
Dreams: Bringing Us Two Steps Closer to the Client's Perspective

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Abstract. Person-centered theory which integrates dreaming is still at its beginning, even though Rogers (1980) explicitly called out for such a development. Since then several authors have written about the importance of dreams for therapy/counseling (Conradi, 2000; Finke, 1990, 2004; Gendlin, 1986; Gerl, 1981; Hill, 2004; Jennings, 1986; Keil, 2002; Klingenbeck, 1998; Leijssen, 2004; Lemke, 2000; Pfeiffer, 1989; Schmid, 1992; Vossen, 1990). This paper strives to show that a person-centered understanding of dreaming is to view it as a process of nightly self-healing, of nightly “psychological adjustment”: the mainspring of dreaming being the actualizing tendency (similar to creative and therapeutic processes). Due to this significant role of dreaming and the fact that most people remember more dreams in times of transition and crisis — times when they also seek out counselors or therapists — the art of dream conversations should be cultivated and taught more frequently within the person-centered world.

Keywords: dream, person-centered counseling, self-healing, focusing, client's perspective

Träume: Zwei Schritte näher an der Sicht des Klienten

Personzentrierte Theorie, die das Träumen einbezieht, steht immer noch am Anfang, obwohl Rogers (1980) explizit eine solche Entwicklung forderte. Seither schrieben mehrere Autoren über die Wichtigkeit von Träumen für Therapie/Beratung (Conradi, 2000; Finke, 1990, 2004; Gendlin, 1986; Gerl, 1981; Hill, 2004; Jennings, 1986; Keil, 2002; Klingenbeck, 1998; Leijssen, 2004; Lemke, 2000; Pfeiffer, 1989; Schmid, 1992; Vossen, 1990). Dieser Artikel zielt darauf ab zu zeigen, dass Träumen im personzentrierten Verständnis einen Prozess nächtlicher Selbstheilung bedeutet, eine nächtliche “psychologische Anpassung”: Die Triebfeder des Träumens ist die Aktualisierungstendenz (vergleichbar mit kreativen und therapeutischen Prozessen). Aufgrund dieser bedeutsamen Rolle des Träumens und der Tatsache, dass die meisten Menschen mehr Träume in Phasen des Übergangs und der Krise erinnern — in Zeiten also, in denen sie auch beraterische oder therapeutische Hilfe suchen — sollte die Kunst der Traumgespräche kultiviert und in der personzentrierten Welt mehr gelehrt werden.

Sueños: Acercándonos Dos Pasos a la Perspectiva del Cliente

Teoría centrada en la persona que integra los sueños está todavía en sus comienzos, aunque Rogers (1980) explícitamente alentó ese desarrollo. Desde entonces varios autores han escrito sobre la importancia

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de sueños para terapia/counseling (Conradi, 2000; Finke, 1990, 2004; Gendlin, 1986; Gerl, 1981; Hill, 2004; Jennings, 1986; Kiel, 2002; Klingenbeck, 1998; Leijssen, 2004; Lemke, 2000; Pfeiffer, 1989; Schmid, 1992; Vossen, 1990). Este escrito trata de por mostrar que una comprensión centrada en la persona de los sueños debe ser vista como un proceso de auto sanación nocturna, de “ajuste psicológico” nocturno: siendo la tendencia actualizante la principal fuente del sueño (similar a los procesos creativos y terapéuticos). Debido a esta importante función de los sueños y al hecho de que la mayoría de las personas recuerdan los sueños en momentos de transición y crisis — momentos en los que también buscan la ayuda de counselors o terapeutas — el arte de conversaciones acerca de los sueños debe ser cultivado y enseñado con más frecuencia en el mundo centrado en persona.

Les Rêves : Approchons-Nous du Point de Vue du Client

La théorie centrée sur la personne qui intègre le rêve en est toujours à ses débuts, même si Rogers (1980) a explicitement appelé à un tel développement. Depuis, plusieurs auteurs ont écrit sur l'importance des rêves pour la thérapie/le counselling (Conradi, 2000; Finke, 1990, 2004; Gendlin, 1986; Gerl, 1981; Hill, 2004; Jennings, 1986; Keil, 2002; Klingenbeck, 1998; Leijssen, 2004; Lemke, 2000; Pfeiffer, 1989; Schmid, 1992; Vossen, 1990). Cet article tente de démontrer une compréhension centrée sur la personne du rêve : il s'agit d'un processus nocturne d'auto-guérison, de “régulation psychologique” nocturne. Le point d'appui du rêve est la tendance actualisante (comme pour les processus créateurs et thérapeutiques). Vue la fonction significative du rêve, et le fait que la plupart des personnes se souviennent de leurs rêves dans une période de transition et de crise — des moments où elles ont recours à des counsellors ou thérapeutes — l'art de la conversation avec le rêve devrait être cultivé et enseigné de manière plus fréquente dans le monde ACP.

Sonhos: Aproximando-Nos da Perspectiva do Cliente

A teoria centrada na pessoa que integra os sonhos está ainda numa fase inicial, apesar de Rogers (1980) ter explicitamente chamado a atenção para esse desenvolvimento. Desde então, vários autores têm escrito acerca da importância dos sonhos na psicoterapia e *counselling* (Conradi, 2000; Finke, 1990, 2004; Gendlin, 1986; Gerl, 1981; Hill, 2004; Jennings, 1986; Keil, 2002; Klingenbeck, 1998; Leijssen, 2004; Lemke, 2000; Pfeiffer, 1989; Schmid, 1992; Vossen, 1990). Este artigo procura mostrar que uma compreensão dos sonhos centrada na pessoa vê-os como um processo de auto-cura nocturna, de “adaptação psicológica” nocturna, sendo a tendência actualizante a principal fonte dos sonhos (de modo semelhante aos processos criativo e terapêutico). Em virtude do papel significativo dos sonhos e porque as pessoas recordam-se mais dos sonhos em períodos de transição e de crise — as mesmas alturas em que procuram counsellors e psicoterapeutas — a arte das conversas oníricas devia ser cultivada e ensinada com maior frequência no seio da comunidade centrada na pessoa.

ROGERS AND DREAMS

Rogers begins the 19 propositions within his “Theory of Personality and Behavior” (1951) with the inner world of the client. This is the starting point and a central part of his theory. Why then, did he not mention the truly subjective process of the individual, which takes place every night — the dreaming experience? Why concentrate solely on the waking world of the client? In *A Way of Being*, written almost 30 years later, Rogers calls upon “innovative educators and learners . . . [to] have the courage, the creativity, and the skill to enter and learn this world of inner space” (1980, p. 314); he incorporates dreams explicitly as part of this inner space. In describing a fully functioning person, Rogers includes awareness of dreams as one important aspect: “Such a person is more potentially aware, not only of the stimuli from outside, but of ideas and dreams, and of the ongoing flow of feelings, emotions, and physiological reactions that he or she senses from within” (1980, p. 123). Rogers also mentions recording his own dreams (1980, p. 96).

Since then several person-centered authors have written about the importance of dreams (Conradi, 2000; Finke, 1990, 2004; Gerl, 1981; Hill, 2004; Jennings, 1986, 1995; Keil, 2002; Klingenbeck, 1998; Lemke, 2000; Pfeiffer, 1989; Schmid, 1992; Vossen, 1990; Wijngaarden, 1991). Gendlin (1986) gave dreams a prominent role in focusing with his book *Let Your Body Interpret Your Dreams*. The question of dreams has certain parallels with the question of the relevance of the body within person-centered theory and practice (Korbei, 2002; Teichmann-Wirth, 2002). Both areas were held “alive” within the person-centered community through the continuing influence of focusing. Yet in recent publications where the body at least has been integrated into the theory, dreams are still missing completely (Barrett-Lennard, 2003; Mearns & Cooper, 2006; Mearns & Thorne, 2007; Tudor & Worrall, 2006).

Several reasons can be found for why Rogers at first did not consider dreams as particularly relevant. Some of these factors are most likely still exuding influence to this day.

- In 1951 the scientific research on dreams was still scant and not much was known about what actually happens while we are sleeping, including dreams. “Not long ago, the very idea of ‘brain activity in sleep’ was thought to be an oxymoron. In fact, in the years following its discovery, REM sleep was often termed ‘paradoxical’ sleep, because the presence of waking-like EEG seemed so incongruous with the longstanding intuition that sleep was most fundamentally a state of inactivity” (Wamsley & Antrobus, 2007, p. 174).
- Rogers made it clear that person-centered therapy is distinct from psychoanalysis. It seems likely though that he accepted some of the psychoanalytical thinking about dreams and in effect distanced himself from dreams because of this. This included the belief that dreams are by definition unconscious processes and may only be understood by a deep probing therein and only through interpretation by the psychoanalytical “expert.” (This equation of dreams with the unconscious can still be found in recent person-centered literature, see Thorne, 2003.)

- The focus of person-centered research and literature has mainly been on the therapist's role. Mearns and Cooper: "Indeed it is paradoxical that *client-centred* therapy has, in its research and writing, focused so much on the work of the therapist. ... In fact, Rogers acknowledged this in a letter to Dave Mearns dated 4 January 1987, exactly one month before his death, stating, 'we have spent so much time looking at the part played by the therapist, and not enough at the part by the client'" (2006, p. 44). Some research which did focus more on the client's part of the process — the client as an active self-healer (Bohart & Tallman, 1999); the client's development of self-empathy (Barrett-Lennard, 2003) — did not include dreams.
- Strongly connected with this is the focus of person-centered research and literature on the therapeutic relationship as the central healing factor, less on what happens within and with the client outside of the therapy context.
- Perhaps another reason lies also in the focus on the development of the self and much less on the organism (including its body and dream-worlds). "Despite its origins in organismic psychology, within person-centred psychology in general much more has been written about the self than the organism" (Tudor & Worrall, 2006, p. 102).

On the other hand, the emergence in the 1980s of the above-mentioned person-centered literature on dreams may be due to two trends on a more general level (next to Rogers' wish for more research on the "inner space"). Beginning in the 1980s, there was a general increase in interest in working with dreams within various psychotherapeutic schools of thought (Hill & Spangler, 2007). Also the development of person-centered theory received a new boost at that time. "It is a salutary note that theory development effectively stopped in the early 1960s in the discipline of client-centred therapy until after Rogers' death in the mid-80s" (Sanders & Wyatt, 2002, p. 16; see also Mearns, 1997, p. 128).

CONTEMPORARY PERSON-CENTERED THEORY ON DREAMING

Quite a few person-centered authors (Finke, 1990, 2004; Keil, 2002; Schmid, 1992; Vossen, 1990) agree that while dreaming, the actualizing tendency can express itself in a more original way, and because of this dreams are of special interest for person-centered therapy processes:

From a person-centered perspective the *phenomenon dream* is to be understood as an expression of the actualizing tendency. The basic tendency of the organism to develop and enhance its potentials is to be also seen as the initiator of the psychological activities during sleep. The *concrete content of the dream* can be comprehended as the product of a conflict between the actualizing tendency and the self-actualizing tendency. ... in the dream the organismic actualizing tendency seems to get more of a chance to resist the tendency to self-actualize and to assert itself. (Schmid, 1992, p. 392; my translation)

Dreams would therefore represent the result of the incongruence between self-concept and organismic perception. They have the function of illustrating — and therefore enabling expression of — tendencies that are not symbolized in waking consciousness. ... Aspects of this organismic tendency that have not yet been symbolized, a willingness to act that has not yet been perceived, could thus be integrated into the self-concept. (Finke, 1990, p. 505)

Schmid (1992) names two aspects of dreaming that enable the actualizing tendency to assert itself more: the partial tuning out of the dreamer's waking reality (laws of time and space are different during dreaming) and a partial tuning out of the dreamer's waking value orientation.

Rogers' (1961, pp. 353–359) description of the creative process and his naming of the inner and outer conditions for fostering creativity can be very helpful in this context. The two outer conditions of “psychological safety” and “psychological freedom” as well as the three inner conditions of an “openness to experience,” an “internal locus of evaluation,” and an “ability to toy with elements and concepts” can be seen to be especially present during dreaming. While dreaming, dreamers often experience unusual and new ways of being; they are not confronted with the direct value judgments of others, the content of the dreams are often very original and playful combinations of experiences. Schmid states in a very similar way to Jung (1916/1990) before him: “Dreaming is always a creative event: the dreamer is author, director, stage designer, spectator of his dream, often also participating” (1992, p. 397, my translation). Schmid depicts dreams as being like an encounter group with oneself.

Blechner evokes this creative dreaming process eloquently:

... at night, life is different. We close our eyes, shut off our ears, and descend into a realm of existence where we are alone. For eight or so hours, we are freed from the constraints of functioning in a social world. For those precious hours, our minds are free to think about anything without worrying about being understood or judged. Released from the constraints of understandability and reality, we can think up new words, objects, and people, and we can create new situations. We are at the frontier of human experience. (2001, p. 3)

Due to the fact that we are solely communicating with ourselves, the creative language of our dreams has its very own logic and is often — when looked at from a waking perspective — a foreign language, or as Fromm (1951) called it, “the forgotten language.” Fromm explains the inner logic of dreams as follows:

Mental activity during sleep has a logic different from that of waking existence. Sleep experience need not pay any attention to qualities that matter only when one copes with reality. ... Sleep experience is not lacking in logic but is subject to different logical rules, which are entirely valid in that particular experiential state. ... Waking life is taken up with the function of action, sleep is freed from it. Sleep is taken up with the function of self-experience. (1951, p. 28)

Gendlin states: "The dream does not hide its 'message in metaphorical code.' The dream is born metaphorically" (1986, p. 150).

According to Rogers (1961, p. 350) the mainspring of creativity seems to be the actualizing tendency, the same "curative force" active in psychotherapy and I would add also the mainspring of dreams. In this way, I would answer Rogers' question: "Is it possible for the whole body, the whole organism, to learn something that the mind does not know, or only learns later?" (1980, p. 312) by stating: "Yes, every night while we are dreaming." I would propose — and attempt to show in the following — that while dreaming the whole organism is not only striving to become more congruent and wise, it is undergoing a process of self-healing similar in direction to the processes of healing occurring during therapy.

At this point it is important to remember that our conscious knowing about the dream experience is by definition finite: we cannot at the same time dream and communicate in a waking conscious state. Rogers describes a similar problem when trying to put the creative process into words: "But we cannot expect an accurate description of the creative act, for by its very nature it is indescribable. This is the unknown which we must recognize as unknowable until it occurs" (1961, p. 355). Our waking consciousness, including the structures of our thinking, has a considerable impact on what we remember of our dreaming experiences of the night. Freud's idea that not every person dreams every night is based on the belief that dream experience and dream memory are the same. Research on dreams has proven in the meantime that we dream regularly throughout the night, even if the dreams are not remembered on waking (Barrett & McNamara, 2007). The nightly dream experiencing seems to be a lot richer and more complex than what is usually remembered of it.

Rogers points to possible curative experiences outside of the therapy room in his "Theory of Personality and Behavior":

... the acceptance of experiences inconsistent with the self often occurs between interviews, without ever being verbalized to the counselor. The essential factor appears to be that the person achieves the attitude that it is safe to look at organic experience and then can permit it to be symbolized in consciousness even though the therapist is not present. (1951, p. 518)

Rogers goes on to say that an individual can face these inconsistent experiences alone if they are not deeply denied.

Rogers seems to have changed his view several times on how important being in a relationship is for significant therapeutic change to occur. In 1957, in his famous article "The Necessary and Sufficient Conditions of Therapeutic Personality Change" he states "I am hypothesizing that *significant* positive personality change *does not occur except* in a relationship. This is of course a hypothesis, and it may be disproved" (1957/1989, p. 221, my italics). Tudor and Worrall (2006, p. 192) specifically address this issue: "Rogers' inclusion of psychological contact as a *necessary* condition raises a question for us: is a relationship between two people really necessary for therapeutic change to occur?" Tudor and Worrall come to the

conclusion that Rogers omits the first condition of psychological contact in a chapter published after his death (see Rogers & Sanford, 1989) because Rogers saw that being in a relationship was not the only way.

Although many people experience moments of change within the immediacy of a relationship, there seems no reason why those moments should necessarily occur *only* in relationship. To return to our electrical analogy: there are some tasks that require electricity, and some that we can achieve more efficiently or effectively with electricity. Electricity, however is not the only source of power, and some of us, sometimes cook with gas. (Tudor & Worrall, 2006, p. 193)

If we take as a given the statement of Rogers, that the individual can face inconsistent experiences alone and that the essential factor for the learning process “perhaps the most important learning of which a person is capable, namely the learning of self” (1951, p. 519) is that the “person achieves the attitude that it is *safe* to look” (p. 518, my italics). Is the dream not often such a personal place, where it is seemingly safe to experience a variety of possibilities, to expand the awareness of that which can be permitted into consciousness in waking life?

Dreaming could then be a process of nightly self-healing, nightly “psychological adjustment” of a “reorganization of the structure of self” through a “self-initiated apprehension of the new material” (Rogers, 1951, proposition 15, pp. 513–515). Dreaming can be understood as a process striving to integrate in an internally consistent way all the sensory and visceral experiences on a symbolic level into the concept of self. “Once this type of integration occurs, then the tendency toward growth can become fully operative, and the individual moves in directions normal to all organic life” (p. 514). Rogers explicitly states that in order for this integration process to happen, it does not have to happen consciously, the experiences do not necessarily have to be present in consciousness. This would cover the fact that the greatest part of the dreams are not ever present in waking consciousness (even though they are potentially available, if the dreamer is, for instance, woken up) but still could have the function of psychological adjustment. Rogers correlates such an integration with an “organic feeling of relaxation” (p. 513) which is something people may feel while they are dreaming (nightmares being an example of the opposite effect, a possible sign that the integration process has come to a halt). Roger states that the function of conscious acceptance of impulses and perceptions, such as dreams, is an increase of the possibilities of conscious control.

I do not immediately gain my conscious objective, but by accepting all the evidences of experience and organizing them into one integrated perceptual system, I acquire the control by which reasonable conscious objectives can be achieved. This is very parallel to the feeling of the person who has completed therapy. (pp. 514–515)

This is a basic paradox Rogers often points to in his writings: by loosening my conscious control, by letting my self-concept become more fluid, more expansive, I gain a sense of

control, a sense of autonomy, of self-government. So by giving ourselves over to sleep, letting our sense of awareness become more expansive during dreams, we strive to become a unified organism, seeking the most possible integration of our sensory and visceral experiences of the present, past, and future. As Rogers puts it so succinctly: “organisms are always seeking, always initiating, always ‘up to something’” (1980, p. 123).

Rogers describes as one of the significant elements characteristic to any helping relationship among other things,

a trust in the “*wisdom of the organism*” to lead us to the core of her problem. ... But when trusted, her organism, her nonconscious mind — call it what you will — can follow the path that leads to crucial issues. ... I want to make it possible for my client to move in her own way, and at her own pace, to the heart of her conflicts. ... Perhaps pointing out these elements will have made it clear that a person-centered approach in therapy leads to a very subtle, often intricate process, a process that has an organic flow of its own. (1986/1989, p. 151, my italics)

So a trust in the nonconscious mind, the wisdom of the organism, leading us to the crucial events, is essential for the person-centered therapist (and is also one of the important “lessons” the client learns through therapy). This can also be seen as a description of what happens in our dreams: the wisdom of the organism leading us to the crucial issues in our lives, with an “organic flow of its own,” helping us in our task of integrating experiences and self-concept and of letting the actualizing tendency come to its fullest potential.

Another aspect that arises while contemplating the similarities of the processes of dreaming and therapy is the empathic functioning of the *client* during therapy. Barrett-Lennard has put one of his research emphases on this issue. He links the development of self-empathy with the development of interpersonal empathy: “Thus it can be said that self-empathy opens the way to interpersonal empathy. Deep empathic engagement with others probably also fosters self-empathy” (2003, p. 48). Barrett-Lennard calls interpersonal and self-empathy a “twin phenomenon” that is not identical but closely interdependent. In this sense, the self-empathic process of dreaming also enhances the interpersonal empathy during counseling and vice versa, one might even say they are interdependent. One everyday example of this would be recurring dreams that stop once they have been understood — for instance, in a counseling session. If we view this on a continuum of a meaning-creating process of dreaming, waking, remembering some dreams, talking about dreams within the context of therapy for instance, we are seeing these processes as going in the same healing direction, as enhancing the self-empathy and the self-healing potentials of the client-dreamer. To appreciate the dreams of a client then is to come two steps closer to the client's perspective, by focusing also on what happens in between the therapeutic sessions in the inner world of the client and by seeing how the client's dreams can play an important part in leading the way of the therapeutic process, becoming truly ‘client-centered’ in content and process.

A great part of dreaming is not remembered in conscious waking life and yet we can reason that it has its own generally healing effect on the ongoing processes of the organism,

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resulting in more congruence. Staying with Rogers' above-mentioned differentiation, there will be dreams that process experiences or complexes of experiences so threatening to the self-concept ("deep denial") that they need the caring and empathic presence of another to be integrated. A certain type of dream, nightmares or anxiety dreams, might be an example of this kind of a process. On the other hand there will be dreams, many of which are not remembered, that lead to psychological adjustment and integration of experiences which are not as threatening. In a similar way Finke states: "The urge to become whole, i.e. to complete the design, is fulfilled in dreams" (1990, p. 506). Vossen (1990), Finke (1990) and Schmid (1992) see dreaming as a sort of "test behavior" in which dreams are "one step ahead of our consciousness and of our conscious actions" (Vossen, 1990, p. 542).

FOCUSING AND DREAMING

Gendlin (1986, 1996), however, has a somewhat different concept of the process of dreaming. He sees dreams as "unfinished events" in contrast to a felt sense which is a "more than finished event" (1986, p. 154). Dreams might reveal the next step but focusing is needed to find and to realize the next growth step.

Except in rare cases, the step forward is not actually in the dream. It comes from the energy that the dream's images imply and create. ... *What is next is only what the client's body makes of the dream.* I will present a number of procedures by which the body can make therapeutic steps from a dream. (1996, p. 200)

Gendlin seems to have come a long way in his conceptualization of dreams. According to Keil (2002) he originally in the 1960s thought that dreams were not relevant for therapy. Even though he changed his valuing of dreams for therapy dramatically, eventually seeing them as very valuable, he held on to the idea that therapeutic steps come *from* dreams and not *in* dreams.

In deeply relaxed states we do not fully appreciate what comes. In a dream we rarely know it is a dream. The body-sense that interprets everything has been relaxed. The whole way we are is not fully ongoing, so all of it cannot respond. ... We cannot 'integrate' what is new when we are in the dream ... (Gendlin, 1986, p. 159)

One might hypothethize that Gendlin based his theory on the dream experiences usually remembered, those which usually stay with us and might "need" more waking understanding (e.g., nightmares). However, there is ample literature also on other types of dreams (Krippner, Bogzaran, & Carvalho, 2002; Siegel, 2002; Taylor, 1992), e.g., dream series which eventually "clear the issue" — without any focusing happening — and experienced through a relief on the part of the dreamer.

This is where we come to the limit of our understanding mentioned earlier, "we must

recognize the unknowable" (Rogers, 1961, p. 355). Yet how the dreaming process is conceptualized has a definite impact on how we approach the dream narration. Gendlin's view sees the "changing power" in focusing and sees dreaming as being important in bringing up vital issues that the dreamer should focus on. If, on the other hand, dreaming is seen as a self-healing process as suggested earlier, similar in direction to therapy, then the process of dreaming is in itself vital for the person and can be enhanced and strengthened by further waking understanding, e.g., counseling.

I would even like to venture one step further and suggest that dreaming is a process similar also to focusing, in the sense that focusing is a "process of developing more congruent symbols for organismic experiencing" (Iberg, 1996, p. 32). Both processes are experienced immediately and in a bodily way — even if the body is in a different process state during waking and sleeping. I do agree with Gendlin that the "body-sense that interprets everything" (1986, p. 159) is relaxed during dreaming, but that does not mean that it is not functioning in a meaningful way. As far as I know, no one has ventured to consider the similarities between the processes of focusing and dreaming. Weiser Cornell (2005) mentions that for a full felt sense to develop during focusing, four aspects are important: body sensations, emotional quality, imagery or symbolism, life connection or story. All these aspects are predominant during dreaming. Staying in the focusing language, felt shifts also definitely happen while dreaming; we can find them not only in dream narratives but also in the physiological shifts and body changes that take place while dreaming. In this sense I would like to suggest that dreaming might be conceived of as a process of "multidimensional fast-forwarding focusing."

THE PROCESS OF DREAMING

It seems to me to be of central importance to consider the process of dreaming more on a continuum of ongoing meaning-creating processes, in an interdependent weaving process happening during the day and night. Then remembering dreaming and talking about dreaming during counseling can be seen as processes that enhance the (self-) healing and interdependent processes of dreaming and counseling. When the process dimension of dreaming is focused on, it would be harder to view dreams as an "unfinished" or "finished" product, like a "piece of art" (Schmid, 1992, p. 397), where "freshness" (Jennings, 1986, p. 316) is essential, or has a certain "contradictory and problematic structure" including the "importance of the beginning" (Vossen, 1990, p. 518). When viewed as a meaning-creating process, the statement "the dream is the dream is the dream" (Jennings, 1986, p. 310) becomes misleading; closer to the truth would be "dreaming becomes a dream memory becomes a dream narrative weaves into a dream conversation, becomes dreaming . . ."

In summary, I see presently two differing conceptions of the dream process within person-centered and experiential psychotherapies and counseling. This in contrast to Keil (2002), who, in a review of most of the current person-centered literature on dreams, differentiates three concepts of dreams. Keil cites Schmid (1992) as placing the dream experience within the state of disorganization (as Rogers described in his theory of personality);

Vossen (1988) and Finke (1994) as standing for the view that in dreams the actualizing tendency can express itself in a most original way; and Gendlin's conception that dreams are unfinished experiences needing focusing to move forward. Whereas I agree with Keil's assertion that Gendlin's concept differs from the others, I disagree with his further differentiation. As the quotes above show, Finke (1990) and Schmid (1992) have a very similar view. Keil (2002) does not sufficiently take into account that Schmid (1992) places dreams more in the area of disorganized behavior while describing specifically dreams of anxiety and not dreaming generally. Schmid (1992) states that a dream is a congruent expression of the person (experiencing and symbolization), and because of this incongruence (experience and self) is seen more clearly.

A person-centered theory of dreaming is still in its beginning stages. It has to further integrate a process view of dreaming and substantiate its interdependence with the counseling process (first steps have been taken by Finke, 1990, 2004; Hill, 2004; Lemke, 2000; Schmid, 1992). Also it needs further differentiation along the continuum of differing types of dreaming processes, e.g., nightmares, spiritual dreams, etc. (see Hill, 2004; Lemke, 2000). One central issue waiting for further clarification is the relationship between dream-experience/dream-narrative and consciousness or what comes into awareness and what does not — during dreaming and upon waking — and how this is related to the ongoing valuing process; this will certainly be different according to various types of dream processes. Integral to this issue are the concepts of “consciousness,” “awareness,” “symbolization,” “non-consciousness,” “subception,” and “perception” within the person-centered theoretical framework (see Coulson, 2000; Ellingham, 2002; Purton, 2004).

SOME CLOSING THOUGHTS ON PERSON-CENTERED CONCEPTIONS ON WORKING WITH DREAMS

While there are differences in how the dreaming process in itself is conceptualized, many authors (Conradi, 2000; Finke, 1990, 2004; Gendlin, 1986, 1996, 1999; Gerl, 1981; Hill, 2004; Hill & Spangler, 2007; Jennings, 1986, 1995; Keil, 2002; Klingenbeck, 1998; Leijssen, 2004; Lemke, 2000; Pfeiffer, 1989; Schmid, 1992; Vossen, 1990; Wijngaarden, 1991) agree that dream narratives and sharing and working with them (i.e., having “dream conversations”, “Traumgespräche”) can be of considerable significance to the therapeutic process, they can make a “remarkable and unique contribution . . . in each individual's quest for meaning and self understanding” (Jennings, 1986, p. 332). Dream narratives are cherished for their “heightened emotional quality” (ibid., p. 312); for being of additional value for self-experiencing and showing “unused possibilities” (Schmid, 1992, p. 399); for revealing “the intricacies of our current lives” (Gendlin, 1986, p. 157); for being “related to his or her waking hours” and providing “insights into his or her ‘inner world’” (Finke, 1990, p. 504); for being “rich, condensed, *special sources of experience* with a very specific dynamic power, with their own possibilities” (Vossen, 1990, p. 523).

Research has shown that dream experiencing is especially intense during life situations

where persons are more prone to seek counseling or therapeutic help, i.e., in times of crisis and upheaval. "There is a dramatic upsurge in the number and intensity of dreams at life crises and transitions. Even the physiological experience of dreaming undergoes a transformation" (Siegel, 2002, p. 17). There are "typical" dream issues persons dream while being pregnant, or while going through divorce (Siegel, 2002), as well as certain "types" of dreams preparing for death (Bulkeley & Bulkeley, 2005) or accompanying a grieving process (Hess, 2004; Siegel, 2002). Nightmares that come after traumatic events are a very common and relatively well-researched phenomenon (Hartmann, 2001; Heaton, 2004; Siegel, 2002). As Lemke (2000) observes such impressive dreams are demanding to be told.

The different person-centered pathways that have developed to working with a client and her dreams have been described elsewhere (Finke, 1990, 2004; Gendlin, 1986; Hill, 2004; Keil 2002; Koch, 2007; Lemke, 2000; Pfeiffer, 1989; Schmid, 1992; Vossen, 1990) and will be elaborated in future publications. I would like to close by focusing on the client's perspective of dream conversations within counseling/therapy. The client's perspective on her dreams, especially her valuing of dreams, develops within a larger context. We can see certain parallels between how dreams are valued on the level of person-centered theory, person-centered counselors, clients, and society as a whole. On the personal level dreams are often "ignored because there is no perceived relationship to the self-structure" (Rogers, 1951, p. 503) and not "owned," not felt to be part of the self (pp. 509–510). When viewed on the level of person-centered theory it seems that dream experiencing has been mostly ignored and this appears to hold true for the level of society also, at least in the mainstream of our Western cultures. In this sense our culture does not view dreams as part of its conscious self, it is not part of the "self-concept" of society, it is not integrated into the "self-structure" of the society. Clients and counselors/therapists work in this context.

The personal values attached to dreams can also be very ambivalent. On the one hand dreams seem to be important, they sometimes wake us up, they cling to us in waking life, and on the other hand, they are hard to grasp, memory fails us again and again, or we are confronted with very strange leftovers. Some dreams are experienced as very frightening and they engage us tremendously, so much so, we seem to be stuck with them — sometimes for years — even though we might like to forget them as fast as we forget all our other dreams. There are generally few people around us at that moment who say: "this is important, let's share this, talking about it will strengthen your tendency to actualize, maintain and enhance your experiencing organism"!

If I as a client had a dream that was puzzling, even frightening, would I go to a therapist who cherishes dreams, who knows what the potential of dreams can be, who has experience in accompanying people on their travels through the dream-world? If I have a nightmare or a repetitive dream sequence, the dream-world is telling me this is important, my valuing may be ambivalent but the experience is very real, very there, very pushy. Still, to take the step to share it with someone is, for some people, a big step. If the therapist doesn't support this step, as she does with other experiencing, felt senses, feelings, she will not be the midwife she is supposed to be. ("The therapist becomes the 'midwife' of change, not its originator" Rogers, 1977, p. 15.)

Do person-centered counselors/therapists wait until the client has built up enough trust to initiate giving us a glimpse of what is going on in her night world? This would probably be the normal “procedure” of most client-centered therapists (see Stumm, 1992). Is this what is meant by being nondirective; don’t “prescribe” the content of the session, do not be judgmental about what the client brings with her, do not value one content above the other? Are dreams a “content” or are dreams part of everyday life, a forgotten or forsaken part that has to be asked for, before it is appreciated, shared? We could ask at the beginning of a session, “What have you brought from your night and day experiencing, since we saw each other last?” That would really be nonjudgmental, accepting and nondirective, inclusive of *all* experience, not valuing one above another (not, for example, valuing waking life above dream life). Empirical studies have shown that different valuing of dreams on the part of the therapist correlates with the amount of dreams brought into therapy (Schredl, Bohusch, Kahl, Mader, & Somesan, 2000; Stolte & Koch, 1992).

When it is clear from a theoretical and practical standpoint that dreams have an important place within person-centered counseling/therapy, then there is a transparency from the beginning. The client knows that she can bring a dream to the counseling session and that this will be welcomed, knowing that it is an appropriate place to talk about it. However, at present, if she goes to a client-centered therapist, this will usually not be the case. Some client-centered therapists may integrate dreams into their personal theoretical and practical concepts, without any further development of theory, but they will do this often with a feeling of trepidation, as if they weren’t being congruent within their person-centered approach (see Conradi, 2000; Klingenbeck, 1998). This will continue unless the foundation within person-centered theory integrates dreams more explicitly and by way of that gives dreams a more central place also in — the education of — counseling/therapy.

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