X (counted as 1 in determining *N*)
Participant 1		X, Y	
Participant 2		X, Y	
Participant 3		X, Y	
Participant 4			X, X, X
Participant 5		X, Y	
Participant 6	X		
Participant 7		X, Y	
Participant 8	X		

six therapists presented more than 1 dream, a sample size based solely on number of therapists would have complicated coding unnecessarily. For example, Participant 2 presented two dreams about different clients, one with strongly negative interpersonal content and the other with positive interpersonal contact. To pool this participant's dreams and attempt to code them together would have been problematic and would have resulted in misrepresentation of the dream content. In addition, it would have caused underrepresentation in several categories, including methods used to explore dreams and insight because this participant used different methods for exploring each dream.

However, basing the sample size on a simple sum of all dreams would not have given accurate results because five therapists presented 2 dreams about different clients, whereas one therapist presented 3 dreams about one client. The latter therapist's insight about the origin of the dreams (precognitive messages from God) as well as his use of them (disclosure to client) were rare in the sample, and thus counting each of his dreams in the sample size would have resulted in overrepresentation in these categories. Two categories were minimally affected by the decision to combine these 3 dreams in coding: Emotional valence of the dream and Interpersonal content. Although 1 of the dreams about this client was positive and the other 2 were strongly negative, collapsing the dreams for coding changed the number of cases in these categories but not the frequency codes.

For two domains, General Background on All Dreams and Participating in the Study ($N = 8$), categories were considered general if they applied to 8 cases, typical if they applied to 5 to 7 cases, variant if they applied to 2 to 4 cases, and rare if they applied to 1 case. For the domain Specific Dream About a Client ($N = 13$), categories were

considered general if they applied to 12 to13 cases, typical if they applied to 7 to 11 cases, variant if they applied to 3 to 6 cases, and rare if they applied to 1 to 2 cases. Categories were designated as rare only if they were considered especially salient to the participant, otherwise single or very infrequent cases were grouped with other single cases under the category Other. Domains, categories, and frequencies are listed in Table 2. Results are more fully described below, grouped by domain and illustrated with quotations from the interview data.

Dreams in General

This domain provided an overall impression of the presence and importance of dreams in therapists' lives. Therapists generally believed that dreams are important and have meaning that can be used to gain greater understanding of themselves and others. Therapists typically indicated that their approach to understanding and working with dreams was at least in part psychodynamic, for example, one therapist stated, "I'm more an archetypal than an orthodox Jungian. I'm stressing that, the role of imagination." Another stated, "Using an Adlerian approach, [I] look at themes that clients have in terms of how they think about themselves and others, their life assumptions." It was rare for therapists to have only reflected on their dreams as a way of understanding them; they typically had some history of journaling or using some form of creative expression to help them understand their dreams. A variant method of exploring dreams was to talk with a colleague, friend, partner, dream group, or client. Finally, it was a variant response among therapists that they gave more attention to salient dreams.

Dreams about clients in general. This category provided an overview of therapists' views on why they dream about clients, how frequently they occur, how therapists work to

understand them, and how they use that understanding. Participants typically had their first dream about a client early in their career, although a first dream did occur rarely when the person's career was well-established. With regard to frequency of dreams about clients, therapists typically said these dreams were infrequent; a variant response was that dreams about clients are frequent.

Therapists generally believed that dreams about clients do have a function, and that typically such dreams are an indication that something is amiss in therapy. For example, one therapist felt she dreamed about clients who have difficulty in therapy:

I've questioned some of my decisions sometimes…you know…"Was that the right thing to do for that person?" So when something comes up like that, if I have someone that's having an extra hard time and I know I need to do something about it and I'm not sure quite what to do, I do dream about it. It's not like an ongoing thing that I always dream about my clients, so, when somebody sticks out, then I do.

Another stated, "I really think that one dreams about clients primarily when something is awry…Talking to other clinicians and knowing other clinicians well, we don't usually dream about patients, and when we do, there's something untoward happening—generally some countertransference problem, as there was in this case."

A variant response within this category was that therapists believed dreams about clients were tools for gaining insight about the client. One therapist stated, "And not always, but dreams gave me new insights into the individual, and I learned after a number of years that I don't ignore that." Another variant response was that dreams indicate a particularly close relationship to the client, as stated by one therapist: "But it seemed that

Table 2

Domains, Categories, and Frequencies Regarding Therapist Dreams about Clients

Domain/Category	Frequency
I. Dreams in General	
A. Dreams are important, have meaning, and stimulate new understanding	General
B. Approach to understanding dreams has a psychodynamic component	Typical
1. Adlerian	Variant
2. Jungian	Variant
3. Other	Variant
C. In history of interpreting own dreams, therapist has worked on dreams	General
1. By journaling, writing, or other creative expression	Typical
2. By talking w/others (colleague, dream group, client)	Variant
3. By giving more attention to salient dreams	Variant
4. By reflecting only	Rare
D. Dreams about Clients in General	
1. First occurred early in career	Typical
2. Frequency	
a. Infrequent/atypical	Typical
b. Frequent/typical	Variant
3. Have a function (functions not mutually exclusive)	General
a. They indicate something is amiss in therapy	Typical
b. They are tools for gaining insight into client	Variant
c. They indicate a close relationship with or liking for client	Variant

4. Have been used by therapist (uses not mutually exclusive) Variant

a. By disclosing the dream to the client Variant

b. To strengthen the therapy relationship Variant

c. For own personal growth, self-understanding, self-care Variant

II. Specific Dream about a Client

A. Descriptors

1. When dream occurred

a. < 1 year before interview Typical

b. > 1 year before interview Variant

2. Salience of the dream was high Typical

3. Setting/location of dream was outside of therapy Typical

4. Client presence

a. Manifest, client appeared as him/herself Typical

b. Latent, not actual client, but client type or client situation Variant

5. Dream was precognitive and/or a message from God Rare

6. Interpersonal content in the dream Typical

a. Primarily negative (aggressive, awkward, boundary violation) Typical

b. Mixture of positive and negative (simultaneous or alternating) Variant

c. Primarily positive (mutual support) Rare

d. No interpersonal content (client alone) Rare

7. Therapist's emotional valence/mood within the dream

a. Mixture of positive and negative Typical

b. Primarily negative Variant

c. Primarily positive	Variant
B. How Waking Life Influenced the Dream	
1. Client background	
a. Client issues/deficits created particular challenges in therapy	Typical
b. Client had notable strengths in working with therapist	Variant
c. Client was in long-term therapy (more than 6 months)	Variant
d. Progress in therapy or outcome of therapy after dream was good	Variant
2. Therapist background	
a. Work environment/therapy negatively affected well-being	Typical
b. Clinical decision making regarding client on therapist's mind	Variant
3. Strong bond with client was a benefit	Variant
C. Gained insight or deepened awareness about waking life	General
1. Dream revealed something new/deepened awareness about self	Typical
a. Regarding clinical decision making	Typical
b. Regarding over-identification w/client or countertransference	Typical
c. Regarding need for self-care/life changes/personal growth	Variant
d. Regarding spiritual calling	Variant
2. Dream revealed something about client	Typical
a. Deepened therapist awareness of known issues	Typical
b. Brought new insight about a client issue	Variant
c. Highlighted aspects of client's personality/character	Variant
i. That were positive/fostered development of therapeutic relationship	Variant

ii. That were negative/detrimental to therapeutic relationship — Rare

D. How the Dream Affected Waking Life

1. Therapist's waking reaction was notable — Typical

a. And had a positive valence — Variant

b. And had a negative valence — Variant

2. Therapist explored/processed the dream — General

a. By reflecting only — Variant

b. By journaling or other creative expression — Variant

c. By talking w/others, e.g., colleague, dream group — Variant

3. Therapist used understanding of dream — General

a. In deciding whether or not to act in relation to client's case — Typical

b. To make changes in work environment, for professional or personal growth, or for self-care — Variant

c. By disclosing dream to client, working on meaning in session — Variant

d. In other ways — Variant

III. Participating in the Study

A. Reactions to participating

1. Therapist's reaction to the interview was positive — Typical

2. Therapist's reaction to the interview was ambivalent — Variant

B. Effects of participating

1. Stimulated deeper dream processing/more thinking about client — Typical

2. Stimulated no new insight — Typical

3. Stimulated new insight — Variant

4. Increased dream recall/processing of other dreams Variant

C. Happy to contribute to research, to help younger colleague, or make connection with interviewer Typical

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after I opened up and I told him...I dreamt about him, I dreamt about others, and that to me it meant it was my caring for all of them, including him…from that time on he got much closer to me."

Therapists actively using their dreams in some way was a variant result. Specific uses were also variant and included disclosing the dream to the client if appropriate. For example, one therapist said, "But when I'm working with a client in this sort of neo-Jungian way…if there's something heavily involving the client that seems to me really related to the work, I throw [the dream] out there."

Another variant use of the dreams was to strengthen the therapeutic relationship. For example, one therapist stated, "I look at all, at my share of dreams and I've always, the more dreams I've had, I'd follow them out, I'd talk to the clients about it, and the closer I got to these people, so that they weren't just numbers but they were really live, warm people, and they were there and they needed help and I don't see that as an accident."

Another variant use of dreams about clients was for own personal growth, self-understanding, or self-care. One therapist reflected on a dream that led him to personal growth: "A lot of those dreams have to do with leading me on, leading me on to different things. And these dreams seem to be leading me to participate and do things

with the lot of these former clients. And invariably…we are doing things together for the greater good or for a greater cause." And with respect to self-care, one therapist recalled dream imagery to generate a kind of psychic escape hatch:

> I'm with my intern supervisor in the dream, and she shows me this trap door. I crawl through the trap door and end up on this grassy knoll….I forget what I am suppose to do, means I stop doing things. I just rest. So, that holy amnesia is [stepping] into that holy, divine place. I can really let go of all this stuff that I need to do where I get so overrun…How do we sort of secretly remove ourselves from the part of our psyche that is filled with clients' stories and images and thoughts and all that? I think it is having to secretly move into a space where you are an amnesiac, secret even from yourself.

Specific Dream about a Client

Descriptors. Typically, therapists reported having the dreams less than 1 year prior to the interview; more than 1 year prior was a variant response. In addition, these dreams typically were highly salient. For example, one participant said of his dream,

> There's one dream that I had that was quite a significant dream. It was, you could say it was a big dream, it was a turning point dream….and I made a note here in my dream journal that 'this is one of the most important dreams of my life.

Another typical descriptor was a setting for the dream outside of therapy. These locations included the therapist's home, social settings, a prison woodworking shop, the Vietnam Veterans Memorial in Washington, D.C., in the therapist's office but not in session, in an Alcoholics Anonymous meeting, and driving along rough mountain terrain.

Therapists typically reported that clients were manifestly present in these dreams, that is, an actual, waking life client appeared as himself or herself. One therapist described the client's appearance in the dream as follows:

> The image is the client, who was about a twenty-year-old African American male, and the image is of him wearing a blue puffy coat, like a navy blue, like one of those down jackets, like a sleeping bag…And the picture is very misty and very foggy, his face is slightly foggy as well, but not obscured or distorted. There's no question that it's him.

Latent client presence was a variant finding; in these dreams the clients did not appear as themselves, but rather as client types to which the therapist associated real clients or client situations that had been brought up in session. For example, in one dream the therapist was placed in the client's situation, trapped in a black box. The client had actually experienced being trapped this way in waking life, dreamed about it, and then presented the dream (and waking life entrapment) in session.

A few dreams were described as precognitive or as a message from God. This was a rare finding, but one that warrants mention because of the high salience for the therapists who reported them.

The dreams typically had interpersonal content; however, the interaction was not always between the therapist and client. Of those with interpersonal content, the tone of the interaction typically was negative, featuring physical aggression as in the black box dream described above, or verbal aggression, as in the following dream:

> I dreamt [about a client] who was the inmate that sort of ran the woodworking shop... And my first dream was that he was confronting other inmates about

> [being] much more careful with the tools, and …he was shouting, and well it was so vivid that he was using all the typical prison terms…he was really giving it to them because he didn't want to get into trouble with the institution because these guys would lose a hand or an arm or whatever...he was very angry. -I remember very clearly because when he got angry, you could see it all over him…his body language, everything, and that's the way he was in my dream.

The negative interaction was sometimes more subtle, as when one therapist dreamed about seeing clients in a social setting and felt very awkward because the client's partner in one dream and in another because she wanted to talk with the client about scheduling a session but could not because of the setting .

Interpersonal content that was a mixture of positive and negative interpersonal contact was a variant finding. In an example of this type of dream, the therapist is driving with the client along an increasing rough road. They continue to drive forward despite all the other cars driving in the opposite direction. They soon see water and boulders crashing down and have to drive out of the area quickly. They then drive to a trendy mountain lodge, where the client wants to stay, but the therapist argues that they should go back out onto the road. The client ultimately relents and they continue on their path until they reach a plateau. The interaction is mixed because the therapist and client start their drive comfortable with one another and happy to be driving together, but after a narrow escape and brief rest, they disagree about whether or not to continue, with the therapist wanting to return to their drive up the mountain and the client wanting to continue resting. The client eventually relents, agreeing to continue with him.

The remaining interpersonal pattern was rare, and this featured primarily positive interaction. In a dream categorized as primarily positive, the therapist and clients conduct a healing ritual:

> I had this dream in which me and several of my former clients, mostly Native American clients…were gathered at a place on the grassy knoll in front the Vietnam Veterans Memorial. And inside four stakes on which there were like four directional flags high. And there was like a keeper, there was one person who was stationed there who was kind of like a keeper of our sacred space from the other people that might have wanted to come up and intrude. Anyhow, we're in this ceremony and we're having a pipe ceremony at which there are several pipes being offered up…we were having a ceremony and we were praying for all veterans, those who had departed on to the other world, those who were struggling still who remained here and have different traumatic events that affect them. And we were praying for them.

Some dreams had no interpersonal content, although this was a rare finding. An example of a dream with no interpersonal contact featured only a single image of the client standing by himself dressed in a blue parka, but doing nothing.

Typically, the therapist's emotional experience during the dream was mixture of positive and negative feelings. For example, the dream described above in which the therapist drove with his client along a mountain road, encountered danger, escaped, rested at a lodge, and decided to go back to the mountain elicited the following emotional sequence: "First off, there was this emotional sequence that would go sort of pleasant, relaxed, followed by curiosity and a little bit of a sense of foreboding, followed by panic

and fear, followed by relief getting to this lodge, followed by a kind of a hopeful determination, and then when we get to the top it's, aha, it worked."

A primarily positive valence was a variant finding and is exemplified this description, "So, it was a funny dream…my feeling was that it was funny. I mean I woke up sort of laughing a little bit. And I laugh in sessions with him often. He's one of those… like I was trying to think, like if I had a son, this is what he'd be like." Dreams with a primarily negative emotional experience were also a variant finding. as in one dream in which the therapist is trapped inside a black box:

> In my dream I'm curled up in a fetal position inside a black metal box. I'm in complete darkness. I'm alone and locked in this place like a prisoner of war. My head is near the door, I feel alone and helpless in the dark. Now, someone opens the door. I see two soldiers armed with weapons and wearing combat gear. One man remains standing as the other kneels. He bends down closely near my head to check for signs of life. I resent this intrusion. A side-light makes its way across my body. [I let out this] really bad breath at this kneeling soldier. Now [I feel I'm] being cornered like [an animal]. The man dislikes my treatment of him so he slams the door closed. Now I feel the steel box being turned over, it's being rolled. For some reason, I know that I'll be free soon. The scene changes in the dream. Now I'm walking alone in twilight. I am free. But wayward…[about the]…direction I'm going. And so that's the dream, that's where the dream ends. And so, the feelings in this dream were that of being threatened, cornered, trapped, really tired, worn out, haggard, fearful.

Finally, the dreams typically were viewed as highly salient, which was determined from their being characterized as significant, a turning point, deeply disturbing, a very clear signal, standing out, and very therapeutic.

How waking life influenced the dream. Typically, two aspects of waking life influenced the dream: client background and therapist background. With regard to client background, it was typical that the client has issues or deficits that created particular challenges in therapy. For example, one therapist realized the difficulty she had in dealing with the dreamed-about clients:

> Both clients had mothers who died of cancer, and that was much of the therapy. So, obviously in working with them, I had a big connection with them. An intense connection around…you know, before my mother was even diagnosed the second time with a different kind of cancer, I was just struck by their…you know, how intense their struggles were, and witnessing their struggles… [So for these] clients that I feel so close to, it's a very different role to be in…just trying to manage this whole other thing going on and not talking with them about any of that…it related so much to the very intense loss and struggle that they both had in therapy. It's just a holding back.

Another type of client challenge that caused problems in the therapy was the client's history of criminal behavior:

> But he had actually committed an act in Vietnam that I was repulsed by. You know, I'm a combat veteran myself, I fought in Vietnam, and he actually did something that he didn't want to talk about in group. He didn't want to reveal it to any other veteran in his group because he was afraid of how they would react to

> it. He revealed it to me because he trusted me and we had that kind of a relationship. But frankly I had to be really honest with him. I didn't feel like I …could have helped him with this issue, because he had raped two twelve-year-old girls there…He wanted me to work with him on this issue because he felt bad about that. I had to tell him, 'I can work with you on your other issues, but I don't in any way feel prepared…to help you with this.'

A variant finding in the category of client background that was that clients had notable strengths they used in working with therapist. One therapist said of her client,

> We were sort of fluctuating between really going deep and talking about what it's like to have to live in the same house as the person who's assaulting you, and how it affects what he is comfortable with sexually, what he wants in a relationship. And to his credit it's really he who guided us to this deeper stuff. At times, I've pulled up there and then pulled us away thinking that he might need protection from that.

Another variant category of client background was the client's progress or outcome of therapy after the dream. For example,

> Well, he was going to chapel at that time [after the first dream], but because of his hard exterior he wouldn't get too close to me…It was only after the second dream that he really became very active, in fact, it was just only about a month before he died that he was baptized…I mean, even after he had gone, I looked at it as a loss, but at the same time it was a nice loss because of the tremendous distance he had come and how he had changed his ways completely and he was at peace.

A final variant finding about client background was that they were long-term clients, specifically, that the therapist had seen them for more than 6 months.

In this category of therapist background, it was typical for the therapist's work environment or the therapy to have negatively affected therapist's well-being. For example, one therapist cited a crowded office as a major contributing factor to her sense of being overwhelmed by clients.

> We were four therapists in a kind of a suite of rooms with one waiting room and the office is kind of off the waiting room and it was typical for most of us to be seeing families… [I have] this distinct memory, which I will never forget, of stepping out of my office, you know kind of sometime during the day and two people are sitting on the floor in front of my door. Two other clients that do not even know each other are playing cards with each other on the floor, kind of a little ways away. Every chair and couch in the waiting room is full.

Another therapist talked about the vicarious traumatization he experienced in working with combat veterans, and another talked about his depression and hospitalization after the client's death. Other work or therapy-related detriments to therapists included feeling frustrated by administrative red tape and the prospect of facing the client in session on a given morning caused one therapist to be cross with family members.

Also in the category of therapist background was a variant finding of concern about clinical decision making. For example, one therapist stated,

> I think therapeutically I worried even though I consulted with the partner after I'd seen them as a couple. Was she okay, for me to now see the one individually? [Was she feeling odd, or, "You're seeing her and not me now," or some, I don't

> know, some jealousy or possessiveness, something around that. I wondered if that wasn't a clinical error. That I shouldn't even have done that, even though my client and the couple…we both talked about it and they were okay. Sometimes in my waking life, I worry that that was not a good choice.

Other clinical judgment concerns had to do with feeling stuck, coping with agency support staff undermining the therapy, and questioning whether to continue pushing the client in the same way.

Another variant finding within therapist background was that the therapists' strong bond with client was beneficial to therapy or to the therapist's personal growth. Benefits included a willingness to do more for the client than for others, an appreciation for their mutual regard, and satisfaction with client progress. One therapist talked about developing a close bond with his clients:

> I started working with a lot of Native American veterans. I learned a lot about their culture and I always had an appreciation for that culture because one of my ancestors was a Native American. But I'd never really allowed myself to become involved in really learning much about them. So a lot of these clients that I worked with…we had a pretty strong bond, and so from time to time they would invite me to different gatherings. And so I began to attend these different gatherings, so I started becoming involved in their ceremonies.

Insight or deepened awareness about waking life. In this category the dream typically revealed something new or deepened the therapists' awareness of something about themselves. Typically, participants became more aware of thoughts or concerns about clinical decision-making. For example, one participant observed,

> I had been worried that I haven't been there for them because I had been dealing with a lot. So my lack of closure with them was worrying, "Was I not there for them, or was I missing too many sessions?" So that fed into the lack of closure in the dream, of wanting to see how they're doing. "Are they okay? Did I fail them by not being there for them?"

Other insight or deepened awareness about clinical judgment that arose from the dream included therapists' concern about having disclosed too much personal information, desire to reconnect with clients to further their healing, reassurance that their clinical judgment was sound, and sudden realization of the best intervention for the client.

Participants also typically gained insight or deepened their awareness of their countertransference or overidentification with the client. One therapist commented about the components of his angry response to the client:

> So…my reactions were both countertransference and not countertransference…they were not countertransference in that they were….the feelings of being manipulated and so on were what people felt with [the client]. That's why his relationships didn't last long. He pulled for more than people wanted to give, and they left him. Okay, so my feelings of annoyance with him and anger toward him were normal and thus not countertransference, to an extent. But, they also were countertransference in the sense that his stuff touched on my stuff, my unresolved issues, and that's what brought out my inability to see what was happening. My getting taken in by his manipulation and then my rageful reaction to that.

Other examples of overidentification or countertransference included a caution to the therapist about his anima configuration and his need to be the heroic, rescuing figure to the anima; the therapist feeling that if she had a son, he would be very much like the client, the therapist identifying so strongly with the client that in the dream he was in the client's situation; and the therapists' similarities to the client affecting therapy either positively or negatively.

One variant category within insight about the therapist comprised realizations about the need for self-care or life changes or a desire for personal growth. For example, therapist who had the black box dream described above talked about his realization after the dream: "So this was the thought that I had after I woke from this dream. I thought, 'Well this is the handwriting on the wall. This [black] box is my current job. It is time to leave.' What I had been [going through at work]…the box kind of represented."

Other participants viewed their dreams as a message of growth, particularly to expand the scope of how they worked with clients. For example, one therapist who had dreamed of holding a Native American pipe ceremony with his clients at the Vietnam Veterans Memorial in Washington, D.C., stated:

> At the time I kind of felt like the dream charged me with the responsibility of doing one more thing with these former clients. That was in the interest of their health and wholeness and that is to allow them the opportunity of doing a form of grief work and to make that appearance at the wall which is so important for growth and recovery in the life of a war veteran. So, in looking at that I'd say that's probably one of the things that stands out in that I still had a role to play in their lives….It wasn't a role anymore that was affiliated with any paycheck or job

> position in clinical setting. That's the difference, too, that we were all in a sense walking not in a relationship of client-therapist...we were maybe …on the same level now.

Spirituality was another variant finding within the insight about therapist category. These therapists believed their dreams had been sent by God or they were a spiritual calling. One therapist felt the intensity of the dream was an indication of its divine origin:

> I had spent quite a few years by then, working with other people's bad dreams, so it was something that I was becoming, you know, more than just a common acquaintance with. And so I think maybe this dream, the Dream Maker decided that, 'Well this guy…needs to be given a really unequivocally kind of body shaking, earth-shaking dream, and I'm going to give him one, and it won't take but one. It will wake him up," and sure enough it did. You know, it wasn't necessary for that dream to come twice or three times, it just came one time, and that was it.

With regard to insight about the client struggles, issues, or welfare, it was typical for the dream to deepen awareness of a known issue, such as the depth of the client's pathology, dysfunctional family background, and the difficulties of same-sex couples work. For example, one therapist observed,

> I have another client [who] definitely crosses my boundaries a lot in her own needs and is a curious one. I had this interesting dream about her this week where she really needs to be tactile, she really needs to touch. [After sessions] she wants a hug and I know in the profession that's the big question. I know that that is

important to her and so I give her a hug at the end of the session, kind of on her request. I had this dream this week just about her having a very physical experience with my niece, rubbing her foot or something. It was just like, there it was, you know? This person needs very intense physical contact and I think she had a lot of very early sense of abandonment issues, not being held.

By contrast, gaining entirely new insight about the client was a variant finding. In one case, the therapist recalled the suddenness of her realization on waking,

> In the dream, [the co-worker] said to me, 'Well, you don't have to let them go. You don't have to discharge them.' Because sometimes I get folks that are so acting out that they disrupt everything. They can't be here or they'll threaten or they're angry or they'll harass another kid or staff…So the coworker in my dream said something about, 'You don't need to go that far.' I was semi-awake, and that really stuck with me. I thought, okay this really is not a big deal…tell them, 'Knock it off. Stop it.'

Another variant finding in this category was that the dream highlighted aspects of client's personality or character that aided the development of the therapeutic relationship. For example, one therapist stated,

> Unlike some clients who are in chronic crisis and eventually become kind of an annoyance for their therapist, because there is more of a characterological piece there. That was not the case of this client… [He was] very genuine, very sweet, and had… difficulty with social skills that went far beyond depression. He was just a sweet, shy guy. For example, at the same time that we were working on his suicidal ideation, he was also hoping to have his first kiss.

It was rare that the client's personality or character that was detrimental to therapeutic relationship. In one case, the dream helped the therapist realize what a powerful manipulator the client was:

> So at this point the transference had developed, the pattern—his core conflictual relationship theme—was right out there, and it had me hooked. I didn't really see it enough. I didn't see how it was affecting me enough….The dream alerted me to it. I was not conscious of the extent to which I felt angry with him, the extent to which I really felt manipulated by him. I was not conscious of it until that dream….He was very, very good at engendering guilt, and I was a sitting duck for him. He was very good at it.

How the dream affected waking life. Typically, therapists did have notable waking reaction to the dreams; both negative and positive reactions to the dream were variant. Those who had a positive reaction felt glad they had the dream because it alerted them to something about the client or because the dream was pleasant or inspiring. For example, one participant whose emotional experience in the dream was primarily negative was nevertheless pleased when she awoke: "I was glad that I had it and that it was a way to kind of… I may not have been as aware that it came up that I was concerned and wanted to check in. It kind of brought up the multiple issues that I hadn't worked through."

The participants whose immediate reactions to the dream were negative found the dream unsettling, disturbing, or a cause for concern. For example, one participant stated, "In the dream, I had the client pinned to the ground and was choking him, and it felt good to be doing so. Needless to say, when I awoke I was very unsettled."

Among the methods therapists used to explore the dream, reflection only was a variant finding. These therapists stated that they simply thought about the dream or did some analytical work on their own. Also variant was the finding that therapists explored and processed the dream by journaling, writing, or other creative expression. One therapist described her creative methods for exploring the dream:

> Well, this poem is sort of a piece of a larger art project that I did…One of the things I do…in the dream group is to write poetry partly as a way to process it and just to move it forward and to be creative with it. I have worked with ritual dance and movement and art as ways to work with dreams and I taught that over the years. Over this year, prior to the project itself, at times [I] would just stop and write poetry about whatever dreams were going on. This particular poem was very much a key turning point because…It was really kind of giving me some sort of message, and part of the poetry is to take the dream to the next step. So, it's not just to going over what happened. It sort of allows what you are talking about—the "aha" to kind of unfold through the unconscious through the writing. Writing dream poetry is something I do a bit of and really enjoy.

Another variant method of exploring the dreams was talking with others. One therapist described his interaction with a colleague about the dream:

> And so I saw the dream and the way that I looked at it as a metaphor, [that] it's time to leave the box. And that box was symbolic of my work and so after I'd had this dream I sought consultation from somebody I had worked with before, you know she was a doctor and we had been very close. And so she told me 'this is it, it's time for you to get outta there, it's time for you to make a change.'

Participants generally did use their understanding of dream of the dream in some way, typically by making a decision to take action or not take action in relation to the client. For example, one therapist stated,

> I guess I did use it therapeutically, because the image was sort of an adolescent theme…we did a better job of retracing our steps through his drug history. You know, it's easy sometimes to gather information at intake and then not really get back to it. It doesn't seem… on the surface, it doesn't seem relevant to what you're talking about right now. And so I guess I have used the dream to retrace our steps a little bit and get to know more about his childhood and earlier adolescence.

A variant finding was that therapists used their understanding of the dream to make changes in their own lives. One therapist described how her decision to change her practice was influenced by her understanding of the dream:

> I probably could have said I'm having some boundary issues at work, before I had the dream, but I think this particular dream was more confirming of that. It was, "aha" I didn't realize that it wasn't like that at all. I probably could say in the long run and it probably took me a lot longer than this dream. I think I really wanted to do some setting boundaries of what type of clients I wanted to take. Although it's not all about kids I actually would say that around this time, so maybe it's an insight or 'aha.' I started to really limit the amount of kids that I saw.

Another variant finding of uses of the dream was to disclose it to the client and work on its meaning in session. One therapist described his decision to disclose as follows:

> I reflected the dream, threw it out there, and we discussed it…Usually, of course, the usual course of events is she's coming in with a dream…But when I'm working with a client in this sort of neo-Jungian way, if there's something heavily involving the client that seems to me really related to the work to throw that out… and she was, her reaction was to reflect on this as something that had periodically been happening in our therapeutic relationship. She was very grateful that I would come forward and get her out of the boulders falling down.

Other uses of dreams were grouped together as a variant finding and included using the dream in teaching, re-enacting the dream in waking life, disclosing the dream to the client's family, getting client's family to change the home environment, and intervening with agency support staff who were undermining the therapy. One therapist re-enacted his dream with his former clients in waking life as a healing ritual for combat veterans:

> I guess [re-enacting the dream] was another way of teaching them that this was a little bit of grief work that they needed to do. Maybe by being at that Wall…it was also a way of learning by participation that if we could do this honoring ceremony together, that in their own way they could take other veterans to this place and be the guide to help them do that work, too.

Participating in the Study

Reactions to participating. Therapists' typical reaction to the interview was positive. For example, one participant stated, "Oh it was exhilarating…it was really good because you sort of put all those things in the back of your mind and you start to lose it. The dream came back so vividly, and in fact I think after all these years it was even more vivid."

A variant reaction was ambivalence or hesitation, as expressed by one therapist:

> Well, I think I was struck by how much the dreams said for me about my clients and my work with them. I use my clients' dreams in talking with them, so I think it was really just fascinating, although emotionally difficult, how much came out of working on these dreams. You know, I dream about clients, I think about it, and it's interesting, but not like it [usually] hits you over the head with a hammer.

Effects of participating. A typical effect of participating in the study was that it stimulated deeper processing of the dream or additional thinking about the client, but also typically, participants new gained no new insight. One therapist explained,

> I found it interesting to reflect, actually, how few dreams I have about clients and what that might mean about how I help clients, especially how I keep my own mental health intact. And I wish that I had more of a narrative story for you rather than a specific image, but I was surprised as we spoke about how much content there was, about how much meat there was…Our talk sparked my thinking more about the dreams, but, to be honest, nothing new. There were no new insights that came. I just found myself reflecting on our conversation about the dreams.

Whereas therapists gaining new insight from participating was a variant finding. One therapist described her reaction to the first interview:

> And, of course, 15 minutes after the interview, I'm driving home and I'm thinking, 'I missed a pretty big one here.' Both clients had mothers who died of cancer, and that was much of the therapy. So, obviously in working with them, I had a big connection with them. An intense connection around…you know, before my mother was even diagnosed the second time with a different kind of

> cancer…So it was a real obvious, unconscious, powerful connection to them. And I think I was somewhat aware of the connection, on some level, but not really conscious. So that's a connection that's come up, not long after our interview.

Increased dream recall and increased exploration of other dreams was also a variant finding. As one participant explained,

> Well, let me tell you what happened. The next morning, after our interview, I remembered several dreams…and it's not unusual for me, I don't think. In general, it's usual if one pays attention to dreams and desires to have dreams, the likelihood increases for us to remember them. But I had several dreams, none of which happened to be about the client in any way I can detect literally or symbolically. All I have is contemporary things, kind of day residue stuff happening, but that was striking. I had been in a period without much dreaming. So, just the discussion and the focus somehow on the dreams. After the interview, shortly after we hung up, I just sorta thought back to the dream I had about my client and that conversation…[You recall that] I mentioned the various anima themes so the dreams that I did have were anima dreams? They all involved women I actually literally know as some major dream characters.

Happy to be of help. Other reactions to participating were typically positive and included happiness to be contributing to the research, helping a younger colleague, or making a connection with the interviewer. One participant stated, "It's very pleasant for me. I'm happy to hear at a personal level that although my dreams are fewer and far between than perhaps some of the other people in the study, that there's some content there that would be helpful."

For this sample of 8 therapists, for whom dreams were important and had meaning, dreaming about client was not a typical occurrence, but when such dreams occurred, they were particularly salient and useful. The dreams themselves were typical along several dimensions, including recency, high salience, a setting outside of therapy, manifest client presence, interpersonal content, and mixed emotional valence. With regard to background, typically, the client had issues or deficits that created particular challenges in therapy. Also typically, the therapy of work environment negatively affected the therapists' well-being. Insight from the dreams typically revealed something about the therapists' thoughts or concerns regarding clinical decision making or regarding countertransference or overidentification with the client. Typically the dreams stimulated a deepened awareness rather than new insight of known client issues. Therapists' waking reactions to the dreams were typically notable. Generally, participants had some method of processing the dreams and used their understanding of the dreams. The typical use participants made of the dream was in deciding to take action or not take action relating to the client. Reactions to participating in the study were typically positive. A typical effect of participating was deeper dream processing or additional thinking about the client. Another typical effect was no gain in new insight. Finally, participants typically were happy to be helpful.

Case Examples

The following case examples are intended to provide a more complete, contextual picture of how the categorical results might apply on a case-by-case basis. In addition, taken together, these cases provide a sense of the range of participant experiences.

Participant 1. This participant was a 45-year-old White, European American woman with Ph.D. level training and 15 years of clinical experience. Her theoretical orientation was strongly psychodynamic, humanistic, and feminist. Her practice setting was a university counseling center. As did all of the participants, this therapist believed that dreams were important and had meaning, and she regularly used them in her therapeutic work. She had no formal training in dream interpretation but had taught courses that incorporated instruction in dream work. The therapist was a lesbian; about one-third of her clients were lesbian. She had also in the past led many lesbian support groups. At the time of the dreams, the therapist was dealing with two severe stressors in her personal life: the recent death of her mother from cancer and her partner's illness (also cancer).

Participant 1 presented two dreams (see Appendix D), each about a different client. In both dreams, the therapist ran into the clients in a social setting and felt awkward meeting them. In waking life, both clients had missed several sessions and the therapist was concerned they might not return for appropriate termination. After the first dream, the therapist reflected on the dream and felt that it heightened her awareness of her concern for the client and of the complexity of counseling lesbian clients in a community where she was likely to have social contact with them. In addition, she wondered if she had made a clinical error, when in addressing the client's fertility issues, she disclosed her own successful fertility treatment. Soon afterward, she had the second dream (see Appendix D), which has also about feeling awkward about seeing the client in a social situation. The therapist immediately recognized the similarity in the dreams, and this caused her to consider them more closely. She realized that with both clients, she was

concerned about not having had a final session with them, and that these dreams were also about a lack of closure. At the start of the second interview, the participant reported that a few minutes after the first interview she realized other similarities in the dreams. In both cases, the clients were dealing with the death of their mothers, as was the therapist. In addition, with her partner seriously ill, the participant associated the clients' situation to her daughter potentially facing mother loss.

As was typical in the study, these dreams were highly salient and the awkwardness of meeting in a social situation was categorized as negative interpersonal content. The therapist gained a deepened awareness of the clients' struggles as well as of her concerns about clinical judgment regarding her decision to disclose personal information. It was not until after the first interview, which served as a second method of exploring the dreams, that the therapist came to the insight about her similarities to her clients, the possibility of overidentification with them, and the difficulty she sometimes had in maintaining the boundary between empathy and countertransference. Not surprisingly, this therapist's reaction to participating in the interview was ambivalent because it aroused very strong emotions about her mother's death and partner's illness.

Participant 2. This participant was a 60-year-old White, European American man with Master's level training and 16 years of clinical experience. His theoretical orientation was an integration of strong psychodynamic influence with some humanistic and cognitive behavioral components. This therapist believed that dreams were important and had meaning, and he regularly used them in his therapeutic work. He had extensive formal training in dream interpretation, including workshops and dream groups, and, at the time of the interview, he was preparing course materials for a dream seminar he was

scheduled to teach. He was in private practice at the time of the interview and had previously worked in a Veterans Administration hospital. The participant had extensive experience in working with clients with post-traumatic stress disorder in both individual and group therapy. He was a combat veteran who had served in Vietnam. At the time of the first dream, the participant was extremely distressed by his work environment (VA hospital) due to case overload, administrative red tape, and vicarious re-traumatization.

Participant 2 presented two dreams (see Appendix D), each about a different client. In the first dream, the therapist was trapped in a black box and was menaced by armed soldiers. This was a situation that an actual waking-life client had presented to the therapist several years prior to the dream. The client felt that he could confide in the therapist about his having raped two 12-year-old girls while in Vietnam, the behavior for which he was placed in the black box. The client would not talk about the issue in group therapy for fear of retribution from other veterans. The therapist was repulsed by the client's past behavior and told the client he did not feel capable of addressing the issue in a beneficial way and he referred the client on. In the black box dream, the therapist recalled feeling trapped, lonely, and without direction. The emotional intensity in the dream caused the therapist, on waking, to immediately recognize it as life-changing. The therapist believed the "Dream Maker" had sent him an especially powerful dream in order to make an impression because he was so accustomed to working with the very intense dreams of PTSD clients. The participant discussed the dream with a colleague shortly afterward, and the colleague counseled him to follow through with his decision to leave his position at the hospital, which he ultimately did.

The interaction between in the dream between the participant and soldiers was characterized as negative interpersonal content. The therapist appearing in the client situation was categorized as latent client presence, a finding that was a variant in the study. The therapist gained a deepened awareness of what the client must have suffered while imprisoned in the black box. The dream also caused the therapist to recall the client's past behavior as being so repulsive that he had to refer him on, in other words, behavior that was detrimental to the therapy relationship. The central meaning of the dream was that it highlighted the participant's feelings of entrapment in the hospital practice setting and that although the participant had attempted to maintain self-care practices, the work environment was so deleterious that the participant had to leave. The therapist explored the dream using several methods, including journaling, writing out a script of the dream, drawing pictures of the soldiers in the dream, and discussing the dream with a colleague. He used his understanding of the dream to make changes for the purpose of self-care.

In the second dream presented by Participant 2, former clients joined the therapist in a Native American pipe ceremony at the Vietnam Veterans Memorial in Washington, D.C. (see Appendix D). These clients were Native American combat veterans who had terminated a few years prior to the dream. The therapist had developed a strong bond with the clients and encouraged them to embrace their culture as a way of helping them heal. As the clients became more involved in Native American ceremonies, they asked the therapist to join them at these rituals so that he could continue to witness their healing and growth. The dream occurred some time after he had begun attending these ceremonies and was in the process of becoming a "pipe carrier," or healer, a transition he

had not fully embraced. In the dream, the participant was leading the ceremony, and on waking he felt that it was a message for him to expand his role as a healer with these former clients by re-enacting the dream with them at the memorial. The former clients were initially reticent but eventually agreed. The therapist and clients have re-enacted the dream for veterans groups on Veterans Day for the past several years.

With respect to findings, the joining together for the pipe ceremony was categorized as positive interpersonal content, which was rare among dreams in the study. In terms of background, the clients had notable strengths in their embrace of their culture, and the therapist's strong bond with them was categorized as beneficial. The dream was also categorized as a spiritual calling. The therapist processed this dream through journaling and dream group. He used the understanding of the dream to both disclose the dream to the clients and to re-enact it. The participant's reaction to the interview was positive; participating caused him to think more about the dreams, the clients, and himself.

Participant 3. This participant was a 40-year-old White, European American woman with Ph.D. level training and 13 years of clinical experience. Her theoretical orientation was an integration of relational, psychodynamic, and humanistic components. The participant believed that dreams were important and had meaning, and she regularly used them in her therapeutic work. She had no formal training in dream interpretation but had conducted research on the use of dreams in therapy and was familiar with the Hill cognitive-experiential model of dream work. Her practice setting was a university counseling center. Her clients were primarily university students.

The therapist had two dreams, each about a different client. In both dreams, the actual waking life clients appeared alone. The first dream consisted of a single image of the client standing alone in a fog (see appendix D). In waking life, the client's deep depression had kept him from completing his degree and had affected his social relationships. The therapist felt particularly close to the client, but this was atypical of her relationships with clients. She believed that therapists should be able to do their work and then be separate enough from their clients that they are able to disconnect from work in their personal lives. However, this client's likeability and the strong bond the therapist felt with him motivated her to make special accommodations, such as scheduling extra sessions and taking the client's calls when the therapist was on her own time. At the time of the dream, the therapist was concerned about the client because she had not heard from him in awhile and was concerned that he had dropped out of school. She felt the dream was a reminder of how much she liked the client and it caused her to think about whether or not it would be more beneficial to call him.

The second dream was similar in that the client appeared alone in the dream (see Appendix D). In this dream, the client was urinating on the front door of the house of a girl he was interested in dating. The participant found the dream image amusing and awoke smiling about it. As in the first dream, the therapist felt a particular affinity for the client, who was bright, funny, and motivated to improve, but he was also prone to adolescent acting out. The therapist believed the dream was a reminder to her of how much she liked the client and that it was day residue from their most recent session, in which the client discussed his actually having gotten drunk and urinating on the girl's front door.

Both dreams were rare in the study in that neither of them had interpersonal content. The first dream had a mixed emotional valence; the therapist was both glad to see the client in the dream and was concerned about him. The emotional valence of the second dream was positive; the image amused the therapist. Both dreams deepened the therapist's awareness of the clients' issues, and in both cases the clients likeability fostered development of the therapeutic relationship. The therapist explored the dreams only through individual reflection and gained no new insight. The therapist used her understanding of the first dream in deciding whether or not to contact the client. She used her understanding of the second dream as an impetus to review the client's history of adolescent behavior.

Chapter 6: Discussion

Research Question 1: What themes occur in therapist dreams about clients?

Typically for these dreams, the setting was outside of therapy, which although a minor descriptive point, may nevertheless reflect the therapists' sense of taking their work with the client home with them. Another descriptive finding was that waking life clients typically appeared as themselves in the dreams, which differs from Karcher's (1994) finding of client manifest presence in only one of 15 dreams being coded for countertransferential material. The difference is likely due to differences in study design; Karcher primed the study participants by having them record their dreams on the nights before and after sessions. Thus, in the therapists' associations to the dreams and the author's coding of them, there was an assumption of client presence whether it was manifest or latent. By contrast, participants in the current study were asked to relate any past dream about a client and thus may have been more likely to present a dream in which the client appeared as himself or herself. In addition, the dreams in the current study were typically highly salient, which was likely because participants were able to choose which dream they would present. They probably discussed dreams of greater personal significance than they would have if they had been asked to discuss only dreams recorded on the nights before and after sessions.

Although it was typical for client presence to be manifest in these dreams, the dreams with latent client presence were noteworthy. In each case in which the client was represented in the dream by a type of client or a client situation rather than by a real, waking-life client, the therapist was considering leaving her or his current practice setting. The latent client presence in these cases may indicate that the therapists were

beginning to terminate, to disengage from the clients in a particular setting by generating internal representations of them as types rather than individuals. Alternatively, the fact that the work environment had become dysfunctional may have induced the therapist to unconsciously conceptualize the workplace itself as a particularly difficult client.

Another descriptor that bears mention is the precognitive or spiritual feature found in a few the dreams. In these rare cases, the therapist described the dream as foretelling future events or as a message from God. These dreams were highly salient and the therapists made unusual uses of them. In one case, the therapist described the dream as a life-changing message from the "Dream Maker" that indicated he needed to make a major change in his life and practice setting. In another case, the therapist dreamed twice that a particular client would be hurt and awoke from both dreams deeply fearful for the client. The client died a few months after the second dream. Because of this dream, the therapist learned not to discount his dreams about clients and began to use them as a therapeutic tool. Thus, although rare, precognitive dreams seem to have a profound impact on the dreamer, to the point of their making major life changes.

The dreams also typically had interpersonal content, and the interaction typically was negative. These findings parallel those of previous studies (Hill et al., in press; Popp, Luborsky, & Crits-Christoph, 1998; Popp et al., 1996; Stein, Eudell, DeFife, & Hilsenroth, 2003), which showed that dreams in general are filled with negative interpersonal content. In the current study, one negative interpersonal pattern in these dreams involved therapist or client aggression. The aggression was initiated by the therapist toward the client, by the client toward others, or by others toward the therapist. Interestingly, none of the dreams contained client-initiated aggression toward the

therapist. One dream featured clients roaming throughout the therapist's house and clearly crossing boundaries, but none of the clients in this dream were overtly physically or verbally aggressive toward the therapist. Only one dream contained therapist aggression toward the client (strangling the client). That physical aggression was rare in these dreams may be a result of underreporting due to the impact of social desirability on the therapists' choice of dreams. Certainly, previous studies have shown patterns of overt therapist-on-client aggression in dreams (Kron & Avny, 2003; Degani, 2001). However, therapist-on-client aggression may also have been rare in the dreams in the current study because the therapists were more mature and experienced than those in earlier studies. One therapist thought he dreamed about clients infrequently because he was adept at discovering and managing his countertransference. This ability to manage reactions may be particularly true of aggressive feelings, which young therapists might find shameful and thus difficult to even bring to awareness. Indeed, the previously described dream from the current study (in which the therapist is strangling the client) occurred relatively early in the therapist's career.

Positive interpersonal content was rare in the dreams of the current study, which is also consistent with Hill et al. (in press), who found that of 157 dreams, 7 were solely positive. Dreams in the current study with positive interpersonal content seemed to be healing dreams. In one case the dream served as a vision for the therapist; he felt immediately that he had been tasked with expanding his role as a therapist by including his former clients in a ritual aimed at honoring and healing combat veterans. In another case, the dream came to the therapist while he was hospitalized with depression. In that dream, the client reassured the therapist that he had done good work. In both cases, the

therapists felt a particularly close bond with the client, were sensitive to dream meaning, used multiple means to explore the dreams, and made unusual use of them. In addition, both of these therapists had a strong spiritual component in their dream work. For these therapists, their intensive exploration and creative uses of their dreams may have enabled a broader conceptualization of what could be accomplished in working with dreams.

The absence of interpersonal interaction was also rare among dreams in the current study, a finding that parallels those of Hill et al. (in press), who found that 15 of 157 dreams had no interpersonal content. In the current study, the two dreams with no interpersonal content were presented by the same therapist. Although this participant had had other dreams about clients that did contain interpersonal content, she chose these dreams for their high salience and for the close bond she had with the clients.

This analysis also revealed that the therapists' emotional experience within the dream was not always congruent with the valence of their waking reaction to the dream. This incongruence could be an important result because in each case in which the dreaming and waking emotional valences were different, the therapist also gained new insight. For example, the participant who dreamed that he was strangling his client was, in the dream, happy to be strangling him; but on waking the therapist was very unsettled. The dream caused the therapist to realize he was very angry with the client, that the anger was in reaction to feeling manipulated, and that his reaction was due partly to countertransference and partly not to countertransference. Although gaining new insight did not match perfectly with incongruent waking and dreaming valences, the co-occurrence was frequent enough to consider how they might relate. It could be that the

incongruence of the dreaming and waking emotional valences resulted in surprise at unexpected components in the dream, which stimulated thinking and new insight.

Some thematic content consistent with previous studies was found, specifically, relational themes of boundary violation and the aforementioned aggression, which were similar to themes found by Kron and Avny (2003). One curious parallel finding was the theme of driving forward in a car versus stopping. This theme was found by Kron and Avny (2003) and also occurred in the current study in the previously described dream where the therapist and client are driving along a perilous mountain road, are forced to stop and rest, disagree about continuing, and then resume driving. In the Kron and Avny (2003) study and in the current study, the dreams were interpreted as relating to moving forward or not in therapy, that is, both dreams were metaphorical representations rather than literal ones. The therapists in both cases were Jungian, which may relate to the dream content being symbolic. Another participant in the current study who had extensive Jungian training also presented a highly symbolic dream (the black box dream). Perhaps the Jungian propensity for symbolic and archetypal interpretation nurtured a metaphorical unconscious framework in these therapists. That is, because these therapists were so accustomed to working in metaphor, they tended to also dream in metaphor.

In sum, findings from the current study regarding thematic content were consistent with some previous studies, specifically in finding interpersonal content in most of the dreams and that most of the interaction was negative. Dreams with positive interpersonal content were rare but highly meaningful. Findings possibly relating Jungian orientation with symbolic dream content may indicate that therapists of different orientations have different types of dreams. The current study differed from previous

research in finding that client presence in the dream was typically manifest. Although latent client presence was rare, it was notable because it may have been an indication that the therapist was beginning to terminate. In addition, the dreams in the current study were highly salient, which may indicate that given a choice, therapists will discuss more salient dreams. Certainly, that was true for a few participants who had rare but highly salient dreams they believed were precognitive or a message from God. Other thematic findings included a dream setting outside of therapy, which may have been an indication that these therapists were taking their work home with them. Finally, some participants' emotional experience within the dream was incongruent with their waking reaction to the dream, which may have caused surprise, curiosity, and subsequent gain in new insight.

Research Question 2: What meanings do therapists make of these dreams?

Insight about Clients

Findings indicated that for dreams about clients in general as well as for the specific dream presented in the interview, therapists typically believed the dreams indicated that there was something amiss in therapy. This result supports previous findings (Degani, 2001; Zwiebel, 1985) that, in general, therapists' dreams about patients occurred during challenging periods. However, results of the current study do not support Degani's (2001) supposition that therapists dream about clients at difficult times in order to purge negative emotion. Rather, participants in the current study typically regarded dreams about clients as a source of new insight or deepened awareness and thus as therapeutically useful. In addition, although it was typical for waking life client issues to be a challenge in therapy, it was rare that the dreams highlighted negative aspects of the client's personality or character. More frequently, the dreams highlighted positive aspects

of the client's personality. It would make sense that if the function of dreams about clients were in fact purgative, then therapists would dream more frequently dream about negative aspects of their clients rather than positive ones. Perhaps findings of the current study differed from those of Degani (2001) because of the differences in therapist maturity and experience, specifically, that experienced therapists are better able to manage reactions to the negative aspects of their clients' personalities.

The current study also showed that therapists typically deepened their awareness of a known client issue, and that less frequently they gained new insight about a client issue. In two cases, the new insight could be categorized as problem-solving. For example, in one dream, the therapist consulted with a colleague about two adolescent clients who had been acting out in waking life. On waking, the therapist realized her solution to the problem was to not be too harsh, but to firmly insist that the clients comply with the rules of the agency. These findings of problem-solving insight are consistent with Kron and Avny's (2003) category of dreams as prognostic if they provided a resolution to a problem.

The finding that it was less frequent for therapists to gain new insight about clients than to simply deepen awareness may be due in part to experienced therapists knowing themselves well enough to not be surprised by an unconscious reaction to a client. As one therapist speculated, "I've been curious about why I do dream infrequently about clients when I dream so frequently about everything else... I would like to think it's because I'm adept enough at spotting my own countertransferences or thinking about symbolic aspects of the work I do with clients that there's not a dream where part [of that is] left." Thus, if experienced therapists dream less frequently about clients it may be

because they are better able to recognize and manage unexpected emotional reactions to clients.

Further, although therapists gaining new insight from the dream was a variant finding, it is interesting to note that in cases where it occurred, the therapists identified with the client very strongly along several dimensions, felt the dreams were precognitive or a message from God, or experienced incongruence between the emotional experience within the dream and the valence of the reaction on waking. It may be that therapists who are very experienced at deriving insight in waking life may find insight from dreams only if they contain something surprising or rare.

Insight about Self

Clinical decision making. Results indicated that the dreams typically revealed something about the therapists' clinical decision making, which was consistent with Degani's (2001) finding that in general, therapists' dreams about clients occurred during challenging periods with the most difficult patients and Karcher's (1999) finding that trainees' associations to dream content included themes of training and supervision, questioning the effectiveness of the treatment, and feelings of incompetence, and anxiety around clinical judgment. Degani (2001) found that some therapists were able to integrate these new insights into working with patients and reported therapeutic breakthroughs and changes in the relationship. Both Karcher (1999) and Degani (2001) focused on the dreams of therapist trainees and thus they make a good contrast group for the current study. Although dreams in the current study did have components relating to clinical judgment, these components were not generalized feelings of incompetence; they were more targeted concerns, for example, about making a very specific error, deciding to

continue along a particular path, or problem-solving within the dream. Thus, rather than a symptom or source of distress, the dreams in the current study were regarded by therapists as useful tools that raised questions for consideration, provided resolution, or affirmed decisions.

Countertransference or overidentification. Results of the current study showed that the dreams typically revealed new insight or deepened awareness of therapist countertransference. Much of the previous research found countertransferential material in nearly all dreams about clients, including those in which the client was not manifestly present. In most of the empirical studies (Karcher, 1999; Degani, 2001; Kron & Avny, 2003), any dream about a client was necessarily countertransferential. Given that these studies focused mainly on the dreams of trainees, the findings of countertransference, especially negative countertransference, is not necessarily completely erroneous; they may simply be too sweeping. However, an undefined notion of countertransference is not conducive to discovering patterns and frequencies of countertransference among dreams about clients because every dream must then be considered countertransferential.

The current study, rather than assuming countertransference in every dream, relied on the therapist's interpretation of the dream as countertransferential. For example, one therapist partialed out his action in the dream (strangling the client), ascribing it to both his own unresolved issues and the client's tendency to elicit the same avoidant or rageful response in most of his relationships. Another therapist described her difficulty with a particular client in identifying the line between countertransference and empathy. These therapists' conceptualizations of their reactions were based on a fairly narrow definition of countertransference as a phenomenon that was detrimental to the therapy

and needed to be monitored and managed. Other therapists who acknowledged thinking of the client as they might a son or daughter considered their relationships with their clients to be nurturing, beneficial, and not necessarily as a response that needed to be managed. This finding is consistent with the research of Consolini (1997), who found it plausible that experienced therapists could develop characteristic countertransferences that aid in understanding the patient and the relationship, and with Abramovitch and Lange (1994), who argued that dreams about clients are not necessarily symptomatic of neurotic countertransference, but might be a beneficial identification with the client for therapeutic purposes.

Therapists in the current study also gained insight or deeper awareness from the dream regarding their overidentification with the client. In one case, the therapist's overidentification caused her to question her clinical judgment. This therapist was similar to her clients in many respects, which may have contributed to her identifying with them so strongly that she made errors in deciding to disclose personal information. In another case, the therapist placed himself in the client's position in the dream, which was a signal that the therapist was feeling as trapped, threatened, and helpless in his workplace as his client had felt trapped in the black box. In this case, therapist and client were also similar, but only in one respect (both were combat veterans). Neither questioning one's clinical judgment nor feeling overwhelmed by the work environment could be characterized as healthy. In the latter case, however, the overidentification occurred in the dream only and ultimately led to the therapist taking action on his own behalf. Whereas in the former case, the therapist's dream might be regarded as evidence of waking life enmeshment that was harmful to the therapeutic relationship.

Other therapists considered dreams about clients as evidence of harmful overidentification or empathizing too strongly, particularly among younger therapists. One participant thought that her infrequent dreams about clients were reflective beliefs about the appropriate role of empathy in therapy. She sought to balance empathy and challenge, and closeness and separateness in working with clients. She felt that dreaming about clients was an indication that a therapist might be overly involved, which could compromise the therapy, and that relying too much on empathy is characteristic of young therapists. Interestingly, though, this therapist's dreams about her clients were not signals of overidentification or enmeshment. Rather, they deepened her awareness of the clients' presenting issues and reminded her of how much she liked the clients. Unlike the previously described cases, therapist and clients had no marked similarities: the therapist was white, one client was African American; the therapist was a woman, both clients were men. Perhaps with experienced therapists, then, dreams about clients may be symptomatic of enmeshment if the therapist is currently seeing the client and therapist and client are similar in many respects.

Self-care. The dreams sometimes deepened awareness of the therapist's need for self-care. In these cases, participants were working with clients whose issues or personalities were especially challenging (combat veterans, prison inmates, and oppositional-defiant children) and felt overwhelmed either by the work environment or by therapy events. The therapists were also particularly creative both in their exploration and processing of the dreams and in their innovative uses of them. They seemed to feel the effects of their dreams and their therapy relationships very deeply. Hartmann (1998) characterized people with thin boundaries as being sensitive in both positive ways

(creative and empathic) and negative ways (vulnerability to being overwhelmed) and as having mental processes that move readily across regions of the mind. The participants who were overwhelmed by environment or clients may have been individuals with somewhat thin psychic boundaries. But these therapists also used their understanding of the dreams to heal not only their clients but themselves. One of the therapists who had been was hospitalized with depression dreamed of a client who had died coming to him and reassuring him that the therapy and their relationship had been deeply meaningful. The dream helped the therapist begin to recover from the depression, and the therapist later used his journal entry of the dream to reassure himself that he was in the right position. These thin boundaries may be consistent with the findings of Kron and Avny (2003) who related masochistic themes in dream to therapists accepting in themselves the archetype of the wounded healer. Although our findings did not include any masochistic themes, there was ample evidence of the wounded healer. It may be that vulnerability to dreams, having the thin psychic boundaries described by Hartmann (1998), also enabled creative use of the dreams.

Personal growth. Findings of personal growth, including spiritual growth, were variant but highly salient. The spiritual component is in part consistent with Kron and Avny's (2003) finding that some dreams about clients were compensatory, that they provided some aspect that was lacking in the dreamer's life. One therapist in the current study used his dream about a client to reassure himself that he had chosen the right career path when family and colleagues questioned his choice (compensatory) and to realize that his dreams about clients as a unique gift sent from God that should become part of his therapeutic repertoire (personal/spiritual growth). This may suggest that therapists who

find adequate compensation or reassurance in their dreams about clients regarding their current practice setting may also turn to these dreams as a source of inspiration for professional growth.

Other dreams with a spiritual or personal growth component had more to do with self-actualization. The therapist who dreamed about holding a Native American pipe ceremony at the Vietnam Veterans Memorial recognized the dream as a turning point in terms of his beginning to more fully embracing Native American ritual as a tool for growing both personally and as a therapist. This supports the suggestion by Heneen-Wolf (2005) that therapist dreams about clients can be healing dreams that go far beyond alerting the therapist to countertransference or clinical errors; they enable the therapist to gain new insight into the client and themselves.

Research Question 3: What methods do therapists use to explore and interpret these dreams?

Results indicated that methods of exploration varied greatly, and that participants processed these dreams differently than they did other dreams. Therapists used three basic methods to explore and interpret the dreams: reflection, creative expression, and discussion. Those who chose multiple methods of exploration had more extensive training in dream work than other participants and stated they were able to gain deeper understanding of the dream by exploring via multiple methods. Individual reflection was a variant method for processing dreams about clients, which was notably different from the finding for the therapists' overall history of working with dreams, where individual reflection was rare. It may be that at the time of the client dream, participants were not in the habit of giving extra effort to understanding dreams. Yet it makes sense that

individuals who had a history of using several methods to work with dreams would take extra effort with highly salient dreams like those presented in the study. It may be, then, that the therapists felt some shame about having the dream because it caused them to question their clinical judgment or because they felt they ought to have sufficient self-awareness to be able to manage their reactions to clients without having those reactions appear in their dreams.

Methods used by therapists in the current study were in some ways consistent with those used in previous studies. For example, discussing the dreams with another person was a method found in earlier studies as well as the current study, but the persons with whom the therapists chose to discuss the dream were very different. In the current study, therapists discussed the dream with a colleague, a spouse, a dream group, or the client. By contrast, Degani (2001) found that therapist trainees disclosed dreams only to their personal therapists or supervisors, and Karcher (1999) found that therapist trainees disclosed the dreams to their supervisors. Therapist experience level is obviously the key difference between the groups; experienced therapists would not be disclosing to a supervisor and it may be safely assumed that therapist trainees would not feel comfortable disclosing the dream to a client and the reasons for these differences make intuitive sense.

It was not possible to compare the current finding of using only individual reflection to explore with the earlier studies because the earlier study designs incorporated a creative expression method (they were required to keep a journal of their dreams) and/or a supervision component that precluded the participants processing by reflection only. In addition, in the current study all of the dreams were highly salient,

which stimulated participants to give the dreams additional attention. However, Degani (2001) found that not all dreams about clients were an immediate source of distress, and, for eight of the dreams in that study, therapists were not aware of any problems signaled by the dreams until the issues were raised during the interviews. It may be that the more experienced therapists in the current study perceived any dream about a client as salient and a useful signal to engage in deeper exploration. Experience level may also have been a factor in these therapists' ability to discover new meanings of the dream on their own. Degani (2001) found that therapist trainees generally did not discover new meanings of the dreams on their own, but as they began to explore the dreams in supervision or during the interview process, they were able to gain deeper insight into the dream content. Our results support this earlier finding; the therapists who explored the dreams in several ways tended to gain a deeper understanding over time than did those who only reflected and felt they came to an immediate and unchanging insight about the dream. Overall, the differences in methods of exploring the dream appear to be related to therapist experience and skill in working with dreams.

Research Question 4: How do therapists use their understanding of dreams about clients?

Findings revealed considerable variability in how therapists used their understanding. One use was in deciding whether or not to take action relating to the client. For example, one therapist's dream reminded her that sometimes intake information can be set aside if it does not seem relevant at the time, and she used this understanding and the content of the dream to retrace the client's drug use history and to learn more about his childhood and earlier adolescence. Another therapist used his

understanding of the dream to modulate his feelings and reactions in session to better serve the client's needs. This type of direct therapeutic utility is consistent with the findings of earlier studies. For example, Degani (2001) found that therapists recognized multiple meanings in their dreams and analyzed the condensations to help them understand some particularly enigmatic aspect of their patients themselves. Some of the therapists were then able to integrate these new insights into their work in session and subsequently reported therapeutic breakthroughs in the relationship. Relatedly, Karcher (1991) found not direct therapeutic uses, but therapist trainees did report the dreams were very useful when discussed in supervision.

Another less frequent use made of the dreams was for therapists to disclose the dream to the client and then work together with the client to derive and clarify the meaning. For example, one therapist explained that he reflected on the dream and determined there was material that merited disclosure because of the likely resultant deepening of understanding and strengthening of the relationship. Another therapist was less focused on gaining deeper insight than on disclosing the dream as a means of engaging the client more deeply in the therapeutic relationship. Disclosure of the dream, although relatively infrequent, was consistent with the findings of some previous research. For example, Watson (1994) disclosed his dream to one patient, which resulted in a more collaborative therapeutic relationship. Watson concluded that disclosing can be beneficial, but that it should be limited to times of therapeutic impasse with patients who have been in analysis for a number of years. The findings of the current study did not fully support Watson's findings, in that that not all of the disclosed-to clients were long-

term nor were they necessarily at an impasse, but these disclosures were not harmful to the therapy.

In the studies of therapist trainees (Karcher, 1999; Degani, 2001; Kron & Avny, 2003) none of the therapists disclosed their dreams to their patients, which likely relates to the trainees' anxiety about competence and managing countertransference. For the therapists in the current study, however, these issues were much less salient. Their experience and confidence likely enabled them to recognize the benefits of disclosure, give careful consideration to the ramifications of disclosing to the client, and then use their clinical and interpretive mastery in session, which yielded the expected therapeutic benefits. Most of those who disclosed stated that it was something they did rarely and only if the potential benefits are likely to be immediate. The one therapist who regularly disclosed his dreams to clients worked with a unique population (prison inmates). The difficulties inherent in working with prison inmates, particularly in engendering feelings of trust and closeness, drove this therapist's decision to begin disclosing his dreams about clients to the clients as a means of fostering closer, more trusting relationships. Most therapists in the current study believed that, as with any self-disclosure, disclosing the dream to the client should be a rare and carefully weighed intervention. However, it may be that in working with specific populations where building trust is particularly difficult, the therapist's willingness to disclose the dream and to trust the client with that vulnerability fosters in the client a greater willingness to trust the therapist and begin to build a relationship conducive to productive therapy.

A third, albeit infrequent, use of these dreams was for healing. In one case the therapist disclosed his dream about a client who had died to the client's family. In this

case, the therapist thought that his disclosure would be healing for both the family and himself. Another example was the therapist who chose to re-enact the dream with his clients as a way to promote healing for the clients, the therapist, and other combat veterans. In this case, the therapist had dreamed of conducting, together with his former clients, a Native American pipe ceremony for the purposes of healing and honoring the clients. On waking, he immediately recognized the dream as a calling dream. This therapist was creative in his integration of multiple cultural influences (military, Native American) in working with clients. The dream deepened his awareness not only of his potential as a healer to a larger cross section of veterans but also of his responsibility to do so. Taking the unusual step of re-enacting the dream with the clients, of having a real, waking-life healing ritual, was a way to further heal the damage inflicted by their combat experiences while simultaneously honoring their role as warriors. For this therapist, the unusual and somewhat risky use of the dream may have been reflective of the confidence he had gained from prevailing in extremely high-risk situations (combat); his experience and relative comfort with risk may have translated into a willingness to go to extreme lengths in his therapeutic interventions. Certainly, this use of a dream was rare, but it also was exemplary of the remarkable benefits (for both client and therapist) that can be achieved when the dream is salient and the therapist is experienced, creative, and willing take some chances.

Other Findings

Typically, the therapists' reaction to the interview was positive. They stated that they appreciated the deeper processing of the dreams or additional thinking about the clients. It was also typical for participants not to gain any new insight from the interview

process, perhaps because these dreams were highly salient and had stimulated the therapists to work on them more than they would other dreams. Given the level of understanding gained by their original efforts, it is not surprising that they did not gain further insight from the interview. The few participants who did gain new insight from the interviews appeared to have had an ambivalent reaction to the interview. For example, one therapist found that shortly after the first interview, she began to make previously unnoticed connections between herself and her clients, namely, that they were all dealing with their grief over the death of their mothers. Realization of this connection stirred up strong emotions for this participant, and not surprisingly, she characterized her experience of the interview process as mixed, explaining that was just the nature of working with dreams—that they were often likely to uncover painful material. Two other therapists similarly stated that although overall they were glad they participated, the interview process was difficult when painful material was being explored. This potential for arousing painful feelings in dreamwork may have related to the very low recruiting response rate. Although recruiting was targeted at individuals who were very interested in dreams, the prospect of discussing dreams about clients may have been too difficult for most therapists. Alternatively, it may be the case that most therapists, even those who recall their dreams frequently, simply do not recall dreams about clients.

In addition, some participants' dream recall was increased in the interim between interviews, not an unusual finding given the intense focus on dream work in the first interview. Therapists also reported deeper processing of other dreams, including other client dreams. Finally, participants also reported that they were happy to be contributing to research, to be helping a younger colleague, to be maintaining ties with the graduate

program, or to be making a connection with the interviewer. In addition, several participants expressed curiosity about results, which is not surprising given the degree of their emotional investment in the project.

In sum, participants found the experience of participating to be positive because they enjoyed discussing their dreams. Most participants did not gain new insight from the interviews. For the few who did gain insight, their feelings about participating were more ambivalent than those who did not gain insight. Participating had the effects of increasing dream recall and prompting additional thinking about the dream or the client. Finally, participants were happy to have contributed to research and were curious about the results.

Limitations

The current study had some limitations that are common to all qualitative research. Chief among these was the small sample size; with just 8 participants, the results cannot be considered representative of the experiences of all therapists who dream about clients. In addition, the sample was ethnically homogeneous. Participants were White, European Americans, with an average age of 54, and who averaged more than 22 years of clinical experience. Thus, the findings may not be representative of the experiences of therapists of other ethnicities, ages, and experience levels. In addition, all participants were interested in dreams and had had a dream about a client. The findings of the current study are limited to those who share these characteristics.

Bias is another limitation common among qualitative studies. In the current study, care was taken to encourage judges to express their biases both during team meetings and in their coding journals. All team members discussed and attempted to set aside their

biases. To minimize the effect of bias, coding of core ideas focused on keeping the core ideas as close to the original transcript data as possible, using the participants' own words whenever possible. Despite these efforts, it cannot be expected that bias was not a factor in the coding process, only that it was recognized and minimized.

Another limitation was the very low response rate and consequent necessary change in recruiting technique to a combination of snowballing and targeted emailing. This resulted in a sample that likely was subject to self-selection bias. Only therapists who were willing to disclose their dreams and discuss them at length participated in the study. These therapist characteristics probably had the effect of biasing the findings along several dimensions, including insight gained and how the dreams were processed. In agreeing to participate, the therapists demonstrated their willingness to process dreams in a particular way, that is, by discussing the dream with someone. In addition, these participants were likely to choose to present dreams that were complex and interesting and had yielded significant insights.

Another potential limitation was providing the interview protocols prior to interviews, which allowed participants to reflect on the questions and provide richer, more thoughtful responses. However, having a priori knowledge of the questions might have influenced the participants toward social desirability in their responses, which may have been reflected in the typically inoffensive content of the dreams presented. Only one dream contained inappropriate aggressive behavior by the therapist; none were overtly sexual or erotic, and none dealt with psychosis or other potentially frightening client characteristics.

Implications

Practice. This investigation had several implications for practice. By doing more dream work on themselves, therapists can gain a richer, more complex picture of their unconscious representations of themselves, their clients, and the therapeutic relationship, which can then potentially be of greater therapeutic and personal utility.

Specifically, in terms of content, although it was typical for participants to dream about actual waking-life clients, a few who dreamed about client types or clients situations were also preparing to leave their current practice setting, and the latent client presence in their dreams may have reflected a distancing from the clients in a particular setting. Thus, for some therapists, latent client presence in a dream may be a signal of growing distance between client and therapist. Perhaps when therapists are making a professional transition they should pay attention to their dreams.

For the experienced therapists in the current study, their dreams about clients revealed something new or deepened their awareness regarding clinical decision making, either by highlighting a potential error, uncovering a possible intervention, or affirming their judgment. Enriched understanding or new insight on these concerns would be useful to any clinician, regardless of experience level. In addition, the dreams presented in the current study generated insight about therapist countertransference or overidentification with the client, thus supporting findings of earlier studies. Dreams about clients, then, can be a way of gaining awareness of countertransference or overidentification, which is the first step in managing these reactions. Findings also showed that the dreams in the current study generated insight about the need for therapist self-care, life changes, or personal growth. Thus, dreams about clients need not be regarded entirely as signals of clinical

miscues or countertransference, they can also be applied to improving therapists' understanding of how to care for themselves as well as how to tend their clients. With regard to gaining understanding of clients, the findings showed that the dreams often enriched therapist understanding of known issues and less frequently generated new insight. For experienced therapists, then, dreams about clients may not necessarily be a source of new insight, but they may shed additional light on client issues or character that may foster or hinder development of the therapeutic relationship.

Therapists in the current study used various methods for exploring and understanding their dreams about clients, with deeper understanding reached by those who used more than one method. Thus, therapists who are not trained in dream work but wish to explore their dreams may wish to investigate unfamiliar methods for working with dreams. Learning new methods will not only lead to a fuller understanding of their own dreams, it will also expand their overall dream work repertoire.

The results also provide a glimpse of the broad variety of ways in which therapists put their deeper understanding to use. In the current study, the uses therapists made of their dreams were varied and wide ranging. Most therapists would find it useful to consider their understanding of the dream in deciding whether or not to take action in relation to a client. In addition, for therapists who are considering a change of practice setting, dreams about clients may useful in providing a more complete picture of the work environment, to assess their own needs, and to begin termination. Experienced therapists may, after careful consideration, choose to disclose the dreams to the client as a way of fostering trust, especially if the therapist works with a specific population in which lack of trust is a particular problem or if an individual client is avoidant. Re-

enactment, particularly as a healing ritual, is another way of using understanding of the dreams, but therapist reasons for choosing to re-enact the dream should be carefully considered, bearing in mind the possible costs to both therapist and client and weighing them against any therapeutic benefits.

Training. In terms of training, students could be introduced to the idea of using their dreams about clients as a means for accessing and monitoring their thoughts and feelings not only about themselves and the client in interaction, but also about their own professional growth. Dreams about clients can be a valuable tool for recognizing countertransference, particularly in therapist trainees. Trainees could be encouraged to work with their dreams via multiple processing methods and to bring to supervision the richer understanding gleaned from this more complete approach.

Future Research

For further research, it would be interesting to explore the content of therapist dreams about clients in at least two ways. One approach would be to compare the content of the dreams about clients from therapists of different theoretical orientations. Findings of the current study have opened for consideration the possibility that Jungian therapists' dreams are highly symbolic. But would the dreams of Jungian therapists necessarily be more metaphorical than those of therapists who used a Gestalt approach to dream work? What, if any, would be the differences in their symbology?

Another interesting investigation of content would be to explore the interpersonal content of dreams about clients with different diagnoses. For example, how would therapists' unconscious representations of clients with borderline personality disorder compare with a dream about a client with depression? Diagnoses were not given for all

dreamed-about clients in the current study. Thus, for future studies it may be useful to investigate whether any there is any connection between client pathology and therapist unconscious representations of them.

Insight about clients could be investigated by comparing how therapists who dream about clients come to insight with the insight process of those who do not dream about clients. In the current study, incongruence between emotional experience in the dream and waking reaction to the dream appeared to be related to gaining new insight. Does the often surprising content of dreams provide and advantage in the process of gaining insight? With regard to exploration and processing of dreams, future research could examine effects of dream work training on therapists' understanding of dreams about clients.

Finally, an investigation could be done comparing the therapy process for interpersonal therapists who dream about clients with those who do not dream about clients. Particular focus could be on the therapeutic relationship and countertransference management.

APPENDIX A

Recruiting E-mail
(Page 1 of 2)

Subject: Ever dreamed about a client?

Dear _____:

I am writing to invite you to participate in a qualitative investigation of therapists' dreams about clients. I am seeking therapists who are not only experienced clinicians, but who also have demonstrated an interest in for working with dreams. You fit these criteria, and I would very much like you to participate.

Conducting a good qualitative study requires that the therapists trust their interviewer to do a credible job with the interviews and with data analysis. Without trust, therapists might not open up or delve as deeply into the topic as they otherwise could. In order to begin developing trust, it's important that you know a little about me.

I am entering my second year in a doctoral program in Counseling Psychology at the University of Maryland. Dreams have been a source of delight and fascination for me for just about as long as I can remember. Since returning to graduate school to pursue a second career, I have been able to cultivate my interest in dreams to a degree I never thought possible both as a therapist in training and as a researcher. I've had the good fortune to work with Dr. Clara Hill on her dream studies and to have her as my advisor. As a therapist trainee I have experienced first-hand the power of dreams to quickly engage clients in deep exploration. In addition, I regularly work with my own dreams as a way of gaining self-insight and a better understanding of my relationships. These experiences have deepened my belief in the remarkable utility of dreams to enrich and enlighten. It is my hope that you share this interest and that you will choose to contribute to our knowledge of dreams by participating in this study.

What would you get out of participating? Unfortunately, I cannot offer monetary compensation, but I hope you will find the interviews an opportunity to reflect on yourself, your clients, and how you use your dreams. There is a slight risk to participating in that reflecting on dreams can sometimes raise unexpected and sensitive issues. I want to assure you that my goal is to explore and understand, not to judge.

On your part, the study would involve two 40- to 50-min telephone interviews, scheduled approximately 1 week apart at a time of our mutual convenience. I am attaching the protocol for both interviews, two semi-structured sets of questions that may also include follow-ups and probes in addition to the questions listed. I will be tape recording the interviews and transcribing them for analysis. Your name and other identifying information will be kept completely confidential, and the data will be treated according to APA ethical guidelines.

If you decide to participate, you have the right to withdraw at any time. Your e-mailed response agreeing to participate in this study serves as notice to me that you are over 18 years of age and that you have provided your informed consent. If you have questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; (e-mail) irb@deans.umd.edu; (telephone) 301-405-4212.

I would be honored to have you participate in this study. Your breadth of experience and interest in dream work would be an invaluable contribution to this effort.

Sincerely,

Patricia T. Spangler
Doctoral Student
301-229-2350
pspangler@psyc.umd.edu

Clara E. Hill, Ph.D.
Professor
301-405-5791
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Dept. of Psychology
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APPENDIX B

Interview Protocol 1

Thank you so much for participating in my study investigating therapists' dreams about their clients. Before we begin, I want to remind you that our interview is being tape recorded and that it will be transcribed for qualitative analysis. Your name and all identifying information will be removed from the transcript, and you may withdraw from the study at any time. I will maintain strict guidelines for safeguarding research material as defined by the American Psychological Association. Do you have any questions about this?

You've had a chance to review the interview protocols, so you know that I will be asking questions about your dream and thoughts and feelings you have that pertain to the dream, the client, yourself, and your relationship. Having worked with dreams in the past, we both know their sometimes astonishing power to elicit intense reactions. I'm also very conscious of the intimate nature of dreams and I want to assure you that my goal is to respect and appreciate your gift of sharing your dream as I gather as much detail as possible about your experience of the dream. Please respond to these questions with whatever comes to mind.

1. How often do you recall your dreams?

2. What do you typically do with your dreams?

3. What is your understanding of why you dreamed about your client?

4. Please tell me the dream.

5. When did you have the dream?

6. What did you do with the dream?
    a. What insight did you gain about yourself? About the client?
    b. What insight did you gain about your relationship with the client?

7. What did the dream mean to you at the time?

8. If your thinking about the dream changed over time, how did the change occur?

9. How would you say you used your understanding of the dream?

Thank you again for today's interview. I will call you back next week on _____ to follow up today's interview. At that time, I will ask you about your reactions to this interview and whether it stimulated any new thoughts about your dream. Please take a few moments during the week to make a few notes about things you might want to discuss. I'll talk to you next week.

APPENDIX C

Interview Protocol 2

Thank you again for participating in this study. Today, I'm going to begin by asking if our talk last week has generated any new thoughts about the dream. I have a few other questions about how any new thoughts you may have about the dream or about your relationship with the client and what your thoughts are in general about therapists' dreams about clients. Finally, I would like to get a sense of what it has been like for you to participate in the study. Again, just a reminder that the interview is being tape recorded and will be transcribed for qualitative analysis. All identifying information will be removed from the transcript, and you may withdraw at any time. I will maintain strict guidelines for safeguarding research material as defined by the American Psychological Association. Do you have any questions?

1. What reactions have you had to participating in the interview last week?
    a. Did it spark any new thoughts about your dream?

2. What are your current thoughts or feelings about what the dream reflected about your relationship with the client?

3. Is dreaming about clients a typical experience for you?

    a. How has it been similar to or different from any other dreams about clients you may have had?
    b. When did you first dream about a client?
    c. How often have you dreamed about clients?

4. What has the experience of participating in the study been like for you?

Interview Protocol 2 (cont'd)

Demographic Questions

Personal

Gender: _____ Age: ____ Race/ethnicity: _____

Dream history (all dreams):

During the past 2 weeks, immediately upon waking in the morning, how often could you recall dreaming?

___Every morning ___Just about every morning ___Most mornings

___About every other morning ___About 2 mornings a week

___About 1 morning a week ___Once during the 2 weeks

___Not once

How often do you usually have dreams you remember?

___About every night ___2-3 times a week ___Once a week

___1-2 times a month ___Less than once a month

Professional

Type of degree: _____

Year obtained: _____ Years of clinical experience: _____

Current position: _____ Full time _____ Part time _____

Practice setting: _____ Client type/issue: _____

Rate the extent to which you believe in and adhere to the theory and techniques of each of the following theoretical orientations:

	Low				**High**
Psychoanalytic/Psychodynamic	1	2	3	4	5
Humanistic/Person-centered	1	2	3	4	5
Cognitive/Cognitive-behavioral	1	2	3	4	5
Other (please specify)	1	2	3	4	5

Dream work experience/training:

Pease list and briefly describe all formal training in dream work.

Describe your approach to working with dreams in therapy.

APPENDIX D

Dream Summaries

Participant 1/Dream 1: [I had] a dream about a client where I ran into her in a social setting and it was a little awkward…and I remember thinking, "How do I negotiate this? What can I say?" You know, the client's partner was also there, so I was wondering about how the partner is feeling because the partner knows that I'm the therapist. But also at the same time, I'm feeling glad to see this client, and it's good to see her. In the dream, I haven't seen her for awhile. We hadn't had sessions for some time, so it's good to see her, but also awkwardness in this social situation….She was a long-term client, but also, she and her partner were a couple that I had seen for years. And then I had seen her individually… [In the dream], there was a group of people and the partner was there. And in the dream, I'm wondering how the partner's feeling because I think, therapeutically, I worried even though I consulted with the partner after I'd seen them as a couple, "Was she okay, for me to now see the [her partner] individually."

Participant 1/Dream 2: The other dream…was very much related to a client that I worked with and cared a lot about and hadn't had a last session. And I dreamed running into her and so then I became aware of this. The most recent dreams were the lack of closure. [This client wasn't in] couples therapy, but [she] was a lesbian client that I think… well, there was a lot of connectedness with this client. [The dreams] were similar in terms of running into her socially. Not knowing what to say. Wondering how she felt about therapy. Kind of wanting to have closure and to have a last session…I was glad to see her and really wanted to see how she was doing, but also some awkwardness—how to negotiate running into her in a social setting. I would love to ask her to have a last session, but you know you can't do it in a social setting.

Participant 2/Dream 1: In my dream I'm curled up in a fetal position inside a black metal box. I'm in complete darkness. I'm alone and locked in this place like a prisoner of war. My head is near the door, I feel alone and helpless in the dark. Now, someone opens the door. I see two soldiers armed with weapons and wearing combat gear. One man remains standing as the other kneels. He bends down closely near my head to check for signs of life. I resent this intrusion. A side-light makes its way across my body. [I let out this] really bad breath at this kneeling soldier. Now [I feel I'm] being cornered like [an animal]. The man dislikes my treatment of him so he slams the door closed. Now I feel the steel box being turned over, it's being rolled. For some reason, I know that I'll be free soon. The scene changes in the dream. Now I'm walking alone in twilight. I am free. But wayward…[about the]…direction I'm going. And so that's the dream, that's where the dream ends. And so, the feelings in this dream were that of being threatened, cornered, trapped, really tired, worn out, haggard, fearful.

Participant 2/Dream 2: I had this dream in which me and several of my former clients, mostly Native American clients…were gathered at a place on the grassy knoll in front the Vietnam Veterans Memorial. And inside four stakes on which there were like four directional flags high. And there was like a keeper, there was one person who was

stationed there who was kind of like a keeper of our sacred space from the other people that might have wanted to come up and intrude. Anyhow, we're in this ceremony and we're having a pipe ceremony at which there are several pipes being offered up…we were having a ceremony and we were praying for all veterans, those who had departed on to the other world, those who were struggling still who remained here and have different traumatic events that affect them. And we were praying for them…And so, in the dream, I am there and I could see several of my former clients. There was like 5 or 6 vets I had worked with before and we were in this dream and we were doing this ceremony.

Participant 3/Dream 1: The image is the client …wearing a blue puffy coat, like a navy blue, like one of those down jackets, like a sleeping bag…and the picture is very misty and very foggy, his face is slightly foggy as well, but not obscured or distorted, there's no question that it's him. And the whole picture is one that looks slightly faded, like if you found a photograph that had been left in a place that was too damp so it had slightly lost some of its clarity… [The client] is a twenty-year-old African American male, round face, and he has a very sweet face. He was heavyset so his image fills most of the picture. And he is from Alaska and I understand the image to have been of him in the fog in Alaska…and this particular client is someone who I really care about, and I think I felt reassured because it showed me that he was affecting me too… So for me the feeling was a reassuring one. And the other feeling was a recognition that… of my worry that he could fade away, even that he would commit suicide, which was an ongoing concern. Or just that he would kind of… that the picture would become fuzzier and fuzzier and that he would not be able to mobilize.

Participant 3/Dream 2: The dream is of a client I am currently seeing who is a twenty-one-year-old white male with this really funny wavy hair. He looks like a cross between Crusty the Clown and a skate punk. He has this really funny, you know, hipster hair. The image is of him with his back turned to me, peeing on the front door of a house. The house has a yellow door and it has, sort of, at face level, a window, so the inhabitants can see who's at the door. This imagery is actually much more literal [than in the first dream] because he had told me in the session prior that he'd gotten drunk and peed on the door of a girl he had a crush on…So, it was a funny dream. It was a funny image… His back was to me, so, there wasn't any sexual content or anything…my feeling was that it was funny. I mean I woke up sort of laughing a little bit.

Participant 4/Dream 1: P: I dreamt that [the client], who was the inmate that sort of ran the woodworking shop, [was] in the woodworking shop, and that he, he had a very rough exterior, in many, many ways. He always looked angry. And… he was confronting other inmates about, they were to be much more careful with the tools, and I remember him, in my dream he was shouting, and well it was so vivid that he was using all the typical prison terms… [He was yelling at them] for safety's sake, "Be careful, you guys could lose an arm or a leg or whatever"…It was mostly like he was really giving it to them because he didn't want to get into trouble with the institution because these guys would lose a hand or an arm or whatever. It was his responsibility of running the place, to make sure everyone was following the rules and regulations. And he was very angry. And I remember very clearly because when he got angry, you could see it all over him…his

body language, everything, and that's the way he was in my dream…He was worried about, you know, himself, getting into trouble because he wasn't watching close enough. I think it was just as much because I remember in the dream the person he was yelling at most was his best friend, and…I think the most vivid image was his tremendous anger, and the fact that he was saying, "Don't— you guys watch yourselves, and don't horse around."

Participant 4/Dream 2: I dreamt that …something serious, something real serious was going to happen [to the same client as in Dream 1] and that some of his friends had come to me and since one of the guys came to me and said, "You have to talk to [the client], he's in really, really bad shape."…and that part is a little bit fuzzy…I know I dreamt that I had this ominous feeling in the dream that something serious was going to happen to him, and I had no idea what it was. And when I woke up I was pretty disturbed about this. You know, what was this all about?... In the dream, I had asked [client's friend] what was wrong with him and he said, "I don't know, there's just something wrong."…I further questioned him, and he just said I just have a funny feeling something's wrong…I asked whether he was having a problem basic with his family, or with his girlfriend, was he having a problem with any of the guys inside or with the staff, and he didn't think so. He just kept saying, "I don't know. I just have this odd feeling." And so I said, "Have you seen any change of pattern in what he's doing?"And he said [that] no, he hadn't…In my dream I was frustrated because I couldn't get to what the problem really was.

Participant 4/Dream 3: [After the same client had died suddenly]…I dreamt that [the client] had come to me and he was talking to me… I was talking to him, and that it sort of went back to the time before he died, that we talked about the importance of being close to each other and how important it was for him, because his family…he only had a sister and his mother who lived along way from there and so he really didn't have any family ties, and we talked about how family ties were important…it's a little hazy but that's basically what we talked about in the third dream… family ties, and what it meant to him to have support from other people as well as others, more so from others…even though he had died, we were sitting by the sea…Well, actually, there's not really any beach there it's rocky, it's sort of a rocky cliff, though it's not a high cliff, you just sort of look out at sea. And the inmates had built their own little park there, actually I think it was [the client] himself who built a bench to sit on. And so that's what we were on, we were on his bench, and we were talking as we were looking out to sea…. The dream was very calm, very serene, he was very much at ease, and so was I. And we talked about friends and support people, and about his family, and so on, and then he just sort of disappeared, everything went sort of blank and then shortly after that, maybe not even shortly, maybe long after that I woke up… I was feeling very calm, very calm and like I had fulfilled whatever I needed to fulfill. Because we were talking about this support and I said, "Well, you know, we were close." And he said, "I was close to you and I believe you."

Participant 5/Dream 1: There is a dream that kind of stuck with me. It was about my leading an AA meeting. There were different people in the dream…some of them were getting it, some of them were doing very well, but others were riding the fence about you know can I stay away from alcohol. It was evident some people were kind of stuck in the

idea of not being able to push past their own disabilities and their own weaknesses and low self-esteem type issues, so it was very clear some of the people were thinking "I come from a family of alcoholics or you know people from the low income, chaotic dysfunctional families and I can't do more than that." It reminds me of, specifically, at the time of a couple of clients I worked with… It was a large room and it was crowded with people… there were people coming and going and just watching what was going on and other people participating, but it was quite a crowd…the scene is of people making choices but also I had to make a choice, either stay with it and accept what was going on and do my work or if I didn't like it that much, if I was really that unhappy find something else…[There were about 50 people in] a big open room…everybody seemed to be there for a reason, but there was a lot of commotion and people were coming and going. Some people were focused, but other people were just kind of hanging around and people were talking in pairs or groups and there was a lot of background conversation…So, there was a lot of talking and noise going on but not loud… It was kind of all going on at the same time. Everybody was doing their own thing… [I felt] frustrated…[but] I was very happy to be there. I was leading the group, but I was also aware of these other people trying to make the decision and wanting to help them, wanting to give them information,… but the frustrating part was I couldn't do it. I couldn't make the decision; they had to do it and I was hoping they would make the right decision.

Participant 5/Dream 2: In the dream, I was thinking about whether I would call [the clients'] probation officers or parents, what I would do and even saying, "You know you don't get credit for a couple of weeks because you've been smoking off and on." So, in my dream I'm thinking, "How tough am I supposed to be, and what limits do I set so they know I know? "They still can't get away with it and they're taking advantage of the security guy who's only been here two months." In the dream, there's a coworker we have here. A guy who comes in three days a week just to observe drug screens….In the dream, he said to me, "Well, you don't have to let them go. You don't have to discharge them." Because sometimes I get folks that are so acting out that they disrupt everything. They can't be here or they'll threaten or they're angry or they'll harass another kid or staff…So the coworker in my dream said something about, "You don't need to go that far." And I was semi-awake, and that really stuck with me—I realized, "Okay, this really is not a big deal."

Participant 6/Dream 1: The client and I are driving in a car…sort of like a Range Rover car for being out in the mountains and desert. We're driving along, and…we're driving into canyons like we have around here or the canyons down in LA…and first we're on kind of a broad, not quite a freeway, but kind of a busy road and then the road gets fewer and fewer lanes, and we begin to go up a canyon, and then it becomes kind of two lanes. So far, it's kind of a pleasant drive and all of a sudden a number of cars and trucks come streaming down going the other way…I kind of wonder about this but pursue driving up it becomes a one-lane each way, kind of rough asphalt road, eventually becomes a dirt road with boulders and construction in the way, and, uh, I'm wondering why in the world are we going this way…I mean, we're never gonna be able to get anywhere. Suddenly I notice this wall of, kind of like a landslide, and a wall of boulders with some water is

rushing down this canyon, and now I understand why this, in the dream, why all the cars are going the other way so we quickly back up and start accelerating and get out of the canyon and stop at a lodge, kind of a trendy vacation lodge overlooking a broad valley…she wants to stay there because it's nice and, you know, there's a little restaurant and I say, "Well, no, at least what I want to do is to go back to the top of the plateau." The lodge is sort of like down a cliff several hundred feet, and there's a rickety old road that goes up to the top, and I say, "No this is the direction…we really need to go." She agrees to come, we drive on this very scary road with big drop-offs on one side and very bumpy rough road and looks like impossible little hillocks to climb up the car, and finally reach the top of the plateau, and the dream ends.

Participant 7/Dream 1: [In the dream], a couple comes separately. I talk to the man as he goes to his car and I unwrap silver tissue wrapping paper...and give it to him for some sort of art project. The woman comes and there in the yard, and we start to do some movement therapy, in the yard of my house. She starts and I join in. She really enjoys it and sees the value of it. I encourage her that she can do this with her husband…Then I am inside with a Mom and her son. The boy is playing in my bedroom. I go in there and another little boy, an OCD boy is upset about something… a colleague is giving me advice as to how to handle him without so much structure. I have a time with a young girl client that I was seeing at the time. The other one was much more nondescript, not somebody that I particularly knew as a client in waking life. But this one is probably an 8-year-old girl. A dad and boy come. The boy goes to the bathroom and I see him pee in the corner. I am not happy about that. I get his parent in to clean it up. Things start feeling out of control and another man comes and I say this isn't how I usually operate. I have better boundaries than this…it now seems that there are clients everywhere. One man and I dialogue about it and he has some good advice. I find myself naked several times, trying to keep some sort of boundaries with all this…I get a little overwhelmed…I go out downstairs and now there is a party going on…people of different cultures and mixed families. I think they are foster families (and probably from '96 to 2000, I worked in a foster agency). The woman in charge looks to me, asking if it is okay that they are having this party at my house. I ask if she is charging for refreshments. She is, and I am glad because it's a donation for Turtle Bay. I'm just inundated and I wonder what my husband will think especially with people in our bedroom, though it's not our real bedroom. Then I am taken to a Japanese bath place and prepared for an activity there. [I'm] not given much detail and [am just] expected to know what to do.

Participant 7/Dream 2: I have another client…she is a professional therapist but she is definitely an Axis II person. She definitely crosses my boundaries a lot in her own needs and is a curious one. I had this interesting dream about her this week where she really needs to be tactile, she really needs to touch…I had this dream this week just about her having a very physical experience with my niece, rubbing her foot or something.

Participant 8/Dream 1: It's a fragment of a dream. I don't really remember the entire dream or if there was more to it, actually. But in the dream, I'm on top of the client choking him…and having a good feeling about that…I'm straddling him, he's on the ground, I'm choking him…I'm enjoying choking him.

APPENDIX E
Sample Core Idea Table

Domain/Core Idea Coding Table: Participant 1/Interview 1

Lines	Text	Dom	Core Idea
1-1/ 29-32	I: Okay. Just a couple of general questions to start off. How often would you say you recall your dreams? P: I'd say three-fourths of the time.	1a	P recalls dreams 3/4 of the time.
1-1/ 34-43	I: …And, what do you typically do with your dreams? P: Well, I just think about it in the morning, what it means. There's just a brief thinking about how I can use it, or, how does it help. I: So, kind of a focus on meaning, but also, possibly, use. P: Focus on, you know, "Does it tell me something I'm not aware of, or suggest a direction I should take?" Like, if it's an anxiety dream, should I be more sensitive that I'm really stressed out and [I should] take care of myself more?	1a	Generally, P reflects abt meaning & uses in morning.
1-1/ 45-60	I: Okay. I'm sure you have a particular dream in mind. Could you please tell me the dream? P: A stress dream (pause). Let me think of a specific one. I'll do my best to think of what the theme is. Do you want a specific one? I: A dream about a client, it can be any dream about a client. P: Okay, a dream about a client. Since we've talked, I haven't had any dreams about a client, so I have to go back to the dream I was thinking about when you talked to me. And that was a dream about a client where I ran into her in a social setting and it was a little awkward. So there was some awkwardness there, and I remember thinking, "How do I negotiate this? What can I say?" You know, the client's partner was also there, so I was wondering about how the partner is feeling because the partner knows that I'm the therapist. But also at the same time, I'm feeling glad to see this client, and it's good to see her. In the dream, I haven't seen her for awhile. We hadn't had sessions for some time, so it's good to see her, but also awkwardness in this social situation.	2	P dreamed abt running into C & C's partner in social setting. Awkwardness between them b/c partner knows P is therapist. P also glad at seeing C b/c hadn't seen her for awhile in session.

APPENDIX F
Sample Cross Analysis Table

Cross Analysis: Domains 4, 8, 12—Insight about the dream

Frequency categories:	**12-13: General**	**3-6 Variant**
(Dreams N=13)	**7-11: Typical**	**1-2 Rare**

Categories:

1- The dream revealed or deepened awareness of P—Typical
   a. Clinical decision making—TYPICAL (7)
   b. Need for self-care/life changes/personal growth—VARIANT (6)
   c. Over-identification w/C or CT—TYPICAL (7)
   d. Spirituality—Dream sent by God/spiritual calling—VARIANT (3)

2- Insight about client
   a. With regard to client struggles/issues/welfare, the dream
      i. Brought new insight—VARIANT (5)
      ii. Deepened awareness or feeling of known issue—TYPICAL (9)
   b. The dream highlighted aspects of C's personality/character that—Variant
      i. Facilitated development of therapeutic relationship—VARIANT (4)
      ii. Hindered development of therapeutic relationship—RARE (1)

Line #s	Dom	Core Idea	Cat
1-1/ 192-210	4	The dream made P aware of her worry about C… **P feared she had made a mistake related to fertility issue and jeopardized the relationship.** P speculates that if 2 months had passed without contact, her need to check in would have prompted her to call C.	**1a**
1-2/ 237-258	8	**P wondered if therapy might have been too challenging. P believes this concern fed back to the lack of closure reflected in dream, and of her wanting to know how Cs were doing & whether she had failed them.** C missed session b/c of busy schedule. There was no rupture—although P was worried she hadn't been there for C or missed too many session b/c of her own issues in dealing w/death of her mother.	**1a**
2-1/ 864-879 1045-1069	8	P's insight from dream indicated ongoing role as helper in Cs' lives. **P realized there was still something left undone from when they were in therapy. Dream may have come from P's need to complete something in therapy he hadn't completed.** At time of dream, it meant P should do more for former Cs to facilitate grieving process. Re-enacting dream ceremony at the Wall was important for their growth & recovery. **P felt need to play this role despite no longer having client-therapist relationship.**	**1a**

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