

The Use of Dreams in Psychotherapy

A Survey of Psychotherapists in Private Practice

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Since the publication of Sigmund Freud's The Interpretation of Dreams, dream interpretation has been a standard technique often used in psychotherapy. However, empirical studies about the frequency of working on dreams in therapy are lacking. The present study elicited, via a self-developed questionnaire, various aspects of work on dreams applied by psychotherapists in private practice. The findings indicate that dreams were often used in therapy, especially in psychoanalysis. In addition, a significant relationship was found between the frequency of the therapists' working on their own dreams and frequency of work on dreams in therapy. Because work on dreams was rated as beneficial for the clients, further studies investigating the effectiveness and the process of working on dreams will be of interest.

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Since the 1900 publication of Sigmund Freud's *The Interpretation of Dreams*, dream interpretation has been a widely used therapeutic technique in psychoanalysis. Freud himself asserted that "the interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind"¹ (p. 608). Several authors,²⁻⁵ however, have pointed out that dream interpretation has lost some of its significance and that other topics such as transference and countertransference issues have become more prominent in therapeutic practice. Work on dreams is also used in other therapeutic schools, including Gestalt therapy,⁶ client-centered therapy,⁷ focusing,⁸ family therapy,⁹ group therapy,¹⁰ psychodrama,¹¹ and cognitive-behavioral therapy.¹² However, elaborated dream theories and manuals for dream interpretations have seldom been available in these therapeutic schools, producing the impression that dreams play a lesser role in these therapies than they do in psychoanalysis.

Systematic research investigating the frequency of

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working on dreams in the daily practice of psychotherapists is scarce. A survey by Keller et al.¹³ of 228 clinicians in private practice yielded the following results for the use of dreams: never, 17%; occasionally, 57%; moderately, 17%; frequently, 9%; and almost always, 4%. These authors, however, did not differentiate among the various therapeutic schools. The theoretical approaches most often represented were Gestalt, Freudian, and Jungian. In addition, the therapists reported that the clients themselves often initiated work on dreams, whereas the therapists seldom explicitly stimulated dream recall or work on dreams.

Our first aim in the present study was to elicit the frequency of work on dreams by psychotherapists in private practice in more detail than was possible with the five-point scale used by Keller et al.¹³ The second aim was to test the hypothesis that psychoanalysts use dreams more often than humanistic or cognitive-behavioral therapists. The third was to measure several additional aspects of working on dreams in therapy, including theoretical background and training of the therapist and the benefit of working on dreams for the client, in order to evaluate the role of working on dreams in the therapeutic setting. The fourth goal was to test the hypothesis that personal experience with dreams is related to the professional use of dreams;³ that is, that therapists who often recall their own dreams and frequently work with them will use dreams more often in the therapeutic setting and assign a greater value to this technique.

METHODS

Questionnaire

For the purpose of the study, a one-page questionnaire was constructed (Appendix A). An initial section inquired about the respondent's sex, completed therapeutic training, number of years in practice, number of therapeutic sessions per week, and number of clients.

Second, the respondents were asked to estimate the percentage of therapeutic sessions per week in which dreams were reported and interpreted. In addition, they were to estimate the percentage of clients who worked at least once on their dreams. Further items were designed to elicit the percentage of clients who initiated working on dreams by themselves and the percentage of clients who rejected working on dreams. These mea-

asures were interval scales. On a five-point ordinal scale (0 = none, 1 = little, 2 = moderate, 3 = much, 4 = very much), the therapists were to estimate the average benefit of working on dreams with regard to therapy outcome. Two items measure the theoretical background and practical training in working on dreams of the participants.

The following categories were given for theoretical orientations: Freud, Jung, Adler, and "other." For practical training, the categories were literature, personal working on dreams, seminars, and "other." Multiple answering was allowed. The responses were coded as 1 for present and as 0 for absent (nominal scales). A three-point ordinal scale (0 = no increase, 1 = small increase, 2 = marked increase) was constructed to elicit whether dream recall frequency of clients was enhanced by working with dreams in therapy. The last question of section two measured the percentage of clients who benefit from working on dreams in the course of the therapy (interval scale).

The third section consisted of two items concerning dream recall of the therapist and the frequency with which the therapist works with her or his own dreams. Both items were seven-point ordinal scales (0 = never, 1 = less than once a month, 2 = about once a month, 3 = two or three times a month, 4 = about once a week, 5 = several times a week, 6 = almost every morning).

Procedure and Respondents

An instruction sheet explaining the study's aims, the questionnaire, and a stamped envelope were sent to all therapists in private practice in Mannheim and Heidelberg ($N = 131$). This group was selected because in Germany private-practice therapists play the major role in the psychotherapeutic treatment of outpatients. Of these, 79 responded, a return rate of 60.3%. The questionnaire data were coded and analyzed with the SAS for Windows 6.10 statistical software package. In accordance with the scale's measurement levels, t -tests, Mann-Whitney U -tests, or chi-square tests were applied. Because the dream-recall frequency and the working-on-dreams frequency scales were ordinal, Spearman rank-order correlations were computed. In order to visualize group differences, means instead of medians were computed for the ordinal scales, but statistical comparisons were nonparametrical (Mann-Whitney U -test) for these scales.

The sample comprised 54 women and 25 men. The

length of time in practice (mean \pm SD) was 10.4 ± 5.4 years, and 25.7 ± 15.0 clients were in therapy per therapist. The mean number of therapeutic sessions per week was 23.7 ± 10.9 . Forty of the respondents had completed a psychoanalytic training. Of these, most had completed at least one additional training: client-centered therapy ($n=11$), family therapy ($n=8$), cognitive-behavioral therapy ($n=6$), Gestalt therapy ($n=1$) and psychodrama ($n=1$). Since psychoanalytic training is far more extensive in Germany than the other kinds of training, it was assumed that in this group the psychoanalytic orientation would be most prominent. The rest of the group ($n=39$) comprised respondents with the following training: cognitive-behavioral therapy ($n=19$), client-centered therapy ($n=19$), family therapy ($n=15$), Gestalt therapy ($n=8$), psychodrama ($n=4$), and other varieties of training such as hypnotherapy, focusing, Hakomi, and systemic therapy. On average, a therapist completed about two trainings.

RESULTS

Total Sample

The means and standard deviations or the frequencies of the questionnaire items are shown in Table 1. The results of the total sample revealed that working on dreams occurred in about 28% of the therapy sessions and that 49% of the clients had worked at least once with a dream. Sixty-four percent of the clients had initiated working on dreams; that is, one-third of the work on dreams was stimulated by the therapist. The therapists estimated the contribution of working on dreams to treatment success as significant; 70.4% of the clients have benefited from working on dreams. Furthermore, dream recall frequency of the clients was increased by working on dreams in therapy, and very few clients rejected working on dreams. The most important theoretical foundations were the dream theories of Freud and Jung; Adler was seldom mentioned. The category "other" comprises Gestalt approach ($n=5$), Gendlin ($n=4$), client-centered approach ($n=3$), and the approaches of Melanie Klein ($n=2$) and Fritz Morgenthaler ($n=2$). Regarding the contributions of training, most of the therapists mentioned literature, personal work on dreams, and seminars. The average dream recall frequency of the therapists was above once a week.

The average frequency of personal work on dreams was about two or three times a month.

Psychoanalysts Compared With Humanistic and Cognitive-Behavioral Therapists

As expected, marked differences were detected between psychoanalysts and humanistic and cognitive-behavioral therapists. Psychoanalysts use dreams more often in therapy, regard working on dreams as more beneficial, and report a more pronounced enhancement of dream recall in their patients. Interestingly, no difference was found regarding the percentage of clients who initiate dream work. Likewise, the differences in the theoretical foundations were as expected; that is, psychoanalysts relied most often on Freudian dream theory. Surprisingly, many of the humanistic and cognitive-behavioral therapists were familiar with Jungian approaches, although they often mentioned "other" (Gendlin, Perls, etc.). Psychoanalysts have read more literature about dreams and have more often worked personally with their dreams; however, no difference in dream recall frequency emerged.

Correlations Between Therapist Variables and the Use of Dreams in Therapy

Correlations are shown in Table 2. Therapists' own dream recall frequency was not related to the amount of work on dreams in their therapeutic sessions or the estimate of the benefit of working on dreams. On the other hand, the frequency of personal working on dreams was strongly related to the use of dreams in therapy; that is, therapists who worked with their own dreams also used dreams more often, valued the beneficial effect of working on dreams, and reported more pronounced enhancement of dream recall in their clients. Although the correlation coefficients were larger for the total sample, most correlations of the two subgroups were comparable. No relationship was found between frequency of therapists' personal work on dreams and the percentage of clients who initiated or rejected working on dreams.

DISCUSSION

The findings of the present study clearly indicate that working on dreams still plays an important role in psy-

chotherapy, particularly in psychoanalysis, and contributes considerably to treatment success. However, therapists without psychoanalytic training used dreams much less often than psychoanalysts. In view of the response rate of 60.3% (although this is considerably higher than that of Keller et al.¹³) and the sample size of 79 respondents, the findings should be considered preliminary. A larger sample would permit more de-

tailed analysis of the different therapeutic schools (e.g., psychoanalysts, psychoanalysts with additional cognitive-behavioral training, psychoanalysts with additional training in client-centered therapy, Gestalt therapists).

In addition, the generalizability is restricted because only psychotherapists in private practice in two German cities were included. Although in Germany psychotherapeutic treatment of outpatients is con-

TABLE 1. Use of dreams in psychotherapy

Variable	Mean ± SD or Frequency			Statistical Analysis
	Total Sample (n)	Psychoanalysts	Humanistic, CB Therapists	
Working on dreams in therapy sessions, %	28.1 ± 27.6 (60)	44.1 ± 30.2	15.1 ± 16.5	<i>t</i> = -4.5***
Working on dreams, % of clients	49.3 ± 34.6 (65)	63.3 ± 32.0	35.8 ± 31.9	<i>t</i> = -3.5***
Working on dreams initiated by clients, %	63.7 ± 29.1 (75)	62.1 ± 28.3	65.4 ± 30.1	<i>t</i> = 0.5
Benefit of working on dreams (0-4)	2.73 ± 0.93 (77)	3.23 ± 0.78	2.21 ± 0.78	<i>z</i> = -4.9***
Clients benefit from working on dreams, %	70.4 ± 27.9 (64)	76.9 ± 23.9	62.5 ± 30.5	<i>t</i> = -2.1*
Clients rejected working on dreams, %	2.8 ± 8.2 (75)	1.5 ± 3.2	4.2 ± 11.3	<i>t</i> = 1.4
Enhancement of dream recall (0-2)	1.10 ± 0.71 (78)	1.43 ± 0.64	0.76 ± 0.63	<i>z</i> = -4.1***
Freudian dream theory, %	60.6 (79)	92.5	28.2	χ^2 = 34.2***
Jungian dream theory, %	41.8 (79)	40.0	43.6	χ^2 = 0.1
Adlerian dream theory, %	5.1 (79)	7.5	2.5	<i>P</i> = 0.615 ^a
Dream theory "other," %	39.2 (79)	25.0	53.9	χ^2 = 6.9**
Reading of literature on dreams, %	82.3 (79)	92.5	71.8	χ^2 = 5.8*
Personal working on dreams, %	77.2 (79)	92.5	61.5	χ^2 = 10.8***
Seminars on working on dreams, %	84.8 (79)	90.0	79.5	χ^2 = 1.7
"Other" training in working on dreams, %	17.7 (79)	20.0	15.4	χ^2 = 0.3
Dream recall frequency (therapist), times/month	4.44 ± 0.99 (78)	4.53 ± 1.05	4.33 ± 0.93	<i>z</i> = 1.3
Frequency of personal working on dreams, times/month	3.31 ± 1.51 (77)	3.82 ± 1.43	2.82 ± 1.43	<i>z</i> = 2.9**

[#] Note: Statistical tests: *t*-test, Mann-Whitney *U*-test (*z*), chi-square test (all *df* = 1). CB = cognitive-behavioral.
 P* < 0.05; *P* < 0.01; ****P* < 0.001 (two-tailed).
^aFisher's exact test (*df* = 1).

TABLE 2. Correlations between therapist variables and use of dreams in therapy

Variable	Dream Recall Frequency			Frequency of Personal Work on Dreams		
	Total Sample	PA	Non-PA	Total Sample	PA	Non-PA
Working on dreams in therapy sessions, %	0.021	-0.013	-0.019	0.323*	0.300 ^a	0.142
Working on dreams, % of clients	0.004	0.004	-0.082	0.262*	0.255 ^a	0.141
Working on dreams initiated by clients, %	0.184	0.201	0.203	0.016	0.168	-0.040
Benefit of working on dreams (0-4)	0.109	0.051	0.063	0.420***	0.196	0.361*
Clients benefited from working on dreams, %	0.045	0.259	-0.266	0.351**	0.425**	0.219
Clients rejected working on dreams, %	-0.095	-0.076	-0.129	0.023	-0.105	0.179
Enhancement of dream recall (0-2)	0.069	0.087	-0.036	0.304**	0.403**	-0.074
Dream recall frequency (therapist)				0.416***	0.590***	0.196

[#] Note: Spearman rank-order correlations (*df*: total sample, 58 to 74; PA, 28 to 38; Non-PA, 20 to 36). PA = psychoanalysts; Non-PA = humanistic and cognitive-behavioral therapists.
^a*P* < 0.10; **P* < 0.05; ***P* < 0.01; ****P* < 0.001 (two-tailed).

ducted mainly by this group, future studies could also include therapists working in different institutions, such as psychiatric or psychosomatic clinics and mental health centers. In addition, a comparison between different countries could be very interesting. As in Keller *et al.*,¹³ work on dreams was most often initiated by the client, but a difference between psychoanalysts and the rest of the group was not detected. In view of the beneficial effect of work on dreams, it will be very interesting to carry out studies in which clients will be stimulated to work with their dreams in order to compare their outcome with that of a control group with less or no working on dreams.

The result that therapists who worked on dreams with their clients reported an increase in clients' dream recall frequency fits with findings of previous studies¹⁴⁻¹⁶ that therapeutic working on dreams enhances dream recall. The more pronounced enhancement of dream recall in the psychoanalytic group may be explained by the more intense use of dreams in that therapeutic school.

As expected, the theoretical basis of the psychoanalysts was Freudian dream theory. On the other hand, quite a few non-psychoanalysts were familiar with the Jungian approach. In our study, as in Keller *et al.*,¹³ Adler played a minor role as dream theorist. Several other authors such as Eugene Gendlin and Frederick Perls were mentioned by the humanistic therapists, but the frequency was clearly below that of the psychoanalysts Freud and Jung. This result indicates that "modern" theorists are seldom the basis for working on dreams in private practice in Germany. Psychoanalysts reported more intense reading of literature on dreams and had more experiences in personal working on dreams. This can be interpreted as reflecting the more important role of dream interpretation in psychoana-

lytic training. However, work on dreams was also a component of the training for other therapies.

Interestingly, no difference in dream recall frequency between psychoanalysts and humanistic and cognitive-behavioral therapists was found; one might have expected that therapists who often work with dreams in their business would recall their dreams more often. Correlations between the therapist's dream recall frequency and the use of dreams in therapy were also nonsignificant. On the other hand, the frequency of personal work on dreams was related to frequency of the use of dreams in therapy, and the beneficial effect of working on dreams was rated high. These findings confirm the observations of Greenson³ and Altman¹⁷ that personal experience with working on dreams seems to be crucial for the effective use of dreams in the therapeutic setting.

To summarize, working on dreams is still an important therapeutic technique that is frequently used, especially by psychoanalysts. The estimated contribution to treatment success is high: therapists reported that the majority of the clients who work with their dreams have benefited from this technique. The major shortcomings of the present study are the use of very crude measures of estimating the benefit of working on dreams (i.e., using averages across all clients) and the absence of self-ratings by clients. The study was conducted in this way in order to reduce expenditure and obtain a reasonable response rate. Further studies should elicit the variables analyzed in the present study for each client and should include clients' self-ratings measuring the subjective benefit of working on dreams. Furthermore, it seems fruitful to continue the research conducted by Hill and co-workers, who have investigated the effectiveness of working on dreams,¹⁸⁻²⁰ the process of working on dreams,^{21,22} and the question of which clients benefit most.^{23,24}

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APPENDIX A. Questionnaire on dreams in therapy

- Your gender?
 male female
 - Which training/trainings have you completed?
 Psychoanalysis Gestalt therapy Cognitive-behavioral therapy Family therapy Psychodrama
 Client-centered therapy
 other _____
 - Are you psychologist or physician?
 Physician Psychologist
 - How long have you practiced?
_____ years
 - How many clients are currently in treatment?
about _____ persons about _____ therapy sessions per week
 - How often do you use dreams in your therapeutic work?
 never in _____% of the sessions per week with _____% of the clients
 - Who initiates working on dreams?
_____% of the clients _____% myself
 - How many clients reported working on dreams?
_____% of the clients
 - Has working on dreams contributed to therapy success?
 no little moderate much very much
 - Which is the theoretical basis for your work with dreams?
 Freud Jung Adler
 other _____
 - Which training contributed to your knowledge about dreams?
 Literature Working with own dreams Seminars/trainings
 other _____
 - Did working with dreams enhance dream recall frequency in your clients?
 no yes, they recall their dreams slightly more often yes, definitely more often
 - Do your clients experience working on dreams as beneficial?
_____% of the clients
- Questions concerning yourself:**
- How often do you recall your dreams?
 almost every morning several times a week about once a week 2-3 times a month
 about once a month less than once a month never
 - How often do you work with your own dreams?
 almost every day several times a week about once a week 2-3 times a month
 about once a month less than once a month never