

THERAPISTS AND ANALYSIS OF THEIR OWN DREAMS: A QUALITATIVE STUDY INTROSPECTION OF DREAMS OF THERAPISTS: A QUALITATIVE STUDY ANALYSIS OF THEIR PERSONAL DREAMS FROM THERAPISTS' PERSPECTIVE/POINT OF VIEW

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Abstract: This qualitative study explored how therapists experience and interpret their own dreams and whether these dreams influence their personal or professional lives. Thirteen therapists from diverse therapeutic backgrounds participated in semi-structured interviews, analyzed using thematic analysis. Findings revealed themes of subconscious emotional processing, symbolic content, recurring dream patterns, and occasional client-related dreams linked to countertransference. Jungian symbolism resonated more with participants than Freudian interpretations. Many reported negative emotional tone and familiarity with dream imagery. Therapists' theoretical orientations influenced how they made meaning of dreams. Results suggest dreams may serve as a reflective space supporting emotional insight and professional self-awareness.

Keywords: Dream analysis, Therapists' dreams, Subconscious processing, Countertransference, Jungian symbolism, Recurring dreams.

INTRODUCTION

Most of the people live in what we call a fantasy or fictitious world – something that they create for themselves. This fantasy world is an amalgamation of their desires, emotions, thoughts and feelings. One way of living the aspects of this world is through dreams – whether daydreams or nightmares. Generally speaking, a dream is seen as being a part of our biological cycle, our REM sleep wherein people tend to experience sensations, images, certain thoughts etc.

Dreams can contain a vast array of situations, feelings, and experiences. They might reflect aspects of everyday life, individual worries, fears, ambitions, or imaginative works of fiction. Dreams' emotional content might differ greatly - emotions ranging from joy and exhilaration to dread or anxiety can be evoked by dreams. Though many people have vivid dreams, not everyone is able to recall them when they wake up. Some people can remember every detail of their dreams, while others might only remember bits and pieces or nothing at all. Dreams can range in duration from feeling like little more than flashbulb moments to developing into complex storylines. Dreamtime time perception might not always match up with actual time. Sometimes, dreams also have a cultural and religious notion. People often end up dreaming of gods and goddesses telling them their pathways or some spiritual guru of theirs is guiding them.

What at times can be confusing is the feeling of certainty-uncertainty that whether a certain part was just

a dream or did it happen already, which is often termed as Deja-vu. They experience that dream or parts of dream in-real life, often leading to a mixed state of emotions. According to some, dreams are a manifestation of real-life events, whereas some researches state that dreams are a by-product of the wishes and desires of the subconscious and unconscious. In other cases, it is noticed that people often report not having dreams on a particular day or days, referred to as white dreams. So, if the dreaming process is biological, then the occurrence of dreams is a must and wouldn't be missed a day.

Dreams can also be seen as a pathway of creativity and innovation. People have unusual dreams of falling from a building, flying in the air, teleportation, time travels etc. One can also consider the extraordinary examples from Freud's cases of dream and their interpretation such as the Wolfman and case of Dora. Different dreams have different symbols and content leading to varying and interesting interpretations.

DREAMS FROM PSYCHODYNAMIC PERSPECTIVE

Freud started with dream interpretation in his sessions, while engaging in free association and looking for cues that could resemble or provide evidence for the dream material. His book 'Interpretation of Dreams' talks about how the unconscious plays an important role and dreams are a gateway into the unconscious i.e. dreams represent what is suppressed, what can't be brought into awareness because of its overwhelming nature, and how

dreams represent what one wishes for. He talks about various defence mechanisms employed in dream work to understand the actual meaning. His emphasis on latent and manifest content of dreams is the whole basis for analysis and provided us with various symbolisations and signs to look for and what they indicate. Even though his contemporaries did not agree with the whole paradigm of giving importance to dreams, for Freud since a proper sleep is a sleep without dreams, occurrence of dreams carried essential meanings that if paid attention to can reveal a lot.

Freud's concept of 'dream residue' emphasised on daytime elements in dreaming which provide a structure to the whole experience of dreaming and is mostly the unacceptable content, for him dreaming is the dissipation of unresolved childhood trauma, focus in internal states, transformation of latent to manifest content, the role of analyst stated between conscious and unconscious when it comes to making sense of the dreams (Freud, 1900) whereas for Bion daytime as well as internal experiences both form the base for dream content. For him, dreaming is interpretation of facts and unprocessed sensory impressions, an emotional experience (Bion, 1992), inability to dream means the incapability of using our emotional experiences to do necessary conscious and unconscious psychological work (Bion, 1962). Bion talks about alpha functioning and beta elements of dream, "parts of" psychotic personalities that appear incapable of true dreaming "in psychotic parts of the normal personality", that unconscious experience processing during sleep and unconscious experience processing during wakefulness are identical, and that consciousness and unconsciousness work together to produce experiences unlike Freud. Both use similar words to explain different concepts of dreaming like dream-thought, dream-content.

For Jung (1966, 1978, dreams were archetypal, something that is found in myths, stories and is constant and universal with focus on collective and personal unconsciousness. Jung's Analytical Psychotherapy tried to establish links between unconscious and conscious through the means of dialogues, associations and interpretations of what may seem as illogical and incomprehensible. Dreams are motivated by an innate desire to provide closure and resolution to unresolved emotional and mental issues from the day in keeping with Jung's observations. Sleep and dreaming cause episodic memory to become disjointed, making it impossible for us to remember the details of the event. However, any unresolved emotions associated with the event may surface and need to be processed. Dreams reveal the inner dynamics of an individual consisting of their suppressed events, interpersonal disputes, mental health issues, old patterns emerging out in new form and other intricacies. Positive in outlook, Jungians hold that each person is destined to leave their unique imprint on the world. This process of individuation

involves more than just achieving fame and glory via accomplishments in the material world or notoriety. Dream exploration is actually a way to achieve actualization and individuation. Dreams are the most pure way to access the vast unconscious storehouse and are frequently the most productive source of therapeutic material. The foundation of analytical therapy is dream work.

Whitmont and Perera (1978, 1989) believed that dream language would assist a clinician better understand a patient's dreams in order to treat them psychosocially. Since the information being processed is primarily represented by association, symbol, metaphor, and visual imagery, the "language" of the dreaming mind is distinct from other forms of brain communication.

The sleep dream is viewed by Moser and von Zeppelin (1996) as a virtual micro-world. Affectivity drives the simulation, resulting in final images of the entities involved and the relationships that bind them. Events from the previous day or night set off a dream. Unresolved disputes and issues are brought up again by this incident (current concern). The dream serves as a tool for solving problems in retrospect. Dream action and expression are inhibited as the dream state is dominated by representation of the inner life, with the goal of finding a solution to reactivated conflicts and problems. However, there is a much wider range of affect modulation than in the waking state's micro-worlds, and stress is absorbed through both imagination and cognition. As per them, the conflictual or traumatic complexes cannot be thought of declaratively outside of the dream world, where the reality principle rules, as their intolerability drives them into the unconscious. Affective information is more readily apparent in the dream world, where the pleasure principle rules. The "dream organiser" attempts to find a solution by constructing a bearable micro-world where the affective information that was suppressed or dissociated during the waking state can come "alive" and become solvable.

As per Dr Glucksman (2001) from the Psychoanalytic Institute and the Department of Psychiatry and Behavioral Sciences, New York Medical College, Dreams can be categorised into the following types from a psychodynamic functional perspective: 1. Introducing the conflicting problem. 2. An imminent emergency. 3. Diagnostic and psychodynamic. 4. The state of affect. 5. Representative of oneself. 6. Transferable relationships. 7. Bold but defensive. 8. Solving issues and making choices. Through these classifications one can understand patients' concerns, defences, interpersonal relationships; some dreams even help in providing definite diagnosis; help in identifying the distorted perceptions patients' may have of others. Dr Glucksman tried to infer these categories on the basis of summarising Freud's theory and referred to the dream as a psychodynamically informative instrument.

WHAT OTHER SCHOOLS SAY ABOUT DREAMS

In conjunction with Predictive Coding Model, which illustrates the brains' hierarchical framework for various temporal, abstract, perceptual and organisational system and how the accuracy of prediction increases depending upon task to be accomplished and environmental factors to be considered and focus is mainly on consciousness, the predictive coding model has also spread the reigns in dream work as well (Clark, 2012). The same hierarchical functioning, according to Clark, Hobson, and Friston, is active during sleep, with the exception of a lack of sensitivity and motor perception and action.

The paper 'Converging theories on dreaming: Between Freud, predictive processing, and psychedelic research' further elaborates on the conceptual basis of homeostasis, innate value system working on principles of pleasure and displeasure, Friston's concept of free energy, repressed prior coming from the unconscious (Solms, 2018, 2021) coming from subcortical brain structures, whereas the preconscious material is being pushed by the cortex and this concept of repressed prior accounts similarity with Moser's dream generation model (Moser and von Zeppelin, 1996; Moser and Horig, 2019). The foundation of Moser's dream generation model is experimental, developmental, and cognitive psychology, as well as psychodynamic dream theory. According to Moser et al., the sleep dream is a simulated micro-world governed by affectivity, producing visuals of entities engaged in it and how they relate to one another. A vision is brought on by worries about what is happening right now regarding the day (day-residues), which have the potential to rekindle unresolved disagreements and issues brought on by structural similarities. Koslowski, Pelgrom, and Fischmann (2023) posit that, in accordance with Moser's theory of dreams and Solms' neuropsychodynamic framework, the fundamental emotional need that these priors endeavour to fulfill but are unable to accomplish can be contextualised and experienced in dreams and related sensory states and neurological processes.

When it comes to Cognitive-Behavioural Therapy, the beginning phase didn't see inculcation of dream work to the extent that dreamwork has now stimulated the interests of cognitive-behavioural practitioners now. For cognitive-behavioural practitioners, the niche of dream analysis lies in assimilation and accumulating the representative figures of both autobiographical and semantic memory, developing a narration, connecting the link between past and present emotions and waking life experiences and to develop interventions. From the historical perspective, Beck and Freeman took the objectivist tradition whereas Hill is known for a more metaphorical and affective approach towards dream analysis. With further exploration, dreamwork in CBT started to be seen as something that might provide

information about schemas, patterns and distortions of the individual and help in becoming the individual more aware as well as providing in-depth clinical information to the therapist. Yet more training for Cognitive-behavioural therapists is needed.

COLOURS AND DREAMS

One way of interpreting could be through the presence of various colours in the dreams. The colours could be associated with emotions and feelings, either correlating the colours with conscious emotions or giving an entirely new meaning to feelings and emotions associated with feelings. For example, either the colour red in the dream and in-real life both interpret as out of control or provokes anger or can be associated with danger in-real life but something soothing in the dream. Hence, researchers might want to contemplate on whether the colour association is also conscious or unconscious or an amalgamation of both.

Colours are also present in various hues. Some might just have black or white dreams, whereas some might visualise in different colours of blue, green, yellow, red or combinations of the following colours. What exactly is precise is unknown because a lot of research indicates mixed results about the colour precision.

During the 1940s and 1950s, for dream researchers, dreams were mainly a black-and-white phenomenon (Hall, 1951, Tapia, Werboff, & Winokur, 1958, Garma, 1961). By the latter part of the 1960s, most researchers started reporting high incidences of coloured dreams (Suinn, 1966; Herman, Roffwarg, & Tauber, 1968; Snyder, 1970; Padgham, 1975). This shift in perspective might have resulted in part from a modification in approach. In contrast to previous research, which was mainly done by questionnaire and interview during regular waking hours, subsequent research typically involved either waking participants during REM sleep and getting reports right away or having participants note how often they see a certain colour in their dreams after they awaken naturally (Gackenbach & Schill-g, 1983; Lbpez, Shchez, Arriaga, & SalBvar, 1986). A representative sample of Austrians aged 14 to 69 was surveyed in 1993 by Stepansky, Holzinger, Schmeiser-heder, Saletu, Kunze, and Zeitlhofer (1998). They discovered that only a small percentage of the 1,000 respondents—37 percent—claimed to dream in color, while 47% said they did not, and 16% did not respond or stated they were unsure. A 1999 informal survey by America On-Line revealed that 56% of roughly 40,000 participants claimed to have dreamed in color, 4% claimed to have dreamed in black and white, 27% claimed to have dreamed in both color and black and white, and 13% said they were unsure.

In the study done by Padgham (1975), the aim was to record the dreams and see the colour experienced in

them. Six male observers ranging from 21-50 years, all who had normal colour vision were the participants from whom the data was collected for five months. The results indicated that only about half the dreams recorded contained colour, and in those in which colour appeared the more saturated purples, blues and blue greens were absent. It was suggested that during achromatic dreams the areas of the visual cortex which seem to respond only to colour may be inoperative. The paucity of blue in dreams could be anatomically related to the small population of blue units in the colour areas of the cortex. The study only focused on males, making it gender-specific and hence, the dreaming process became biased, because some researches have stated that males have fewer dreams than females – making this sample driven data to be kind of unreliable for generalisation over other genders as well.

Schwitzgebel (2003) tried a more meticulous replication of one of the earlier studies on the frequency of colour in dreams to determine whether the findings change even with the more antiquated methodology. The selected study, Middleton (1942), involved the distribution of a questionnaire to 277 second-year college students, most likely from DePauw University or neighbouring US locations. Three target questions were included in the original questionnaire, which were no longer accessible: (1) How often do you have dreams? (2) Do your dreams contain colours? and (3) Do you have hearing that is coloured? Choices for each question were "very frequently," "frequently," "occasionally," "rarely," or "never." Upon analysis, it became clear that participants had seen more colour than they had heard. Specifically, 62.1% of subjects reported seeing colour in their dreams, whereas none reported seeing black and white dreams. 22.7% reported seeing both coloured and black and white dreams. No subject selected "neither," and 15.2% said they were unsure. These results significantly deviate from the Stepansky, et al. (1998) results and closely align with the America On-Line results.

Schwitzgebel, Huang & Zhou (2006) found that the respondents who had been exposed to coloured TV and movies for the longest tended to report having the most colourful dreams. Compared to respondents raised in rural areas, respondents who spent the majority of their childhood in cities reported substantially more coloured dreaming. The gender difference in reports of coloured dreams was not discernible. It was also noted that whether an individual believes they dream in colour or black and white depends more on the prevailing beliefs about dreaming in their subgroup/cultural group than it does on one personal exposure, either past or present, to coloured or black and white media.

In the research done by Windt (2013), he mainly points out Schwitzgebel's skepticism about dream reporting. Which is more limited in scope because it is restricted to the question of whether we dream in colour or in

black and white. Based on a review of historical studies on colour in dreams, he found evidence for "an arc of opinion: before scientific psychology, a consensus or assumption that dreams are coloured; divided opinions into the early twentieth century; a consensus that dreams typically have little colour from about 1930 to 1960; and then a sudden overturning of that consensus in the 1960s" (Schwitzgebel, 2011). What seems to be missing in this paper was the identification of whether the dreams analysed were unconsciously derived or a result of conscious experience.

The following study was done by Chen (2023) and mainly explored the factors affecting colour changes in dreams. Through literature research, it is concluded that people see coloured objects in their dreams that are related to continuous supporting memory, emotional memory, creativity (spontaneous thoughts), goals and other factors. The main target population of this study is art workers. On the variables of continuous supporting memory, emotional memory, creativity (spontaneous thoughts), objective and analysis of art graduate students. Through data analysis, the proportional distribution of the colour in the dream, and the significant influence of each variable on the colour change in the dream. The population seems to be limited and someone very specific like art workers who are always working with colours and that might influence their perceptions and visions in their dreams.

CLIENTS' DREAMS, PATTERNS AND SYMBOLISATIONS

Nathawat and Sethi's (1973) study revealed that 46.57% of themes were classified as unpleasant, while only 12.9% of themes were classified as pleasant. The most frequent presentations of the unpleasant themes are physical attack (15.6%), disappointment (11.3%), threat and fear (23.4%), and physical discomfort and injury (9.9%). It is evident that compared to male patients, female patients experienced higher rates of attacks, eating incidents, losing oneself, falling through spaces, missing trains, tooth problems, passing through small spaces, and losing objects. Male participants, however, demonstrated a stronger propensity for fire and aerial flight. However, statistical evidence does not suggest that the dreamer's sex influences the recall incidence of these dreams (apart from being attacked). Additionally, it was observed that varying diagnostic categories showed varying rates of dream content. The most prevalent theme was water, which was followed by food and eating, being attacked, and endangered objects and these typical dreams were seen as being different from what was enlisted by the other researchers in the past.

According to therapists, dream interpretation sessions are simpler when clients are psychologically oriented and enjoy dream analysis (e.g., Wonnell & Hill, 2000).

Zack and Hill (1998) discovered that volunteer clients with moderate attitudes toward dreams completed their sessions more successfully than those with extremely positive attitudes, who in turn completed their sessions more successfully than those with very negative attitudes. Neutral, moderately pleasant, or extremely unpleasant dreams did not yield the same session outcomes as did moderately unpleasant and extremely pleasant dreams, according to Zack and Hill (1998). Lastly, it made sense to use dream vividness and recentness as indicators of how well dream interpretation sessions would go. Clients find it easier to work with vivid dreams because it is easier to recall the details and relive the emotions, according to Hall et al. (2001). It's also frequently simpler to recall specifics from recent dreams.

As per Schneider's (2010) own clinical experience, he was least interested in the undreamt parts of the patient's dreams, but very much in what the patient is intending to dream, but is unable to dream which are the hallucinatory components in dreams. For him, when you work with the hallucinatory aspect of dreams, it usually inculcates attention towards the therapists' reverie states and other sensory responses that they experience while the patient is narrating their dream. In this way, the patient is able to dream the undreamt portions of their dream. As per him, nightmares are a form of incomplete dreaming. He suggests that there exists a psychotic and non-psychotic part of the dream. The non-psychotic part elucidates what the patient knows while the psychotic part presents what the patient is unable to think.

MATERIAL AND METHODS:

Participants -

There were a total of 13 participants which included 7 female and 6 male therapists between the age range of 25-43 years. Out of these, 2 therapists (one male of Pakistani origin and one female of Indian origin) are based in the UK and rest currently residing in India and have been providing therapy for 1-18 years. There are 4 who have MPhil, 3 have PhD and 6 have a Masters degree. Most of the therapists believed and adhered to the following theoretical orientations: psychodynamic/psychoanalytic, person-centred, cognitive-behavioural therapy, expressive arts, dialectical behaviour therapy, rational emotive behaviour therapy, IFS.

Sampling -

Purposive sampling, also known as judgmental or selective sampling, purposive sampling involves intentionally selecting participants who have specific characteristics relevant to the study and snowball sampling is a technique where existing participants recruit or refer new participants who fit the study's criteria.

Rationale -

THERAPISTS' DREAMS, PATTERNS AND SYMBOLISATIONS

The consideration of therapists' dreams and patterns receives very little attention. In the last ten years, very little research has been done on this subject, and what has been done is not novel enough to explain the thought processes that therapists go through when discussing their patients' dreams. Spending a significant amount of time with a diverse range of clients and individuals may also have an impact on their dreaming, an area that hasn't received enough attention. The majority of therapists believe that dreams can represent their clients' personalities, problems, and repressed issues. As a result, they emphasise the importance of dream work in therapy sessions and clinical settings. However, therapists' own dreams can also serve as a window into their own personal struggles, client transference/countertransference, and other issues. Considering dream work from the standpoint of a therapist can also give clients the framework for an intervention that can be used. Additionally, the therapist's method of dream interpretation may be influenced by the school of thought that they adhere to.

Therefore, the current study set out to comprehend the dreams of therapists in order to ascertain how these dreams impact their personal and professional lives, as well as their attitude toward their own dream interpretation and whether or not their orientation tends to have any bearing on these matters

Considering the multitude of orientations present in the therapeutic environment and therapists' versatility and interests in dreamwork, the research oriented towards therapists' own dreams and their interpretation seems to occupy a non-existential domain. Most of the research done in the sphere of dreams entails the account of dreams from a client perspective, and none from a clinician's perspective making it extremely important to explore this uncharted territory.

With therapists' spending a significant amount of time in hospitals and private practices, focusing on clients' and their issues, there might be an impact of the narratives of these clients in a therapists' personal domain as well which can be reflected in their dreams. Understanding the dreams of therapists can be fruitful for them, both personally and professionally. In professional terms, it can provide them insight and equip them with further interventions or steps or help them introspect about their relationship with the client - whether it's countertransference, association, symbolism etc. in personal terms, therapists can understand and reflect on their own traumas, problems, strengths and limitations.

From a therapists' perspective, specific disorder manifestation in clients through dreams could also be

understood and how it impacts their service and professionalism also plays a stark role.

Measures -

Demographic details - Demographic details included asking about their name (if consent provided), age, qualifications, years of clinical experience, preferred therapeutic interventions and type of clientele they deal with.

Interview protocols - A semi-structured interview schedule with 16-items was constructed and was later reviewed and approved by a senior supervisor. These 16-items also included demographic details. Therapists were then questioned whether they engage in dream interpretation with themselves or their clients, whether they maintain a dream journal, and if any conscious efforts were taken to remember the dreams. Further, they were asked questions regarding the content of their dreams with detailed descriptions in terms of pleasantness, personal experiences and familiarity/unfamiliarity with the content. They were also inquired about discovering any patterns in their dreams in respect to themselves as well as their clients and also if their dreams symbolise anything. They were asked about the nature of the colour of their dreams. Additionally, their opinion towards the level of consciousness in respect to dreams and their feelings and resonation towards a particular therapist/s was explored. At the end, the therapists were asked of any contributions they would like to make towards the study.

Procedures for data collection -

Therapist recruitment - An introductory, well-constructed message was sent to therapists through LinkedIn inquiring whether they would be interested in participating in the study and of their engagement in dream and its analysis. They were assured of confidentiality of data and the required time for the interview. 106 therapists were contacted over a span of 6 months, out of which 30 responded and 20 agreed for the interview but later due to unavoidable circumstances, time constraints or the area not being their niche, only 13 interviews could be conducted.

Interview - The interview was conducted by the researcher herself, through online mode and the responses were recorded for transcription with due permission of the participants. The interviews lasted for a total of 20-30 minutes, with the longest being of 34 minutes.

Transcription - Transcription of the recorded data was done by the researcher herself. The transcription was recorded verbatims of the participants and consisted of brief encouragers (like, "mhmm, uhh") as well.

Data analysis -

The data analysis was done using thematic analysis, wherein the recorded data was transcribed and the verbatim quotes were further converted into open coding, axial coding and themes were derived.

The thematic analysis was carried out in six stages, as per Braun and Clarke (2006): familiarisation, initial code generation, theme search, theme review, theme definition and naming, and report production. Extracts that addressed the research question were grouped together and given codes once the data had been familiarised with. After that, codes with related content were grouped together into themes. Ultimately, the themes that were starting to emerge were examined, clarified, and labelled. Due to the inductive nature of the analysis, the data extraction, codes, and themes—as opposed to a theory or preexisting codes—were connected to the data itself.

CHAPTER 4

RESULT AND DISCUSSIONS:

"It is, of course, the study of dreams which has taught us what we know of the mental characteristics of sleep. It is true that dreams only show us the dreamer insofar as he is not asleep; nevertheless, they are bound to reveal to us characteristics of sleep itself at the same time." (Freud, n.d.)

A nightly or even a daytime process, dreams are something that no one can say they haven't experienced. A manifestation of the subconscious or unconscious, event of the REM sleep, serves a protective function to process daily conscious events - these are some of the versions that have been delivered to mankind over the years by the eminent researchers in the domain.

How did I get into this? Dreams have always been a source of intrigue for me. The world of dreams is not something that is truly accessible to the conscious mind on a daily triage. Dreams deliver loads of content, even if we remember or not. For us, we may not indulge in the experience of dreams, but it's not that we don't dream. We do! It's only that we don't remember. Before undertaking this study, I would narrate the same experience - I don't dream! I don't remember any of my dreams. But as soon as I took this research and started working on it and consciously thinking about it, I started having dreams, and not just that, but also remembering them. I could wake up next morning and just describe them in explicit detail, which only intrigued me more.

Coming onto why therapists? As a soon to be psychologist, the research on therapists and their lives is still on a nascent stage. With the field growing and developing in India, it only made more sense to bring this topic to highlight.

For the following research, 13 therapists practising different modalities were interviewed in respect to their dream experience. Out of which, 12 therapists on interviewing said no to dream journaling but reported

making conscious efforts to remember their dreams and also on various occasions tried to understand and make sense of their dreams. For some therapists, since they had vivid dreams, making a note of their dreams didn't

seem necessary while some reported lack of time or procrastination as a reason for non-maintenance of the journal.

On conducting the interview, following themes and subthemes emerged:

Themes	Subthemes
Dominance of subconscious	Defensive release
	Aware but Restrained / Suppressed Consciousness
Resonance with jung	Dream content symbolism
	Concept of cultural unconscious
Freud and indian context	Conceptual mismatch
	Erotic overemphasis
	Past fixation
Patterns in respect to clients in dreams	Countertransference dream work
	Reflective containment
Patterns in respect to oneself in dreams	Content <ul style="list-style-type: none"> - Dream Experience <ul style="list-style-type: none"> a. <i>Negative Dream Prevalence</i> b. <i>Familiar-Strange Synthesis</i>
	Symbolisation <ul style="list-style-type: none"> a. childhood patterns b. Past reflections c. daily life encounters d. new locations
Clinical Dream Analysis/ Therapeutic Dream Exploration	Nightmares
	Recurrent dreams
	Post-Session Dream Residue/Therapeutic Dream Echoes
Gender relation	Interpretation by all
	Gendered Dream Experience in Therapy
Additional research inputs	Trauma-dream nexus
	Therapeutic dream mirroring
	Cultural imprint on psyche

DOMINANCE OF SUBCONSCIOUS

For 5 therapists, the subconscious plays a crucial role when it comes to dreams whereas for 4 therapists, it's a mix of both subconscious and unconscious. Though some therapists believe in the delivery of dreams as a result of unconscious mind, because of factors like unavailability of real-time stimulus, childhood

memories, values, belief systems that one doesn't resonate with anymore and yet, they stem up, certain premonitions and deja vu situations, but from a majority point of view, dreams are being seen as a manifestation of interaction of the components in the subconscious.

Defensive release: therapists believe that during sleep, since the conscious mind is not actively working, the defenses protecting the individuals are down and this provides a way for the suppressed material to come up and create situations through dream to highlight their presence. The mechanism of sleep provides a pathway for the conscious mind to rest and the subconscious mind to take over.

"I think it is also a way that the subconscious puts out depressed and suppressed emotions, right? We might have neglected throughout the day because that is the body's way of, you know, uh with it. Yeah, coping with it."

"And if you happen to get dreams, then it's more around the subconscious mind, which is really like storing all these feelings, storing all these dreams and all. So I feel for me, it is the subconscious mind which really plays and stores. Because even if I look back at my own dream analysis that my therapist did, for me, it was like usually a lot of things initiated from there."

"Because whatever content you see in dreams, you haven't consciously processed it or you might have processed it, but might have forgotten for some or the other reason. and then with day-to-day experiences our conscious mind stays more active, and so do our defenses. and defenses are mainly subconscious/unconscious, and consciously I don't want to process some experiences and that's what dreams reflect"

Suppressed consciousness: therapists herein reflected that even though we experience and burden ourselves with huge loads of information whether it be auditory, visual etc, some information is either always missed or we purposely don't pay attention to it and hence, even though we are not consciously aware of this material, it still ends up getting registered in the subconscious which ultimately comes up in dream. Concluding that most of our dreams are nothing but a compilation of that stimulus that we haven't processed adequately for it to provide certain meanings to us.

"So what we're doing is we're trying to get to the core of every issue and usually the core is in the hard drive and our hard drive is subconscious. So most people who are not aware of their own subconscious mind, I feel their dream state will be way more active, way more vibrant because throughout the day they are so, you know, um I don't know how to put it, but they're not dealing with the subconscious, they're very conscious, very controlling"

"I feel like that there's not, not, there's nothing, like, terribly surprising that comes out in my dreams that I'm like, oh, I never knew that was there. So I feel like there's some subconscious awareness of, of the themes of the things that are kind of coming up."

"Because I feel I am aware of it. If I feel there is some kind of other threat, uh, if I feel there is some kind of threatening thought or emotion that is being immersed, that is mostly reflected in the form of fear."

Simmel further explores the psychological function of sleep in his contribution to the Symposium on Neurotic Disturbances of Sleep. He suggests that sleep serves as a defense mechanism, allowing the ego to recover from past and present injuries by temporarily regressing to earlier stages of instinctual development. This nightly regression provides a temporary denial of external reality while blocking outward motor activity, positioning sleep as a psychophysiological method of protecting the ego from conflicts between instinctual drives and external demands.

RESONANCE WITH JUNG

Therapists also put forward their opinion on resonance with Jung and his ideologies in regards to dream work.

Dream content symbolism: As per the therapists, presence of symbols in one's dreams indirectly represents meanings of certain aspects. Nothing is ever straightforwardly represented in dreams, aforementioned by Jung is his book 'Man and his Symbols' and many therapists agree with this statement. As per them, symbols are present everywhere and play a significant role in dreams.

"...but I think it also gives me a lot of insight into, sometimes, their tendency of symbolizing things like how they, what is their pattern of turning things into symbolism, of uh uh various, things in their lives."

"you would be surprised to know that there are a lot of people who have themselves said that, oh, when I was a child, this is something I used to do."

Concept of cultural unconscious: Most of the therapists do adhere to the cultural connections, identity formations and spiritual alignment that Jung heavily emphasises on. The concept of archetypes is also something of importance. As per some of the therapists, Jung's theory of dreamwork does align with the Indian culture wherein importance is given to culture and religion and makes dream analysis beneficial and relatively easy to comprehend.

"...More on the crazy spiritual side like therapy is not just restricted to techniques. And you know, symbolism is a huge aspect of, um, human consciousness from our religious structure. Symbols are everywhere and essentially what we deal with is like everything can be reduced to a symbol quite literally."

"think uh I relate a lot with JUNG also, because he had a spiritual, uh, alignment, also even in his work. And his visit to India changed a lot of his perspective about psychology."

“just the symbolic part. Like he, he does talk about the fact that nothing in your dream will ever be directly represented. And everything that you are seeing is a, is a symbolism of something else, whether a person or like a place or whatever it is. It's just that part. And also uh he talks about anima and animus, uh right, so that part of the archetypes”

FREUD AND INDIAN CONTEXT

Some of the therapists, even if they resonated with Freud's concepts of unconscious and dreamwork, still feel that in Indian Context, Freud's work demonstrates conceptual mismatch, erotic overemphasis and past fixation. When analysing dreams through Freud's lens, some therapists reported that because he had emphasised on dream symbols as being a representation of repressed sexual desires and urges, it's not taken well in the Indian subcontinent. Similarly, dreams are not always being presented from an unconscious lens i.e., the content of the dream isn't always focused or revolving around past experiences, but also elements of daily life project into the dream space.

“Well, everything that a patient was bringing was somehow kind of interpreted in a sexualized way or those types of concepts. I think I may struggle with it a little bit. Um So I would say maybe Jung's concept. I probably, I probably, yeah, resonate more with his concept.”

Another therapeutic approach that has been found to be quite useful with the Indian Population is existential therapy. By fusing its fundamental ideas with Indian philosophical, spiritual, and cultural viewpoints, existential therapy can be connected to the Indian populace. Despite having its roots in Western philosophy, existential therapy has many concepts that are relevant to Indian customs, values, and psychological issues.

“.....when you work with the client in the here and now, not the future, not the past but here and now. But he doesn't say he, he, you know, he doesn't neglect psychoanalysis, he doesn't neglect the past. He says a child that you consider that too, but you focus on the here and now and what's going to be there. And that is something which reflects with the Indian population also.”

“...I have read a lot of Freud as well and uh on his interpretations of dreams and everything, interesting stuff, tougher to come by in the Indian context.....what I realized is more than Freud, I suppose for its tools is a little bit better when it comes to our, uh, subset of people.”

“...And also uh what, I, uh, didn't like about Freud that he was too past focused, very past focused.”

PATTERNS IN RESPECT TO CLIENT IN DREAMS

On interviewing the therapists on this facet of their dreams in order to understand the relational characteristics that might have an influence on self-exploration, two themes piqued interest:

Countertransference dream work: When it comes to dreams related to clients, half of the therapists claimed that such an experience only took place when they felt stuck with a client or resonated too hard with them. Presence of the clients/patients in dreamscape represented therapists being either bothered by the issues of the clients/patients or questioning their work in the therapeutic space. In the case of visualising the client/patient in therapists' dreams, it reflected the presence of same or similar issues being experienced by the therapist as well. It also provided them with an understanding of their therapeutic relationship with the client. In certain cases, it made therapists ponder about the fact that whether the actions being portrayed in the dreams were an indication provided by the client or was it their own feelings and beliefs that were being put into display. It was also seen that therapists do use this information positively to navigate through their sessions and dwell deep into it, thus, such dreams prove to be a guiding force at times.

“...So I did have a dream of a client in one of my, uh, dreams. And, uh, that made me realize that I was connecting to the person more than I should have.”

“This has happened once only. It could have happened previously also, but i don't remember exactly, but this has happened. This happened somewhere around 3-4 months back and exactly this happened that we were stuck at some stage in our work. And then I had a dream that uh I literally like got a message from my subconscious saying this is what you should be working on.”

“...in hypnotherapy, essentially, if you are being affected by the client, the idea is that you have the same issue, but some, to some degree because you're matching that frequency.”

“ If any of the dream happen, it has helped me to understand the relationship that I've been experiencing with the therapeutic relationship or my unconscious feeling towards that. Like, for example, if there is any sexual dream that came with the client, so I have asked myself uh directly, uh have I experienced or have I felt that in the session? And if the answer is yes, uh then I see who is engaging into that, who is initiating that me or my client? And, and if that is me, then again, I'm into introspection.” .

Reflective containment: Whereas half of the therapists responded with a positive on viewing their

clients/patients one time or the other, the other half of the population said no to this characteristic feature. On further probing, it was discovered that presence of a supportive reflective space provided therapists with the opportunity to discuss their setbacks and have a catharsis in regards to the issues experienced by them. Either by discussing the cases with their peers or seeking appropriate supervision, the visuals of their clients were outnumbered by the advantage of such a space. Consciously dealing with their therapeutic relationships act as a buffer for these therapists which further prevents them from viewing their clients/patients in their dreams.

“ I don't, I, it's weird, I don't often dream of my client, but I do, I think that I, because of the work that I do and how effective it is and I do work in a team, there's like a lot of reflective spaces just in the day.”

“.....nothing, uh, related to uh, my work because when it comes to the work I'm very conscious and I'm looking for a solution or something during the day. So, no.”

“ I think, uh, that hasn't really happened yet with me because I think the supervision sessions are, my supervisor is really nice. So my supervision sessions have been very, very fruitful and they are very, like, they are also again, very powerful. So the time that I have felt stuck with my clients, I really go up to my supervisor and, you know, I have those discussions with her.”

“So I have a very robust cathartic practice in that, uh, to make sure that that doesn't happen. But I do have friends that have told me that they've found insights through dreams. Uh So that does happen.”

PATTERN IN RESPECT TO ONESELF IN DREAMS

On introspection regarding what kind of content is visible to them in their dreams, certain commonalities were noticed which have been discussed in detail below:

Content

Dream Experience: For this domain, the therapists were asked about their recollection of dreams in terms of familiar/unfamiliar situations and people and whether what they experienced in their dreams was pleasant or unpleasant for them.

- a. Negative Dream Prevalence: 8 out of 13 therapists communicated their negative and unpleasant experience while dreaming, whereas only 5 reported having pleasant dreams. Unpleasant experiences may include unexpressed needs, being chased, relationships, feelings of fear and tension, melancholic dreams, individual stressors being reflected, finding oneself stuck and unable to escape, premonitions like fire, accidents etc.

“ usually it's, uh, a very uh, mix, much of life from

personal life to professional, to uh, recreational, to other things. Uh, Most of the themes I would say are, uh um uh someone chasing me, either animal or human or, um I am running from someone.”

“ the only pattern that I can sense is that you don't know why uh for somebody who is always very bubbly and chirpy, why am I being so, you know, melancholic?”

“...I often dream that I'm stuck in a place and I can't, I can't get out. That's a very common theme.”

The prevalence of negative rather than positive aspects in dreams for both sexes is a significant finding in dream research. Typical dreams (Nielsen et al., 2003), laboratory-collected dreams (Roussy et al., 2000), and home dreams (De Koninck, 2012; Mazandarani et al., 2013) have all been shown to exhibit this. Additionally, there were more negative than positive aspects, in line with Dale's research (2017). In particular, aggressive interactions were the most common, followed by friendly interactions and sexual interactions. Furthermore, the proportion of negative emotions was higher than that of positive emotions.

- b. Familiar-Strange Synthesis: this component tried to understand the occurrence of familiar-unfamiliar material being depicted in dreams. In this respect, 7 therapists presented with seeing familiar situations and people and 6 therapists viewed unfamiliar situations and people, which isn't stark of a difference, but presence of more familiar content in the dreamspace does consolidate the fact that people often view those situations and people that are somehow known to them, whether it be in terms of daily or past experiences. “the way I feel in the dream is very familiar. But uh yes, I mean, even the characters that are very familiar, it's not like some random stranger. It's generally my parents or my ex or, or something that is connected to either two things and like it, it just comes...”

“So when I, when I really think about it the next day, it is unfamiliar places and situations. But when I'm in the dream, it feels like it is familiar if that makes sense. But also I don't really see people's faces but get the feeling that I do know them. Um But the next day when I think about it, I don't actually know who it is.”

“Mostly familiar places. Based on my own experiences and the dream analyses I have done for others, people often say that their dreams are influenced by recent events. The things that happened yesterday or the day before, mostly within a week—the places they visited, the people they met—often appear in their dreams.”

Symbolisation: Most of the therapists since they have tried to introspect and understand themselves, have definitely found some patterns and symbols of importance in their dreams. In retrospect, these ideations do play a key role in portraying that

somewhere or the other, dreams do try to send us messages in order for us to explore more in depth the rationale behind these messages.

- a. childhood patterns: something that has very often been revealed is the indication of childhood experiences, memories, feelings and emotions in the dreamspace. Dreams do bring out either the suppressed or forgotten realms of this era, and therapists have dived into these reflections in order to better understand themselves as individuals.

"I had a pattern of anger and it was coming from my childhood and then when I got married, it was coming off because of the things that I had to go through. So I could sort of like build, a bridge to that. And now if I'm getting angry or if I'm like understanding my own self, I immediately, it clicks like, oh, you know, it could be because of this"

"There have been times where through dreams I have understood or I've got a message or a feeling that OK, uh this, this, there is sadness in this dream that I'm experiencing and then I'm able to feel that sadness in my current life also. And I've talked about that sadness to my therapist that this wasn't. But suddenly I realized that since childhood, I'm experiencing sadness, but I was not aware of it."

"One of the figures that I have often seen in my room but not the same person but like a representation is a uh older woman who was malicious.....I wonder if it's some uh my mother was very physically abusive to me in my childhood. Ok. Uh She has narcissistic traits and I still have a very complicated relationship with her, but obviously, now I have more control over my life."

Cartwright (1979) and Robbins and Tanck (1993) examined retrospective accounts of childhood recurrent dreams. These studies show that between 86% and 90% of childhood recurrent dreams are unpleasant or of a threatening nature. In approximately 70% of the childhood recurrent dreams, external agents (e.g., monsters, witches) were responsible for the unpleasant content.

- b. Past reflections: another realm of interest is the past reflections in forms of mistakes and other experiences that are encountered by the therapists in their dreams which are again often seen as a navigating route in their own personal journey.

"There is a particular area where there is a steep crossing, a curved or curvature crossing. I used to have this dream more frequently when I was learning to ride a scooter or drive a car. This dream would constantly come to me, where I see that curvature, and I'm unable to drive my vehicle properly. It kept happening again and again."

" I think there is something around relationships definitely that comes up as a theme. Um, and I do, I often wonder if that's very much around, you know, the fact that I've left my home country of, you know, lived for 15 odd years away from home. And, um, I mean, like I was saying, there's these faceless people but I feel like I'm connected with them in some way."

- c. daily life encounters: another common occurrence that was mentioned by most therapists was day-to-day highlights - whether it be a movie/series that they or their clients watched, routine interactions with people, their surrounding environment etc.

"So lately, if I have to tell you, um my dreams have been mostly around people in my life, um work and change in certain belief system, that's, that's what I have seen."

"I'm very thriller type maybe because I like watching thrillers and I watch a lot of thrillers. Consume a lot of thriller content also that way. So I think it is because of that. But it's very like serious, very serious content."

"So, on the day I have to hit a specific personal record at the gym—somewhere between 230 to 240 kgs—I have to go and lift it. Before that, the dream I have is a picture-perfect visualization of myself wearing the exact same clothes that I am going to wear in the gym, applying chalk on my hands, putting on my lifting belt, and getting ready to lift."

"Based on my own experiences and the dream analyses I have done for others, people often say that their dreams are influenced by recent events. The things that happened yesterday or the day before, mostly within a week—the places they visited, the people they met—often appear in their dreams."

".....So sometimes like see if I watch something, now that I refuse watching any dark stuff and then sleeping because after watching the dark stuff was, usually like a very dark, for sure."

" I would see something in my daily life that would come in my dream but in a different way."

- d. new locations: a unique feature noticeable was individuals being present or travelling to new locations - whether known or unknown. It seems to be a recurrent phenomena for some of the therapists wherein they mentioned that it can be a prototype of their inquisitive nature and willingness to travel around.

"I'm always in a hurry. I guess that's the, the one unique bizarre thing that I've witnessed. I'm moving around a lot. It's never at one place and which is indicative of the traveling I'm doing."

"It's different every time. Sometimes I'm in England, sometimes I'm in Scotland. Sometimes I'm in some, some shitty place, some underwater, some cave."

"I don't know how to explain. Um like, but like a million places and situations."

According to Margaret Brady (n.d.) in "The Integrative Therapist and the Dream," the dreams that the study participants described weren't "normal." Using adjectives like "dark" and "horrendous," they described the dreams as incredibly strange, intense, and vivid, and they lingered in the memory in an unusual way. According to research, people typically experience unpleasant emotions in their dreams (Nielsen et al., 1991). In these instances, the participants brought their dreams to therapy because they were emotionally upsetting. According to research on dream content analysis, up to 90% of dreams are routine and devoid of any features that wouldn't be appropriate in real life (Dorus et al., 1971). The fact that bizarre dreams are uncommon may help to explain why these participants found them so memorable.

THERAPEUTIC DREAM EXPLORATION

Something of significance that was discussed during the interview was the possibilities of dream interpretation that therapists engaged in with their clients/patients. The level of importance given to dream analysis depended on several factors, a few of them being:

Nightmares: it was reiterated by most of the therapists, that they would engage in dream analysis of their clients/patients majorly when any sort of disturbing or bad or negative dreams are brought up to them. Increasing number of clients/patients only brought up dreams to be discussed in case of being hampered by them and because of a negative feeling, didn't also want to engage in dream journaling. These dreams were interpreted or therapists would discover meanings in them if such dream elements manifested repeatedly, either in a similar or different manner.

".....But most often than not people don't do it because, uh, these dreams that they come up with in the therapy sessions are generally not nice dreams. Yeah, these, these are nightmares, these are dreams that bother them and they don't want to remember it."

"Most of the time dreams are perceived as nightmares or something that they are not able to understand, So dreams can create a lot of anxiety for most of my clients. In case it's a very nice happy dream, then there's no use, they will not get, uh, caught up by it. But when they come to me, it's mostly they would say it's a nightmare or a repetitive thing coming in their dream or might be a deconstructed aspect coming in their dream, which can create confusion in their mind."

"dreams can be very confusing. It is very abstract. So unless we sit down and see a pattern, it is mostly unpleasant for everyone because when you make, when you understand it, when you assess it, then you know

the totality of it. But unless you do that, it can come across as something terrifying and something uh suffocating."

"content wise. I do have a lot of dreams where I'm finding myself, uh, kind of, uh, stuck in a place and like, which has like, a lot of exits or like a lot of, uh, ways and things like that and I'm not able to get out. Uh, that's a very consistent theme in my dreams."

Recollections of feelings of fear and threat, such as being lost or trapped, being pursued or attacked, falling or drowning, getting hurt, becoming ill, or dying, losing or damaging one's home or property, and natural or man-made disasters, are among the most prevalent themes, according to Cappadona et al. (2021).

Recurring content: a lot of therapists also mentioned that dream analysis should only be done when the content is recurring or repetitive because that is when it becomes significant and meaningful. Recurring dreams may indicate underlying psychological conflicts, unresolved emotions, or a message that the subconscious or unconscious mind is persistently attempting to convey. By analyzing these dreams, one can make sure that they are significant symbols or themes that need consideration and interpretation rather than just arbitrary thoughts.

"I haven't really explored that much apart from ek-do patients ke saath jaha par reoccurring same um content was being manifested in different way."

"So we do it for a matter of, we see a pattern for two weeks, sometimes 20 days. And we see if there is a pattern in because dreams can also be very abstract at times times, right? So we see that if there is a common trait in them and if there is a pattern in them.."

"I only note those dreams that are recurrent in nature."

"sometimes I do have dreams which are related to, um, like violence or something like that. But I've realized, like, of course, with my therapistthe, like the anger dreams, uh, because I've realized that it was a pattern that my therapist brought it up for me. It was an anger pattern."

"I was saying that what happens usually with the clients that I'm seeing um dreams and everything. What like when they come up with it, we usually have two or three sessions around it and then somehow maybe it is, it is working for them."

In accordance with research by Cappadona et al. (2021), pleasant dream content was linked to the luteal phase in 378 women who recalled their dreams from the previous night, with 53% and 47% of them describing pleasant or unpleasant dream affect/content,

respectively. Negative content elements are more likely than positive ones to be present in recurring dreams.

Post-session dream residues: The term "post-session dream residues" describes the feelings, ideas, or impressions that remain after a therapy session or important event and show up in a person's dreams. Unresolved emotions, revelations, or conflicts that were triggered during the session but not fully processed while awake are frequently reflected in these dream residues. This is done in respect to both the client and the therapist. Therapists initiate such a process for the client to reflect on their understanding of the situation and therapists engage themselves in this for retrospective clarity. They might investigate these remnants in order to track emotional development and comprehend deeper psychological processes.

"To know myself better as a therapist first. Because uh countertransference is one thing which I experience a lot in my sessions with my clients. Uh, So I should be aware of my feelings first before entering into any therapy session."

"And how last session led to a dream? In that sense, in the last session, we were talking about this x phenomena and in this session, you are mentioning about a dream. So what were you thinking? What happened in thoughts and emotions like that?"

"...what happens is that because I have been seeing clients for a long time and if a dream analysis is something I have to do with them. So say if I start with point A point B or like a question, I also go back to previous sessions that, you know, we would have discussed and something would have popped in those sessions. So then I reconnect and I build that and then we further down, go with, uh, with further down questions basically."

GENDER RELATION

Interpretation by all: it was evident that despite experience and gender, most of the therapists either completely engaged or tried to make sense of their clients/patients dreams. They considered it an important source of building what was under the surface and formulating the clients/patients problems in a more comprehensible manner.

"I do think that it's very rich material, not just for the unconscious or subconscious, but I think it also gives me a lot of insight into, sometimes, their tendency of symbolizing things like how they, what is their pattern of turning things into symbolism, of uh uh various, things in their lives. Uh Sometimes, it is an information on what they may not be acknowledging to even themselves."

"Yes. At times, I do, uh, use the psychoanalytical aspects. I use some free associations to understand their dreams. Sometimes I also use, um, expressive therapeutic techniques to understand their dreams."

"Yes, but again, it is the same thing. If the dream is recurrent, I tell them, "Please write it down." And if it is, you know, in line with or incorporated into their history or current pressing problem, then it holds some significance. Based on that, we can proceed accordingly."

"dreams actually have a lot of hidden messages that we need to understand for client. Obviously, as a practitioner, it's a job to understand so that obviously we can interpret it to client. And uh obviously, we can help them to overcome whatever issues are, because uh uh, it's not uh, sure that client will be able to understand and articulate what they're going through."

Gendered Dream Experience in Therapy: There were noticeable differences in the experience of pleasant and unpleasant dreams between genders. Male therapists reported a mix of both pleasant and unpleasant dreams, whereas female therapists experienced a higher frequency of unpleasant dreams. In terms of dream content familiarity, female therapists were more likely to dream about familiar situations and people, while male therapists tended to encounter unfamiliar themes. However, a common pattern across both genders was the frequent appearance of past experiences in their dreams.

"Whatever dreams I've gotten that I remember and that have had an impact on me are always dreams that uh that are very intense, intense, intense in the sense that so I take therapy myself. So there are issues that I deal with and these issues do come up in dreams sometimes very rarely once a year, such as such what I told you. But these stick so strongly that I remember each and every image of that thing. So uh uh when I dream, when I actually have dreams, I tend to have more unpleasant ones, uh, that I remember pleasant ones don't really happen..... familiar environment for sure, not unfamiliar at all." (F)

"I would say most of my dreams are probably just like an h or like odd things like these unfamiliar situations, but every now and then tomorrow related anxiety." (F)

"I generally see people I know. Um, mm, I'd say 70% I see people I know, 30% I don't know." (F)

"Pleasant experience is more than unpleasant because I as a person and when I was in need of therapy, uh there is an outlook towards life that I don't uh look at yesterday's problem. I'm only uh yeah, uh looking towards the future, so unpleasant dreams aate hi nahi hai." (M)

“unfamiliar.....They are always pleasant experiences. It is something that I did find peculiar.” (M)

As per the Hall and Van de castle's normative study (1966), results also show that the percentages of familiar and unfamiliar characters in dreams differ by gender, with women having more familiar characters. According to research on the various character subclasses, men have more unusual characters in their dreams, women have more familiar and family-like characters, and both sexes have more well-known characters. According to Tonay (1990), women express more emotions than men do, and negative emotions make up around 80% of all emotions. Males and females prefer familiar environments over unfamiliar ones.

COLOUR ENRICHED DREAMS/ COLOUR PREDOMINANT

The prevalence of coloured dreams over monochrome ones was another striking feature that emerged from therapists' introspection of their own dreams. 7 out of the 13 therapists reported dreaming in colours whereas 3 reported dreaming mostly in black and white. One of

the therapists expressed that while being in the dream, they feel that the dream is coloured but when they reflect on it upon waking, it appears to be mostly black and white, whereas another therapist communicated lack of remembrance of their dream colour, but whenever ponders on them, comprehends it from a coloured lens.

The presence of colours in their dreams reflect on their day-to-day experiences and personality characteristics of being outgoing, fun-loving, evaluation of their own appearance and associated emotions.

“In general about my dreams. I have no idea whether that color or black and white. But yeah, I tried to visualise, when I visualize that dream, I visualize them in a, in a colorful, in a colorful way.”

“colored, colored, full on colored dreams.....I am very uh particular and I think I'm very specific about what I wear or even in my dreams, I'm aware of my outfits.”

“colored, absolutely. Always a very colorful person. Everybody tells me so the dreams have to be in alignment with the kind of person I am.”

IMPACT OF MODALITY ON STYLE OF INTERPRETATION

All the therapists questioned here belong to different schools of psychology, practising with different modalities when it comes to their sessions and especially to dream interpretation. On going through the transcript, it was evident that modalities preferred clearly had an impact on the type of dream analysis engaged by the therapists. Even if that school of psychology has not given significant importance to dream analysis or talked about dreams in specific, these therapists who did engage in forming patterns or understanding the emotional content of the dreams or just provide a space for the clients/patients to discuss about their dreams, were heavily influenced by the modalities they were interested in or resonated and practised.

S.NO.	Modality	Style of Interpretation
1.	Behavioural and cognitive therapies like CBT, DBT	<ul style="list-style-type: none"> a. Association of nightmares with emotions. b. Trauma nightmare restructuring c. Pattern of different disorders d. Behaviour-oriented analysis e. Socratic questioning to understand subconscious
2.	Humanistic	<ul style="list-style-type: none"> a. Giving people the choice for journaling b. Letting clients come up

		<p>with conclusions</p> <p>c. Free flow, extempore and then further develop their questions</p> <p>d. Look into previous sessions so as to connect dots</p> <p>e. Meaning of dreams in terms of present self and concerns</p> <p>f. Working with clients on this aspect who are interested in knowing themselves.</p>
3.	psychodynamic/ psychoanalytic	<p>a. Peak into subconscious and unconscious</p> <p>b. Recurrent dreams</p> <p>c. Dreams to look for hidden messages</p> <p>d. Representation of what's happening under the surface</p>
4.	Eclectic approach	<p>a. More client centered approach to interpretation wherein the therapist looks at the clients personality and past/present concerns and then looks for the suitable interpretative method.</p>

"I help them come to a conclusion themselves.....I ask you, what do you think that means? Uh I, I don't try. So in my head, I know what's going on. I know what, what's bothering you. But I'm, but it would be unfair if I say that out to you first.."

"I suppose we do support people in terms of like dealing with nightmares and um, trying to understand like how they might be linked to their emotions and, um, their trauma and things like that. So we might do some things like nightmare restructuring."

".....there is a pattern in the overall population also. like the kind of patterns you come across in anxiety, They will be very different from the one you will come across grief therapy and all. So yes, there was definitely um a pattern that I have come across...."

"....I have been seeing clients for a long time and if a dream analysis is something I have to do with them. So say if I start with point A point B or like a question, I also go back to previous sessions that, you know, we would have discussed and something would have popped in those sessions. So then I reconnect and I build that..."

"..Plus, um, the, the school that I come from which is hypnotherapy, we consider the dream state to be one of the most powerful states that a human being can see. And we have been taught science on how to interpret it."

"not the Freudian way of dream interpretation. But yeah, uh mostly in the here and now lens. Yeah. Uh sort of interpretation, we try to focus more on the meaning aspect, that, what is the relevance of the dream. So not exactly interpreting but finding some meaning.."

The 2016 paper "Dream-Telling Differences in Psychotherapy: The Dream as an Allusion," by Marie-Luise Alder, explores the prevalence and purpose of dream narratives in psychotherapy sessions. Alder's study examined 45 audio-recorded psychotherapy sessions from psychodynamic therapy, cognitive behavioral therapy (CBT), and psychoanalysis as part of the Conversation Analysis of Empathy in Psychotherapy Process (CEMPP) project. Remarkably, there were very few dream references and stories, and none of them happened during a psychoanalytic session. Alder demonstrates how a patient's dream can obliquely mention or allude to the therapeutic relationship by

focusing on a particular dream-telling incident from a cognitive behavioral therapy session. The dream's function in communicating underlying emotions and dynamics within therapy was highlighted in this instance, where it functioned as an indirect manifestation of the patient's dissatisfaction with the therapist. Although dream analysis is not usually emphasized in therapeutic modalities such as cognitive behavioral therapy (CBT), this finding highlights the potential of dreams to reflect and communicate subtle aspects of the therapist-client relationship. As it may provide important insights into the client's inner experiences and the therapeutic alliance, it advises therapists of all approaches to pay close attention to dream content.

As described by Margaret Brady (n.d.) in "The Integrative Therapist and the Dream," the dreams that the study participants shared were not "normal." Using adjectives like "dark" and "horrendous," they described the dreams as incredibly strange, intense, and vivid, and they lingered in the memory in an unusual way. According to research, dream emotion is typically negative (Nielsen et al., 1991). In these instances, the participants brought the dreams to therapy because of the emotional distress they caused. We frequently consider dream imagery to be odd. Up to 90% of dreams, according to research on dream content analysis, are mundane and devoid of any elements that wouldn't be appropriate in real life (Dorus et al., 1971). The fact that bizarre dreams are uncommon may help to explain why these participants found them so memorable.

Another element of significance was that if the therapists had been clients themselves in the past or are seeking therapy, wherein their therapist indulged in dream interpretation for them and these therapists found it to be beneficial for themselves, they further emphasized its importance with their own clients. They may provide them with the flexibility of journaling, but they do indulge in their dream interpretation as and when required.

"So, um this has actually started like uh in my practice for like four or five years back when I was seeing a therapist myself. And uh when she did dream analysis for me, I think a lot of perspectives changed for me..."

"Because I'm, I've been a client myself. My journey to a therapist has been a client first. And then so to me, um being a therapist is, is understanding that you are a client yourself and essentially you also have the same equipment that they have."

ADDITIONAL RESEARCH INPUTS

Further discussing with these therapists regarding their experience and expertise, it was also sought to know if there are any peculiar or particular findings that they

have discovered or uncovered which could further contribute to the study of dreams in a therapeutic space. These research findings could further be explored in order to develop a more cumbersome approach to dream analysis.

Trauma dream nexus: it was observed that a lot of therapists did dream analysis with those clients who had been diagnosed with trauma. Working with dreams, herein, helped the therapists to understand the hidden patterns, events, emotions etc that were maybe not being dealt with by the client consciously. Similarly, with the diagnosis of traumatic disorders like PTSD, C-PTSD, recurring flashbacks is a prominent feature and introspection into the content of the dreams helped understand the picture better. It was further recommended by few therapists that more research into this domain is needed in order to devise better methods of analysis and that other topics like 'therapists and vicarious trauma' can be further investigated.

"So a lot of the people that I work with understandably have like a, a trauma history and um we're often assessing people for things like complex PTSD. Um So they might struggle with things like nightmares, um, related to or sometimes even unrelated to kind of theme."

"Since I have uh PTSD also, sometimes, you know, um those are the, it's very sensory."

"Especially uh particularly with trauma clients. If uh if, if I have any client with the trauma, then I obviously uh go through the whole dream analysis process based on either Jung or Freud. It obviously depends on whatever model I'm using. So it depends on plan, but mostly with trauma."

Therapeutic dream mirroring: another research topic that was mentioned was the presence of clients/patients in the therapists' dreams and how that reflects onto the therapeutic relationship. Since different schools of psychology see it from different lenses, this is a path unexplored and deemed to be thought about.

"Yeah, but how dreams impact your therapeutic relationship is something that needs to be a qualitative study. Needs to be done."

"So yeah, so the one basic insight I can give instantly is see um the more you are resonating with the client, the more it will affect your subconscious and instantly if it affects your subconscious, it will show up in the dreams."

".....Similarly uh, with other clients, If any of the dreams happen, it has helped me to understand the relationship that I've been experiencing with the therapeutic relationship or my unconscious feeling towards that. Like, for example, if there is any sexual dream that came with the client, so I have asked myself

uh directly, uh have I experienced or have I felt that in the session? And if the answer is yes, uh then I see who is engaging into that, who is initiating that me or my client? And, and if that is me, then again, I'm into an introspection. That's OK, what is me? What is making me that do that? if that is client?"

Cultural imprint on psyche: the role of social and cultural environment has been studied in general in respect to various psychological disorders and how it either exacerbates or diminishes the influences of other factors on the manifestation of the disorder. Similarly, many therapists mentioned that they are keen on understanding and recognising the cultural factors that might be represented in and by the dreams, having an impact on the clients' overall well-being.

"one peculiar one that I found was just, and I do believe this is where the socio-cultural context comes into play. Snakes. A lot, a lot of snakes. My hypothesis is just how if an individual is religious, snakes have a protective tendency, if an individual is just not that religious but understands just Indian context, then it is a lot of backstabbing in the world somewhere. But, uh, yeah, so a lot of snakes.

"Asians are not really expressive and non-Asians are very expressive. Non Asians will obviously give a lot of details and obviously, they will be very open. And Asians, I usually have to literally get dream out of their head, all their thoughts because obviously, there are a lot of filters, there are a lot of religious filters, color, sorry, cultural filters and uh uh self judgment as well. Yeah, in intrapersonal filters, I would say that I should not think this kind of thing that I should not say this."

"And dreams can be influenced by culture and religious factors as well. So whenever we are, we are working in dreams. So it's very important to understand a person's background, a person's cultural influence."

In his paper, Hollan (2009) presents these important findings, such as Myths and cultural narratives have the power to influence dream content. People who are exposed to particular cultural narratives may experience dreams that mirror these narratives, which can impact the themes of the dreams as well as how they are interpreted later. People's interpretations of their dreams are influenced by the frameworks provided by cultural beliefs and values. For example, some cultures may interpret unsettling dreams as spiritual messages or omens, while others may interpret them as a reflection of unresolved conflicts or personal anxieties. It is therapeutic to comprehend how culture affects dream interpretation. When treating clients' unsettling dreams, mental health practitioners are urged to take cultural contexts into account because cultural sensitivity can improve the efficacy of therapeutic interventions. In his 2019 paper, Lohmann explores how cultural backgrounds offer frameworks that impact the themes

and imagery found in dreams. People from various cultural backgrounds, for example, might dream about symbols, situations, or stories that are common in their society. Cultural norms have a significant influence on the meaning that people assign to dreams and how they are communicated. While some cultures interpret dreams through psychological or symbolic lenses, others may see them as prophetic or spiritually significant. Dream interpretation and content are influenced by culture, and dreams can reinforce, alter, or expand cultural models of reality. This relationship is reciprocal. This dynamic interaction implies that culture and dreams are always reshaping and reshaping one another. Salem et al. (2013) examined whether spiritual and religious imagery was present in the dreams of students from two different cultural groups: those from Canada and the United Arab Emirates (UAE). According to the results, the prevalence of religious and spiritual practices and beliefs in day-to-day life may have a big impact on dream content and increase the use of such imagery.

CONCLUSION

The themes and subthemes mentioned and elaborated above provide a comprehensive outlook into the dream analysis of therapists. Through the results, various aspects of the dreams of the therapists were explored and understood. In general, wherein most researches have only focused on clients and their dreams as a whole, this paper focused on therapists and contextualised different domains like the gender differences, modality preferences, prevalence of negative content in the dreams and when therapists discuss dreams in sessions.

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