



The Role of Dreams in the Assessment and Analysis of Mental Health Conditions from the Perspective of Mental Health Practitioners

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Abstract: Studies have proven that a person's dreams and mental health condition have a connection with each other. In fact, major dream theories such as Freud's and Jung's have been the basis of practitioners in studying dreams. The purpose of this research is to explore the role of dreams in the assessment and analysis of mental health conditions. Moreover, this study focuses on the experiences and practices done by mental health practitioners with regards to their patient's dreams. In this qualitative study, the researchers interviewed five mental health practitioners in the Philippines, specifically licensed psychologists and psychiatrists, given that they have the most experience in handling patients with mental health conditions. Through the semi-structured interviews with mental health practitioners, things such as the frequency of dream usage, its link to a person's conscious life, and what kinds are further examined were discussed. Dreams have also been described as an indicator for additional assessment, with the practitioners basing their chosen methods on the needs of their patients.

Key Words: dreams; unconscious; dream analysis; mental health conditions; mental health practitioners

1. INTRODUCTION

Dreams are a universal human experience that can be expressed as a state of consciousness characterized by sensory, cognitive, and emotional occurrences during sleep (Nichols, 2018). DerSarkissian (2019) mentioned that dreams can be entertaining, disturbing, or downright bizarre. It was even explained that the stresses in the waking life can be manifested in dreams. Additionally, according to dream research, a dream is viewed as a possible adaptive mode for processing emotional events (Phelps, et al., 2011, as cited in Pope, 2017). It was also explained that the content of dreams is often used for psychoanalysis, although less common as it was before, some doctors still look at dreams for diagnostic clues for medical disorders (Shiel, 2018).

Between the dreams of a person and the current state of their mental health exists a relationship, as emphasized in the book *Dreams and Mental Disorders* (2018). Given these facts, the researchers claim that dreams play a role in the assessment and analysis of various mental health conditions.

2. METHODOLOGY

This study is qualitative, and the primary data were collected through semi-structured online interviews. Moreover, the non-probability sampling method that was applied in this study is purposive sampling. Five mental health practitioners were purposively selected based on the following criteria: (1) a licensed psychologist or psychiatrist, (2) has at least 5 years of experience in the field, and (3) part of an established organization in the Philippines such as Philippine Psychiatric Association Inc. (PPA), Psychological Association of the Philippines (PAP), and Philippine Mental Health Association Inc (PMHA). The interviews were transcribed and analyzed using thematic analysis (Braun and Clarke, 2006).

3. RESULTS AND DISCUSSION

3.1 Mental Health Practitioners' Analysis of Dreams

This section focuses on mental health practitioners' way of analyzing their patients' dreams. There are two major themes that emanated under this category: (1) types of dreams to be dwelled upon; and



(2) the role of mental health practitioners in the analysis of their patient's dreams.

3.1.1 Types of Dreams to be Dwelled Upon

It has been noted that there are specific types and themes of dreams that must be dwelled upon. According to Participant 5, nightmares and recurring dreams are the usual experiences of their patients. Also, people who are "poor experienced", such as those who were sexually molested or had a near-death experience have dreams that are very vivid like their actual experiences, most of which are recurring. Participant 1 even stated:

"If it's a recurring dream, you can make a clinical judgment that it may be related to what is being experienced by the person right now..."(I1)

Aside from this, participant 1 mentioned the common themes of dreams of their patients: chasing, marriage, and house dreams. Participant 5 also discussed that if the dream is obviously connected to the traumatic experience, that has to be dealt with, and the accompanying effect or the emotional attachment of the experience has to be confronted. Lastly, according to Participant 2, one must pay attention to numinous dreams:

"Numinous dreams are those that one can recall upon waking up. When the patient opens up about the dream, then I am sure that it's a numinous dream, because the person carries it throughout the day. Those are the ones that need to be dealt with."(I2)

3.1.2 The Role of Mental Health Practitioners in the Analysis of their Patient's Dreams

In analyzing dreams, there are different approaches done by mental health practitioners depending on their patient's needs. Participant 3 described that one approach is by getting all the elements of the dream. From that, they will get information or feelings from the patient extracted from their dreams. This shares the same method as Participant 2 where the psychologist will show the issue to the patient and ask them the same questions.

According to Participant 3, Cognitive Behavioral Therapy (CBT) is one of the approaches done by psychologists in assessing their patients' dreams in order to correct the thought patterns of the person. On the other hand, Participant 5 pointed out that they will first assess the significance of the dream, whether or not they are related to the patient's condition as they could only be ordinary.

Participant 1 also tackled what professionals do upon learning about their patients' dreams.

"It's a bit difficult to be the therapist if they will be the ones suggesting the meaning of the dream, so what we'll do is to ask the right questions, to lead the person to make sense."(I1)

3.2 The Connection of Dreams and Mental Health Condition According to Mental Health Practitioners

This section discusses the relation between dreams and a person's mental health condition. There are two major themes that stood out under this category: (1) dreams as an uncommon concept for mental health practitioners; and (2) dreams as a manifestation of the conscious life.

3.2.1 Dreams as an Uncommon Concept for Mental Health Practitioners

It has been found that the concept of dreams comes up rarely in the practice of mental health practitioners because it is only the patient who brings up their dreams. As mentioned by Participant 1:

"It is not a common thing. It's not something that a therapist will really bring in the picture unless there is a particular frame."(I1)

In addition, Participant 3 also explained that the topic about dreams only arises when the patient talks about it because this means that it bothers them:

"The tricky part in dreams is that it rarely comes up because it truly comes from the patient, So, if we're administering a mental status examination or an interview, the question "did you have a dream?" isn't generally included. Another reason that it's rare is that it doesn't get brought up unless the patient has courage or they want to." (I3)

3.2.2 Dreams as a Manifestation of the Conscious Life

It has been revealed that one's dreams and consciousness are inextricably linked. Participant 1 stated that in dreamwork, the theme of the dream is connected with what is happening to the person.

"We always say in dream work that our dream is not about the people we dream about; instead, our dream is all about ourselves. So even if you see friends, mothers, or whoever they are in your dream, it is all different aspects of yourself."(I1)



Participant 4 believes that dreaming is a manifestation of an individual's state of mental health.

"Studies say that nightmares are often experienced by those who are under distress and recurring nightmares in particular, and can be a warning of a disorder which I have also observed among my clients. Moreover, having frequent nightmares may suggest sleep disturbance which may lead to more problems for the client."(I4)

Participant 4 also sees the significance of the dream and its content if its random thoughts and imagery may be related to the client's recent or remote memory/experience, especially if it is related to the situation bringing distress to the client. Additionally, as stated by Participant 5, in general, dreams always represent what's going on in the psyche of the person.

"The manifest dream is the actual memory of the patient, whatever is going on during their dreams. The dynamic of it will depend on how the practitioners will be able to correlate the aspects of the dream clinically because some are quite deep."(I5)

3.3 Dreams in the Assessment of Mental Health Practitioners

This section discusses the involvement of dreams in the mental health practitioners' assessment of their patients. There are two major themes that emerged under this category: (1) dreams as a starting point for mental health practitioners, and: (2) main frameworks followed by mental health practitioners for dream analysis.

3.3.1 Dreams as a Starting Point for Mental Health Practitioners

This major theme dwells upon how mental health practitioners perceive dreams as a starting point and indication for further assessment. Firstly, Participant 3 mentioned how dreams would be a good entry point for discussion.

"Dreams would be a starting point for a good discussion on how to assess, specifically how the person is thinking, feeling, and reacting towards the dream. From the dream as a starting point, we will go deeper in terms of what the patient feels, and then it can be an expanding discussion, like going back to the reality or the possibility of having an experience in the past that the patient cannot forget. So for me, a dream is a good entry point for discussion during an actual therapy session."(I3)

Participant 3 also pointed out that the approach and assessment done by the psychologist will depend on the case or problem of their patient. On the other hand, Participant 4 points out the concept of dreams coming up during the initial mental status examination done to patients.

"A standard in my practice is to do a Mental Status Examination. Part of that is watching out for disturbances in thinking/form of thought that usually leads me to ask clients recent dreams they can recall or possibly recurring nightmares which may turn out to be significant in my assessment."(I4)

3.3.2 Major Dream Perspectives followed by Mental Health Practitioners in Dream Analysis

This section explains the psychoanalytic and psychodynamic perspectives followed by mental health practitioners in analyzing their patient's dreams. First, Participant 2 discussed that in line with Freud's psychoanalytic theory, he believes that there is always a sexual component in dreams. In addition, Participant 1 dwelled upon Freud's idea of the 'tip of the iceberg' or the things that we know about ourselves, explaining that the other aspects that we do not know are revealed in our unconscious. Participant 3 also expounds on the connection between dreams and past experiences:

"Dreams are more of psychoanalysis, like dwelling on the past. Something happened in the past which is why a person is who they are in the present. If the orientation is like that, the concept of dreams will most likely be included because it is part of the process of psychoanalysis."(I3)

On the other hand, Participant 5 focused on the psychodynamic perspective by relating dreams to a traumatic event.

"As long as the strong negative emotions attached to that experience are still there, our unconscious keeps on working. In fact, most of the traumatic experience will make way to the unconscious, because some of the patients cannot confront it during their consciousness."(I5)

3.4 Discussion

The results found by the researchers are proven to be supported by several studies conducted in the past. First, according to the study of Brown et al. (1995), therapists do not bring dreams unless the patient initiates it. This backs up the researchers' findings that dreams are rarely brought up in the



practice of mental health practitioners because the patient is the one who brings it up. Furthermore, some studies support the conclusion that dreams are linked to one's consciousness. Campbell et al. (2018) discovered that a person's level of frustration or satisfaction had an influence on dreams and how they were interpreted emotionally. They even came to the conclusion that those who had recurring dreams suffered more psychological defeat on a daily basis. Schredl (2018) also pointed out that patients with mental health disorders, particularly depression and schizophrenia, often have negative waking-life symptoms. In addition, the researchers observed that mental health practitioners follow Freud's theory of dreams, particularly psychoanalysis and psychodynamic perspectives. This supports the findings of Brown et al. (1995) that Freud's theory is one of the approaches that most clinicians rely on. Cushway and Sewell (2013, p. 11) also explained that dream writers collectively agree that Freud's theory of dreams was a key milestone that laid the groundwork and served as a basis for most succeeding theories.

4. CONCLUSIONS

The concept of dreams rarely comes up in the practice of mental health practitioners unless the patient brings it up. It has also been proven that dreams are linked to what is going on in a person's conscious life. Additionally, specific dreams such as numinous, chasing, and recurring are the ones that must be dwelled upon during intervention. Dreams are also a good starting point and indicator for further assessment, and practitioners' approaches are often based on their patient's needs. Finally, in analyzing their patients' dreams, mental health practitioners primarily rely on Freud's theory, particularly psychoanalytic and psychodynamic perspectives.

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6. REFERENCES

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi: 10.1191/1478088706qp063oa
- Brown, G., Hall, S., Keller, J.W., Maier, K., Piotrowski, C., & Steinfurth, K. (1995). Use of dreams in therapy: A survey of clinicians in private practice. *Psychological Reports*, 76 (3), 1288-1290. doi:10.2466/pr0.1995.76.3c.1288
- Campbell, R., Weinstein, N., & Vansteenkiste, M. (2018). Linking psychological need experiences to daily and recurring dreams. *Motivation and emotion*, 42(1), 50-63. <https://doi.org/10.1007/s11031-017-9656-0>
- Cushway, D., & Sewell, R. (2013). *Therapy with Dreams and Nightmares* (2nd ed.). SAGE.
- DerSarkissian, C. (2019). Dreams. WebMD. <https://www.webmd.com/sleep-disorders/dreaming-overview>
- Nichols, H. (2018). What does it mean when we dream?. *Medical News Today*. <https://www.medicalnewstoday.com/articles/284378>
- Pope, K. (2017). Dream-Based Interventions and Post-Traumatic Stress Disorder. <https://alfredadler.edu/sites/default/files/Kurt%20Pope%20MP%202017.pdf>
- Schredl, M. (2018). Dreams and Mental Disorders. (pp. 123-146). Central Institute of Mental Health.
- Shiel, W. (2018). Medical definition of dreams. MedicineNet. <https://www.medicinenet.com/script/main/art.asp?articlekey=8672>