Focusing-oriented dream work

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1. Introduction

This chapter illustrates how working with dreams therapeutically can be enhanced if the cognitive approach is complemented with the experiential approach. More specifically, the chapter will introduce to cognitive therapists the technique of Focusing for use in cognitive dream work. Focusing has been a major innovation and advancement in both client-centered therapy and experiential psychotherapy (Gendlin, 1973, 1981). The person most responsible for introducing and championing Focusing is Eugene Gendlin, and this chapter draws extensively on Gendlin's work[1].

In the 1950s Gendlin, a graduate student in philosophy, joined Carl Rogers at the University of Chicago in his work on client-centered therapy (Gendlin, 2002). Gendlin's philosophical work looked at how words and experiencing relate to each other. His work in psychology has been one application of this philosophical agenda (Hendricks, 2002a). Since about 1965, Gendlin has been pushing experiential psychotherapy in the direction of Focusing, which he describes as a method of methods, and which can be practised within different orientations and with many kinds of techniques and diagnoses (Gendlin, 1996). Focusing, like experiential psychotherapy, works with immediate concreteness. One's sense of immediate experiencing is not emotion, cognition, words or muscle movements, but a direct feel of the complexity of situations. The method is not dependent on which theory one chooses, nor on

[1] In 1981 Gendlin was guest-professor at the university of Leuven, where I worked as a trainer for client-centered therapists. During one month I received an intensive training in focusing from Gendlin and experienced the huge effect of this method. After Gendlin's visit I started a research project on Focusing in psychotherapy and made my doctoral dissertion on Focusing and experiential psychotherapy.

whether one uses verbal, body, imagery or interactional techniques, or even all of them, but on *how* one uses these. The desired shift, in the experiential movement, is from *what* to *how* (Gendlin, 1973). Gendlin discovered that succesful clients in psychotherapy do not just think about problems and do not drown in emotions. Rather they attend to what is called a bodily felt sense of a situation, they contact their direct experience. Experiencing refers to what one can sense in the body right now. Words or images arise directly from that sense (Hendricks, 2002b).

For cognitive therapists, focusing can be understood as a conversation between the cognitive experience and the bodily felt sense: "Physical and biological processes are more intricate and more capable of novel configurations than cognitive systems" (Gendlin, 1996, p. 246). This integration of experientially-based focusing techniques into cognitive psychotherapy is predicated on a holistic mind/body approach to psychotherapy. The cognitive therapist can point to the felt sense level by asking the client the simple question: "How do these thoughts feel in your body?" This may immediately deepen the process. "The role played by cognition cannot be evaluated on the basis of cognition alone. The client must know to sense at the experiential edge. That is where we can find the difference the cognition makes" (Gendlin, 1996, p. 244). Through focusing the client can learn to pay attention to the body's holistically registered experience of the dream and and acquire new and valuable information that mnight not be available from the processes of logic and reasoning alone.

In this chapter I will present an integration of Gendlin's work, the contributions of other focusing-oriented therapists (Lukens, 1992; Dawson, 2001; Kan, Miner Holden & Marquis, 2001; Hinterkopf, 2002), and my own experience and research using focusing techniques with dreams specifically. Working with dreams in a focusing way can imply the use of different approaches, anchored in the bodily felt sense of the client. In 1986, with the publication of *Let Your Body Interpret Your Dreams* (Gendlin, 1986), Gendlin showed for the first time how focusing techniques could be integrated with different theoretical schools in working with dreams

specifically. Gendlin (1986, 1992, 1996) has since presented a number of procedures by which the body can discover meaning and make therapeutic progress from a dream. For this chapter I have integrated a number of different steps and procedures in focusing-oriented dream work into *five comprehensive processes* which require several skills on the part of the client and specific interventions on the part of the therapist: 1) bodily awareness and clearing a space; 2) applying the focusing attitude to the dream and listening to the dream story; 3) developing a felt sense of the dream and getting a felt shift; 4) asking questions or opening what the dream is about; 5) bias control or finding new steps. I will indicate how the client can proceed through the different phases and how the therapist – when difficulties arise and the client gets stuck - can be more directive in teaching the necessary skills.

2. Focusing

Focusing is a process in which the person makes contact with a special kind of internal bodily awareness (Gendlin,1981, 1984, 1996). The body sense or felt sense is like an implicit source, that at first is unclear, nevertheless it is sensed distinctly as soon as one turns one's attention inward and waits for a special kind of bodily sensation. "The body referred to here is not the physiological machine of the usual reductive thinking. Here it is the body as sensed from inside" (Gendlin, 1996, p. 2). The body carries a sense of some situation, problem, or aspect of one's life, felt as a whole complexity, a multiplicity implicit in a single sense. Through interactions with symbols, the felt experience can become more precise, it can move and change, it can achieve a felt shift: the experience of a real change or bodily resolution of the issue. Gendlin (1984, pp.83-84) has described the required attitude to interact with the felt sense as taking the role of "the client's client." The client's "inner therapist" gives friendly attention and silent waiting time, refrains from interpretations, receives and resonates with whatever comes from a felt sense and lets it be at least for a while. In order to teach focusing Gendlin (1981) described a model which

involves six process steps: 1) clearing a space; 2) getting a felt sense; 3) finding a handle; 4) resonating handle and felt sense; 5) asking; 6) dealing with the inner critic and receiving. Some therapists use that model in order to guide people through a focusing process. However it is not necessary to teach focusing during therapy. It is helpful if the therapist models the more general focusing attitude of waiting in the presence of the not yet speakable, being receptive to the not yet formed, listening in a gentle, accepting way, honouring and trusting the wisdom that speaks through the body, finding the right symbolisations in which the bodily experience can move further into meaning. The focusing steps can be referred to as "subtasks" or "microprocesses" offered at certain moments in psychotherapy, to help establish the conditions that are optimal for facilitating particular kinds of self-exploration (Leijssen, 1998; Stinckens, Lietaer & Leijssen, 2002).

Cognitive therapists can employ several "cognitive moves" as part of the focusing technique by asking the client to say to himself or herself: "Let me make an inventory of my problems" or welcoming what comes. When clients in cognitive therapy get stuck because they are engaged in dead-end discussions and the logic does not change anything, or a strong belief is embedded in an experience that is not touched, the therapist can introduce a focusing microprocess to engender an "actual" experience. If the cognitive side differs from the experienced side, one can ask questions of the felt sense until the two sides become indistinguishable. Cognitive restructuring or reframing for example is more effective when it is a real shift in the concrete bodily way the client has the problem, and not *only* a new way of thinking.

In relationships it should be emphasized that focusing can only happen if the interpersonal conditions are right. Gendlin suggests that "one can focus alone, but if one does it with another person present, it is deeper and better, *if* that relationship makes for a deeper and

better bodily ongoing process. If not, then focusing is limited by the context of that relationship" (Gendlin 1996, p. 297). According to Wiltschko,

> The relational space between client and therapist is the living space in which the client's developmental process can occur. In fact, internal and interpersonal processes are not separate, rather they are two aspects of one process. ... If the relational conditions are not good, focusing is almost useless because the inner process is very much a function of the ongoing interactional process (Wiltschko 1995, p.5 and 1).

With dream work the interpersonal relationship needs special consideration because each dream has clearly a personal character, connected with privacy and intimacy; this requires trust.

> "When one talks about one's dreams, one gives someone else permission, as it were, to look behind the scenes, even though one does not know oneself what is going on there. … The therapist who does not take this delicate aspect into account will soon be punished; but if (s)he is respectful, (s)he will find that the client's trust will increase: this will deepen the relationship and the process" (Vossen, 1990, p.519).

3. Bodily awareness and clearing a space

Before working with the content of the dream, some preliminary work is necessary: Focusing requires full bodily awareness and relating to oneself in an open, receiving, friendly way, without being overwhelmed by problems. Finding and keeping a proper way of relating is an important therapeutic process. The therapist will have to intervene differently as a function of the specific difficulties clients can have in this phase.

Some clients do not know *the body* as an internal authority, they look for meaning "outside", such as other authorities (including the cognitive therapist), theories or books. They concentrate on intellectual processes and speak from there, they explain and rationalize a lot. In such cases, the therapist should actively help the client to discover new ways of relating to him or

herself. Introducing an approach addressed to the body is often a necessary step in bringing such clients in contact with a new source of knowledge: their own inner bodily felt authority. Gendlin (1996, p. 71) describes several instructions in order to learn to sense the body from inside. Sometimes it is sufficient to use a simple invitation such as: “Take your time to feel how you are inside your body...”, “Follow your breathing for a moment, simply breathing in and out, without wanting to change anything to it...”, “What strikes you when your attention scans your body?” The therapist can also ask the client to close his or her eyes for a moment and see how the different areas in the body feel. Breathing and sensations in the throat, chest, stomach and abdomen receive full attention. Should the therapist choose to let the client start with some form of relaxation, one should see to it that the relaxation does not become too deep; indeed, focusing demands full concentration and keen receptivity. During deep relaxation there is no felt sense. Relaxation is too deep when the body no longer “talks back.”

At the other end of the continuum clients can be *overwhelmed* by too many feelings and sensations so that no “self” remains to relate to what is felt. These clients show, verbally or non-verbally, that too much is coming their way or that their experiences are too intense. The client is then likely to show aversion for what emerges, or feel anxiety or tension. When the client feels flooded by problems or totally identifies with some experience, the client's way of relating is too close. Before working with a dream, the therapist should help the client to create a space by sorting out the problems the client is carrying right now. They can make an inventory of what’s there, noticing each issue and then creating distance from it, so that the client can stay related to it and not yet sink in it. It may be very helpful to carry this out concretely, for instance by having the client write down on a piece of paper the name of the problem or by drawing it and then depositing the paper somewhere in the room. This process of creating space may be continued even further at fantasy level by using various metaphors (for details and illustrations see: Leijssen, 1998).

Let's first look at an *example* of a therapy session in which one of my clients, who is in a too close process, is helped to clear the space and to achieve a better way of relating. The client comes for the third therapy session; she is bumping into everything and starts talking immediately.

C: I had a terrible dream last night and I feel extremely tense. During the week I cried a lot (starts crying). There is so much I can't stand any longer.

T: Let's look at that together, quietly... Take your time and follow your breathing for a moment - you may close your eyes if you wish - and simply follow the rhythm of you breathing the air in and out... (silence)... You said you were very tense... ask your body what it is that makes you so tense...

C: Well I have to do an awful lot of things.

T: OK, we will have a look at what it is that demands your attention... Here you have a notepad... Each problem will receive a name which you will write down on a sheet of notepaper, and next, you will assign the sheet - and thus the problem - a place in this room here, at a comfortable distance from yourself. So, what comes to you first?

C: There is load of work in our house, various things need repairs... there is a problem with the heating system, the electrical system needs checking, I have to buy lamps, the curtains need washing...

T: Yes, that is a lot all at once. Take a little sheet for each of these worries... and write on each a key word... (silence, C. writes on note paper)... Now assign each of these a place on the floor or somewhere else in this room but while doing so, try to feel how it is to really put aside each one of these worries for a while. You don't forget them but you let them rest, you give them a place... (C. deposits the notes on the floor, within reach, and sighs deeply.) OK, there they are. Now have a look at what else makes you tense. (silence)

C: I urgently have to talk to my son's schoolteacher (C. gives a lengthy explanation of the problem whereby the therapist helps her clarify what exactly she wants to talk about).

T: Make another note of your conversation with the schoolteacher... and put that down too. (C. deposits the note on the floor on the other side; follows a deep sigh)... Is there anything else? (Several problems follow, all of which are similarly given a place.)

T: And then you also had this dream last night… You said it was terrible. Can you just make a note for having this dream and give it also a place here in the room? … Now attend again in your body. Except for the problems you mentioned and that are deposited by the various notes here... can you say you feel fine about how life is going? You should find that the overall sense that comes now is somewhat relieved compared to the way it was before.

C: I'm surprised it can be that simple to feel much better!

T: Now, we will pick one of these concerns. It can be any of them. Give your body a little bit of time to choose which issue to work with…

C: My attention is drawn towards the dream… although I'm afraid of looking at it.

T: OK, we can work with the dream. I'll give you some explanation first.

Whichever way one chooses to create space, in no event is making distance the same as "putting the problem away", "forgetting it" or "repressing it". It is rather a friendly search for establishing a better relationship, where the client gets space to look at problems instead of becoming drawn into them unaware. "In fact, real progress seems to involve maintaining a part of oneself that is apart from the intensity, and supporting that part as one explores the intense emotion" (Iberg 1996, p.24). The therapist helps the client to be *with* the feelings, not *in* them. Focusing works best when the client can "sit next to" his or her feelings instead of plunging into it.

Even when the client is not overwhelmed, it makes sense to start with the process of clearing space in order to grant the body openly the time to reveal what it brings along. Otherwise

the dream work will be influenced by negative feelings, moods, judgments… etc. (Dawson, 2001). Everything which comes up is briefly given attention but nothing is dealt with. The person extricates himself or herself from the problems, thus creating room for the observing self, that becomes free to face the problems and get a hold of the situation. The disidentification is a step towards gentleness, it brings in the possibility of empathy and compassion, it helps the client to develop a healing inner relationship. The phase of clearing space being completed, one may choose one issue – a dream in this case - to work with.

4. Applying the focusing attitude to the dream and listening to the dream story

Clients often feel that their dreams are bizarre and this scares them. Dreams use a specific *language*. I believe that modern western man has lost the capacity to understand the archaic language. By sharing some knowledge about the specific nature of dream language and especially by modelling an attitude of interest, welcome, and wonder, the therapist can help the client to form a better relationship with the dream. When dream work is new for clients, the therapist can give a little bit of information in order to help the client to overcome prejudices and to deal with the "strange" characteristics of a dream. A therapist using focusing techniques will often explain that: dreams are metaphoric like fairy tales; the images point to something, they are not that thing; the dream uses a language which is dramatic and flamboyant; what is produced is not literal but represents some parts of the self in other persons, animals, objects, events. Dreams come to help, they can give support and clarity or bring something new in ones life, they offer opportunities to develop.

Dreams ask for a process of *telling*.

"The dream is a series of images which together form a story. And a story wants to be told, requires an understanding ear, a listener. And the funny thing is: however strange, confusing or foolish the dream story may be, it always has a plot and that plot is always

neat and clear and completely equal to that of a classic tragedy. There is always an exposition, second a plot, then a culmination and it ends in the denouement, the solution. What is amazing is that we are not consciously there but without knowing it we subconsciously create a product of a higher order, as clear and differentiated in its formal structure as a cristal; even a short dream gives evidence of this" (Vossen, 1990, p.517).

We love to listen to the story just as children do. We need not interpret it but rather we sit with it, admiring its creativity and enjoying its intricacy. Listening to a dream can result in deep involvement in someone's life, just by receiving the story.

An *example* given by Vossen (1990) illustrates how powerful it can be for the client when an empathic listener states the simple facts as they present themselves directly in the dream story and retells the on-going narrative stream of the dream in terms of first this, then this, then that happened:

"As part of a training I had been working with participants and their dreams. … There was a woman, unknown to me, the partner of one of the participants … saying: "I don't have very much confidence in working with dreams!" "Why not?" I asked. She said: "For the last few years I have been dreaming this recurring dream; I once presented it to a psychoanalyst, and later on to another and they both came up with explanations which were useless to me." This roused my curiosity, so I asked: "What was your dream?" She hesitated, looked at me and apparently overcame her hesitation, for she replied: "In this dream I am at a fair: I am holding on to a merry-go-round which is turning round. Then, all of a sudden, it starts to go faster and faster. I cannot hold on any longer and I am hurled away into nothingness. Then I wake up, drenched with sweat." My first reaction was to try and place myself in her position: "It is as if you are hanging on to something (here one should think of the metaphorical meaning) and you feel cheerful and comfortable; and then it seems as if things are speeding up and are taking a direction

> impossible for you to follow; and then you are lost." Her face turned pale: "Could it be then that I still have not got over my mother's death?" After a while, she recovered and started to talk: when she was five years old, her mother died rather suddenly. She herself was the oldest child and had taken charge of the household" (pp.516-517).

The charge and the power that is stored in the series of images can sometimes already be elicited if someone joins in, listens carefully, and paraphrases the actions in the different images in an empathic and nonjudgmental way. In this "warm bath" of relating to the dream, the cristallized and frozen product can dissolve and can be brought back to active experiencing. Thus it affects the client and brings meaningful associations. Spontaneously many clients do not tell the whole dream story, they run to the climax in the dream and are overwhelmed by the catastrophe, identifying themselves with the strongest emotional aspect. It is important to keep pulling them back, to invite them to tell the dream in it's own "logic" which arises from its unique progression of images and events, and to go over ever detail in the story (as good storytellers always do!).

> "If the dream analysis begins by concentrating on one or more of its especially salient aspects, the crucial ever-unfolding contexts of meaning are necessarily lost. In effect the chronology of the dream establishes the context within which all the dream events and images constitute and convey their special meaning" (Jennings, 1986, p.315).

Clients tend to skip over aspects that manifest themselves as insignificant, dense, secondary, meaningless. Being respectful to the dream implies "letting the dream speak for itself", listening to the exactness of the dream, following the series of images and the course of the action - first the exposition of the story, then the plot, then the climax and finally the solution - as to give the strenght and the vivedness of the experiential process a chance. One could say that in dream work the therapist has "two clients": the person and the dream. The therapist helps the person (the first

client) to take the position of an interested observer and to listen to the dream (the second client) with an open and empathic attitude.

5. The felt sense and the felt shift

Focusing oriented dream work happens in the client's body, not in verbal conversations. Working in an experiential way involves the client's *bodily felt sense* from (some part of) the dream.

> "Some dream images are accompanied by an odd and indefinable feeling, a unique taste, an aura, a bodily quality, which, if focused on as such, is a felt sense. … Every aspect of a dream can generate a unique felt sense. Once that unique felt sense has come, it has a life on its own. Even if we wanted to, we could not talk ourselves out of it, nor could we help it if it did not budge in response to some good idea. Then, when the sense finally opens, and the whole stream of details emerges from it, the image is no longer a distant object about which we can only speculate. Only such an opening should count as a successful interpretation, rather than ideas that simply 'fit', 'click', or generate an intellectual 'aha'!" (Gendlin, 1996, p.302).

The felt sense can be invited by *instructions* or questions such as: "Go inside and ask in your body how this part of the dream feels", or "Keep your attention in the center of your body and ask how you feel in there when you think of that image in your dream. Wait to see if a vague feeling forms. If only old familiar feelings come, keep on paying gentle attention to the center of your body until a feeling forms which is at least a little bit new and which you cannot at first easily describe." In cognitive therapy more deepening of the dreamwork can result from inviting the client to form a felt sense about a dream theme or a thematic content. When a cognitive approach succeeds, it changes the deeper layers implicity. If the dream is restuctructured with appropriate disputation and rational challenges to the dysfunctional material, it can be a major

therapeutic step if the client can also feel in his or her body a positive effect of the new way of thinking.

Lukens (1992) illustrate*s* this unfolding felt sense in a story about how Gendlin was helping him to work on one of his dreams:

> "he asked me to find a word to describe a woman in my dream who was getting married. As I put my awareness inside my body, a felt sense of the woman formed. From this sense, the word "delicate" emerged, which felt like the right word to describe it. As I stayed with the feeling, I became aware that this was a quality for which I had no models in my early life" (p.19).

The felt sense isn't a usual feeling or emotion, like anger, fear, or sadness; in addition to such recognizable feelings a dream leaves one with a unique felt quality that fits no category. It is an indefinable, global, puzzling, odd, uneasy, fuzzy sense in the body; it contains a whole constellation in which emotions can be embedded. Suppose a dream image evoces anger; then one can ask: "what is the whole constellation of which this anger is part?" Soon a vague new feeling will form in the center of the body. This is the felt sense. One can pay attention to it until one feels a definite change in the feeling. This is often accompanied by a new awareness or insight. It is called a *felt shift* or body shift. It is a bodily sensed growth direction that feels unmistakably right. This physical felt shift is a breaktrough, a bit of energy freed up in the body. It is the touchstone of the focusing oriented dream work (Lukens, 1992).

Paying attention to the felt sense and the bodily felt shift can work in a complementary way with cognitive therapy: Does a given cognitive restructuring bring a step of change in how the dream or the problem is experienced concretely, somatically? If it does, the directly-sensed effect must be pursued further. If there is no effect, we can discard what was said or done. If a cognitive effort fails, further listening to the felt sense can tell us what is in it and bring a new

opening. A shift in the felt sense brings also new cognitions that move life forwards (Gendlin, 1986).

For people who are not used to working with dreams, or for those who do not remember their dreams, it might be a good idea to start in a more general way and pay attention to their felt sense of dreaming (Dawson, 2001). One of my clients in therapy said he never dreamt. I asked him: “Thinking about dreams, what can you experience in the middle of your body?” He felt “uneasiness” , “loosing control”, and “something like sadness”. I asked him to stay somewhat longer with this whole indefinable feeling where sadness might be part of. Then suddenly he had a memory of himself as a child of seven: he had told a dream at breakfast and the whole family had made a fool of him. Since then he couldn’t remember having had any dream.

6. Questions

Different psychological approaches can be of use in understanding dreams. It is important for the therapist to have knowledge of different approaches to dreams in order to help translate the mysterious language of the dream. In focusing-oriented dreamwork, different theories (Freudian, Jungian, Gestalt, Existential, Cognitive) can be used as a source of questions, of hypotehsis development. The client is invited to asks these questions to his or her inner knowing and to let the answer emerge from the felt sense of the dream.

> “Instead of saying what a dream means, or what some parts means, we ask “Does something come if we suppose such and such?” Experientially speaking, different interpretations are simply hypotheses. Hypotheses are best expressed as questions. We therefore use all the theoretical systems to generate small-scale questions, until the dream is interpreted in terms of concretely experienced steps arising in the client’s body” (Gendlin, 1996, p. 202).

Gendlin (1986) offers many questions derived from different theoretical systems. They are simply open-ended questions about different parameters of the dream, grouped in *five categories*: associations, elements of a drama, working with characters, decoding ways, and dimensions of development. The client is invited to sit with each question a while, just long enough (about a minute) to let the question or the cognitive hypothesis touch the felt sense of the dream. Usually some lead to important associations, emotions, new cognitions, some questions lead to nothing. When the felt sense itself answers, there is a felt shift; this physical signal of relief, opening or energy is the concretely bodily felt touchstone of the genuineness of the interpretation. The questions can be asked in any order and one will never need all the questions with one dream. If cognitive therapists work in a focusing-oriented way, they can use the same questions they always ask *and* connect the client's "thinking" to other kinds of experience. An effective question has a directly sensed effect. At each step the therapist can ask the client how a specific thought affects the experience. If the experience shrivels as a result of the thought, they better shelve that thought and seek another question that will maximize it. An experientially connected thinking is not "intellectualizing"; it carries the experience forward and brings more psychological change. We will illustrate how different questions, grouped in the five categories, can be used.

6.1. Associations

The only question that needs to be asked every time and that *always comes first* is the open-ended question: "What comes to you in relation to the dream?" By example, a client tells the following dream (Gendlin, 1986, p. 29):

> "I got to my seat on the airplane. Lying right on the seat was a child's ring with different color stones. Someone had just left it there. I knew it wasn't worth anything, it was plastic with glass stones. It was definitely a child's ring. It then slipped down between the seat and the wall, and I left it there." Therapist: "What comes to you, what are your

associations in relation to the dream?" Client: "What comes to me is the airplane. I am soon going on to my new job. The job is temporary. It's just exactly what I'd like to be doing, so I am getting ready not to be disappointed when it's over. I keep having a hope that it would become permanent. Actually it's certain not to. Yes, it's like that ring. It looks like gold and diamonds, but it's a child's toy."

Asking for associations can have more powerful effects when the client has a felt sense of (some part of) the dream. Then the therapist can offer the next questions:

> "What did you feel in the dream? Sense the feel-quality of the dream. Let it come back as fully as possible. Choose the most puzzling, oddest, most striking, or most beautiful part of the dream. Picture it to yourself and let a felt sense of it come in your body. … Pay attention to the middle of your body. Sense what feel-quality the dream-image makes there. … Then ask: What in your life feels like that? Or: What does this feel-quality remind you of? … What did you do yesterday? Also recall what you were inwardly preoccupied with. Something related to the dream may come up" (Gendlin, 1986, pp.166-167).

One can come back to some of these questions to get associations later in relation to any part of the dream.

6.2. Elements of a drama

Approaching the dream as a drama can translate into questions about the *setting, plot and characters*:

> "Visualize and sense the lay-out of the place in your dream. What does it remind you of? Where have you been in a place like that? What place felt like that? … Summarize the events of the dream. Make it more general. Then ask yourself: What in your life is like that story? … Take the unknown person in your dream. What does this person remind you

of? What physical feel-quality does this person in the dream give you?" (Gendlin, 1986, pp.168-173).

Working with the characters can continue by more questions about people or objects in the dream: "What is an adjective or a phrase that would characterize the felt quality of that? If that were a part of you, perhaps a part that you don't know very well, what part of you might it be? Can you feel it in your body?"

In the example of the "plastic ring dream", the client summarised the story:

"Well, first I saw the ring, and then it was gone. That summary doesn't do anything. How could I get more events out of the story? Oh, I see. First the ring was there, then I didn't take it, that's when it slipped down! … What part of me is that? The ring? I know. Sure. It's the child part of me! And I didn't let that be, so it went away. I keep that down in myself, out of sight" (Gendlin, 1986, pp. 29-30).

6.3. Working with characters

The therapist can invite the client to work deeper with characters or objects from the dream by letting the client *play the character or be any object* from the dream:

"Imagine that you are preparing to act in a play.You are going to play that character from the dream. Let the feel quality of being that person come in your body. How would you walk on stage? How would you stand or sit? Don't decide. Let your body do it of its own accord. Exagerate it. Wait and see what words or moves come from the body feel" (Gendlin, 1986, p.176).

The agent for interpreting the dream is the physical sense of a new way of being, an inward shift, the new energy-quality in the body.

I will illustrate this process with a fragment from a lengthy therapy (Leijssen, 1999). The client is a single 32-year-old woman who came to therapy after an attempt at suicide. The most

important issues she worked with in therapy are the relationship with her demanding and dominant mother and her battle to create more distance between herself and the mother. During the 31st session, she tells this dream:

C: I saw my mother drive a car. Next to the car was a green horse trotting, a very beautiful, very big and firm, beautifully shining, well-muscled horse. At a particular moment, it died, it just fell down. I know it is dead.

T: What feeling did this dream give you?

C: Actually none, I simply see the horse drop dead. I wasn't even present in the dream myself.

T: You just find the horse trotting next to your mother dropping dead.

C: Hm.

T: But you stressed how beautiful the horse was in your eyes.

C: Yes, no horse can be so big as the horse in the dream, neither so firmly built.

T: Could you – by way of experiment - crawl into the horse's skin and tell the dream as if you were the horse.

C: Hm (silence) ... It seems that I have to run very hard and I see the car, but my mother does not see me.

T: Are you running a sort of competition?

C: I have to overtake the car or keep track of it, and yes... she doesn't see me.

T: You're not seen, however hard you run to keep track of the car...

C: Oh yah, and then there comes this moment... It seems like... yes, there was a bridge that only cars can take and I can't go on.

T: She crosses the bridge where you can't go on anymore.

C: Yes, yes I stop.

T: You stop with what?

C: I give up, I surrender. But it has more to do with the fact that she does not see me... That's it, I quit trying, I do not run any further to be seen by her.

T: Take your time to experience that feeling: 'I quit running to be seen by her'... Sense the feel-quality of that for a while…

C: The battle to be noticed... to give that up... it brings me peace... (silence, sigh).

T: Remain in the horse's skin a little while longer... As you described the horse...

C: I still have the image of it being so big and strong...

T: Can you try how it feels to say: 'I am big and strong'...

C: That's hard for me... that is exactly the part that I want to give up.

T: In the dream, that big, strong horse drops dead...

C: Yes! I can understand that, that makes sense... because I do not want it anymore, the big and the strong... yes, it drops dead! ... (silence, sigh) ... and it also has to do with what I said before: in reality, no horse is that big, it doesn't coincide with a horse in nature.

T: It wasn't realistic to be so big and strong... Your nature is different?

C: It was how mother wanted me to be, she exagerated everything to keep up appearances... it's weird, but I feel no regrets for the horse dropping dead, while you would expect that it is a sad thing...

T: Dying in a dream often symbolizes ending something... I hear that in the dream, you don't feel sorry to let go of the exaggerated big and strong.

C: Yes, I am in fact ending a period in my life... (silence)... But reality is also that I have to find out where I'm standing now.

T: That you have to rediscover your own nature...

C: Exactly. It's amazing how much this dream contains. A whole new and rich inner world is opening for me. I feel immensely supported in the feeling that I do no have to be pretentious, but that I have to stay with my own nature.

Sometimes clients *refuse* to "be" a specific character. This strong resistance is interesting to focus on. By being gentle and understanding with this feeling, it will tell you more about the reasons of rejecting some types of characters. The therapist can also invite the client to work at confronting it and standing his or her ground with it. In general, if it feels wrong for a client to be that character, one can try relating to the character in some way that is new.

For example a client has told the following about his dream (Gendlin, 1986, p. 180):

> "The Nazis had taken over. We could be shot any time. It was no use fighting back or hiding. … I refuse to be a Nazi. … I want to have nothing to do with the whole thing. Nothing. Well, hmm. Yes. I can sense something more alive, if I assume I'm going to stand my ground, meet them some way. Right! Why should I avoid the damn bastards! Why avoid anything! " One can also ask: "If this were a real situation, what would you do? Or what can you imagine doing in such a situation that gives you energy?"

A question in which the client is asked to *continue* the dream or complete a dream image, can also bring something new:

> "Vividly visualize the end, or any important scene of the dream. Feel it again. When it comes back as fully as possible, just watch and wait for something further to happen. … What impulse do you have now? … Let it well up from attenting in the body, don't invent it" (Gendlin, 1986, p. 181).

6.4. Decoding ways

Gendlin also offers questions about decoding the dream information: symbols, body analogy, and counterfactual.

> "Each person is unique. Therefore "universal" symbols cannot have the same meaning in everyone's dreams. And yet a garden hose stands for a penis and a woman's purse for a

> vagina. How can we reconcile this contradiction? … Human life gives most objects some universal functions and meanings. Therefore, even without Freud, you can ask yourself, "What is a garden hose, anyway, and how is it used? One holds it sticking out in front of oneself above ground level, and a liquid spurts out of it, which makes the grass grow." Especially if you use not only your mind but also the body-feel of standing there, using the hose, it will soon give you its universal meaning. … The person's associations may change the object's usual meaning. "Our garden hose is all tightly rolled up and has been left that way since we bought it. It came that way from the store and we've never used it." Here the hose clearly stands for something unused, tightly coiled, lying there ignored. Whether it mainly means that sexual power is left in this way remains to be seen. It is not certain. … Every common thing is a symbol in that it brings a cluster of common uses, meanings, and functions. These provide a kind of graph paper, a background design, which help us interpret the unique dream" (Gendlin, 1986, pp. 85-86).

Questions about *symbols* can be asked in a very simple way: "What is that kind of thing anyway? What is it used for? Say the obvious. … Then substitute that into the story of the dream. See if the dream makes sense when seen or thought of in that way" (Gendlin, 1986, pp. 13-14).

I can illustrate this phenomenon with a dream from the lengthy therapy of the same client that in the 30th session told the "horse dream"(Leijssen, 1999). In the 35th session she tells:

C: I needed a new bra and I was in a lingerie shop. All the bras I tried on failed. Eventually I didn't buy one, they were all wrong in the same way: the cups were too round and the straps were too small.

T: So you wanted to buy a new bra, but while trying them one, you noticed they were all wrong and you leave without buying one… I know of course what a bra is, but can you tell me what a bra is to you?

C: I've always had the impression that I wear one despite the fact that I don't need one.

T: Ah yes, why then do you wear a bra if you don't need one?

C: It's a habit… Yes, you put it on in the morning out of the habit… It happens that I forget and then I think that everybody sees it, although I know that isn't the case… but a bra… yes, theoretically I must say… that is support eh…

T: But a support that you actually don't need… that you put on out of habit and that you sometimes forget… in which case you are worried that others can see it… What is it that the others may not see?

C: I don't know, I think they've never seen it… It is more me feeling not at ease… Those naked breasts… It has to do with something that is proper, all women wear bras.

T: YES?

C: (laughs loudly) Well I think so, I suspect that, and those shops have to survive too...

T: It seems like in this case you don't start from your own needs. You seem to start from the way it is supposed to be done

C: Yes, that's the way it is, women are supposed to wear… yes, that has nothing to do with my needs. Because I remember when I was a girl, at a certain moment, my mother bought me my first bra and I said; "What is that? Do I need that?" … But my mother insisted, yes I had to… Much later I found out that I was wearing it the wrong way!

T: Your mother gives you a mold that you don' t want, but you seem not to be able to sneak out of wearing it and you wear it the wrong way… but it is supposed to be like that…

C: Yes and it literally did not fit!

T: And in the dream you are in this store with bras that are all wrong…

C: That was even funny! It was such a ridiculous sight!… Almost a caricature; when you try to wear something that doesn't fit, it becomes ridiculous.

T: And the things that don't fit are the round cups and the short straps… I am imagining what you must look like to fit in those…

C: I suddenly have to laugh… with those way too short straps… (C and T laugh loudly) you have to keep it up high… Ah, I mustn't think about it! And those phenomenal cups, that is real slapstick!

T: You try to fit in that absurd mold… but you find it so ridiculous that you don't buy one…

C: No! It was obvious, the feeling; they do not fit, I don not need them! (deep sigh)

T: A real relief when you don't to force yourself into a mold that doesn't fit.

C: I suddenly realize how often I have done that and what a great feeling it is to say; I don't need it… First I thought; do I have to be unhappy because they don't have anything in the store that fits me… But now I think; I don't have to be there… Why should I wear something that I don't need… I feel better without…

T: Do you have any idea what the lingerie store stands for, something of which you feel: I don't have to be there? (silence)

C: I think it represents every aspect of the woman my mother tried to make me… the unnatural… the mold to which I had to adjust myself… pretending to be more than you actually are… For such a long time I thought there was something wrong with me because I didn't fit in there…But now… it feels so good to be able to say; I do not need these things… I won't be forced into it again…

T: Wonderful to move so naturally , in your own mold.

C: This is the first time in my life that I become aware of that. It feels so great to be able to feel that I refuse what doesn't suit me. These images give me an inner grip to go on on the road taken.

Something in a dream may make sense if viewed as a *body analogy* and then decoded. Gendlin (1986, p. 182) gives an example:

> "I owned a motorcycle. (I've always wanted one but women aren't supposed to.) It was standing, or rather, leaning against the garage wall. There was ice on the motor and on the

back weel." The client discovers: "Well, if the motor is frozen, it won't start. My wanting a motorcycle is on ice, I guess. Let me feel that in my body, my wanting a motorcycle. … Oh! sure! My sexual desire is on ice, too. Ice is like an anesthetic. I don't feel the desire. … But I could."

In questions about the *counterfactual* the client is invited to look what in the dream is especially different from the actual situation. What has the dream changed? For example a client dreaming:

> "My father came to visit, but he was huge." Experts could give different interpretations: the father means too much to the person, or the dreamer needs to correct her view of the father that is too small. In focusing-oriented dream work the body must decide by asking and sensing: "Could it mean something, if I tried out saying that he is much more important to me than I tell myself? Let me be quiet and see if something comes to me" (Gendlin, 1986, p. 183).

In a video demonstration (Focusing Institute, 1992) Gendlin works with a client who describes a room in her dream. The room is a place she knows and it gives her good energy. "But", she says "it has wooden beds and here in the dream these are iron beds." Gendlin puts the attention on what the dream changes: "Where have you seen iron beds?" This reminds the client of a hospital situation.

6.5. Dimensions of development

The next questions involve aspects of human development: childhood, personal growth, sexuality, spirituality.

> "What childhood memory might come in relation to the dream? In your childhood, what had this feel-quality from the dream? … How are you developping, or trying to develop? What do you stuggle with or wish you could be or do? … If it were a story about your ways of being sexual, what would it be saying? … What creative or spiritual potential of

yours might the dream be about? Are there dimensions of being human in the dream that you don't take much account of in your life?" (Gendlin, 1986, pp.15-16).

Gendlin (1986, p.191) illustrates this:

C: This huge mansion was full of gold and antiques. I was a thief. I went in and stole the sheets from under the bedspreads. The bedspreads were gold. I left them slightly rumpled.

T: What would you say is the difference between sheets and beadspreads?

C: Well, you need sheets, but bedspreads are just for decoration.

T: Do you mostly spend your life on what's needed, with little time for beauty?

C: It's true I don't have much time for things like beauty, for myself.

T: What might come if you try saying: I've mostly used everything for work and needs. Does something in me want my life to be more than that?

The list of questions is a storehouse of *possible moves*; one can generate various versions of each question and also ask other questions that may occur. If one has a great hunch, it can be phrased as a question. With each question it is important to make sure there is a felt sense there, to ask; only the dreamer's body can interpret the dream. The questions are meant to help the dreamer explore his or her felt sense, to sense into the intricate, not yet known place from which movement comes. It is important to notice after each question if it brings life energy forward or a new step in the client's process (Hinterkopf, 2002).

> "However, although questioning can sometimes lead to a concretely experienced therapeutic step forward, if the dream seems only to be a good metaphor for what the client already knew, it probably means no therapeutic step has come as yet. The client may want to stop at this point and so we stop of course. It may be quite enough to identify what seemed so puzzling in the dream. … But the dream has not yet made its essential contribution as long as we only have a methaphor for what we knew before the dream. … It is not enough to know what problem it is that is translated into the dream symbols. The

unique images themselves contain an implicit energy that can develop into a therapeutic step" (Gendlin, 1996, p. 204).

How the therapist can invite more new steps is worked out in the following procedures.

7. Bias control

Even if the dreamer has found already something new from the dream, the bias control can add a different and more convincing interpretation of the dream. "Bias" is the usual way people would react. The bias control consists in expecting a step from the opposite to one's usual attitude or thinking. People tend to apply to the dream the same view they always apply to anything in life. For example, if the client experiences an aggressive force as something menacing and bad, his or her usual reaction and feeling would be to run away in fear. The bias control gets *beyond* imposing the client's *usual conscious attitudes* on the dream. Compared to just asking questions, this part of the method is more challenging and not so elegant.

7.1. Disagreement

One procedure of bias control is to look for where there is a disagreement between the dreamer and the dream. The disagreement might be between the dreamer and some other figure in the dream. Or it might be between the dreamer and how the dream makes the story go.

For *example* (Gendlin, 1992, p. 25):

> "The dreamer is on a train and realizes he forgot his baggage at the station. He gets off and struggles to go back to get it. But on the way back there is a "distraction". The dreamer keeps saying, "It's a distraction; I've got to get my bagage." But the dream says in effect: "Sorry, you're going this way, over this wall, into a new space."

There is a juncture in the dream at wich the dreamer rejects or denies what the dream says, or conversely, at wich the dream refuses to do what the dreamer asks. Conflicts between dream and

dreamer do need to be worked with, but neither side is simply right. The experiential method has this advantage: the client feels already one side of the issue, when the other side is physically experienced, the change step that comes can take account of both sides.

For example (Gendlin, 1996, p. 209-210):

> C: "A woman gave me a diamond necklace, lots of diamonds. I didn't want it, so she gave it to someone else. Later I was sorry. I could have sold it. I don't have any money." T: "Why don't you like diamonds?" C: "I just don't." Her dislike of diamonds is familiar but the felt sense of all that is involved in her dislike is still unknown. The therapist invites her to let a felt sense come. "Diamonds are valuable. There could be something valuable in them? What's your whole sense of diamonds?" C: (long pause) "Diamonds are for certain kinds of people … uh … hard, cold people. … Oh, yeah, sure! Diamonds are ice! Like ice on the motorcycle in the other dream! … Yes, they make me feel like that, cold, froozen. My froozen sex. Hmm … yeah, I turn away from it … I feel it melting again." Was the dream "right" to give here diamonds? No, because they were in their cold froozen form. Was the dreamer "right" to reject cold frozen things? No, because they were her sexuality, only froozen. Both sides are right, and wrong, until the constellation changes. The dream images have the change implicit in them, but the change actually comes only in the client's body."

7.2. The opposite

The new step or the direction of growth is often in something that seems bad or *at first negative*. The bias control invites the client to look at the opposite of what he or she thought, or to what he or she rejects, finds unattractive, wrong, evil, threatening, undesirable. If the therapist asks how it might represent something needed inside the client, what is needed can come in the body very quickly, and very positively. The new step is often the opposite of what we value most.

This doesn't mean we change our values to the opposite, not at all. We merely expand them a little. For instance (Gendlin, 1986, p. 61):

> "You dream of a killer chasing you, a rotten or obnoxious person or a wild animal is after you. Of course it is not your growth as a person to become a killer, a rotten person, or a wild animal. And yet, if you look in that direction, a very positive new quality may come in your body. For example, it might be an energy to go after the things you need. Or it might be a new ease. It might be some sound instinct."

The new energy can be contacted in the body by trying out what comes in the body while role playing any figure that seems negative in the dream or by simple asking the body about the bad-looking part in the dream: "How might there be something in this which you need?" The body gives something new, neither the old way nor the thing in negative form.

7.3. "Help" from the dream

Another procedure to find a new step is looking for "help" from the dream. "Help" is anything that brings a new and freeing energy, a good or expansive quality, physically in the body; it can be everything positive that we want to take with us when we come to work on the main issue. The therapist goes looking in the odd places and also among the ordinary objects in the dream until he finds some help.

Gendlin gives the following example (Gendlin, 1996, p. 205):

"There is a boat in the client's dream;

T: What is a boat, to you? Where were you last on a boat?

C: I haven't seen a boat for years. When I was a kid we used to take the Ferry.

T: What was that like?

C: The ferry, ah! (His face lights up and his whole body changes.) The ferry was glorious.

T: Let's take the feeling of being on the ferry with us, as we work on the rest of the dream. OK?"

Another example(Gendlin, 1992, p. 28): "C: On the bridge an old man was standing. T: Let's have that old man stay with us as we go on. Does that seem possible, to have his company with us as we go on?"

If the client has a dream about something *painful or scary*, Gendlin believes that if a dream brings an issue to work on, it also brings some help. So he advises not to ask into that issue before finding some help from the dream. If the client hasn't told already of something with positive energy, the therapist asks: "In the rest of the dream is there perhaps an animal or a plant, or a baby, or some living thing or some beautiful thing?" Sometimes there is something in the dream that should be "help", but in the dream *it looks or acts badly*; for instance an animal acts in some unnatural way.

> "At a workshop one participant told of a dream in which there was a sick turtle walking slowly down the road. The image gave the dreamer an awful but familiar feeling. She was asked: "What would a healthy turtle be like?" … "A healthy turtle? Well…" She inhaled and exhaled a long breath, and her posture and color changed. … "That sure feels a lot better." … "The good way your body is now, could that be a way to handle that situation that your dream is about?" … "Yes! it has a lot of meaning." … We see it isn't enough for the dream to be only an accurate metaphor for a dreamer's problem. … The turtle image has an incipient energy to engender certain changes. … But when something naturally positive is in the dream as sick or negative, we ask what a healthy, natural one would feel like" (Gendlin 1996, pp. 205-206).

7.4. Steps of resolution

A new step can also come from working further with the problem in terms of the dream images and sensing how they can organically lead to steps of resolution.

By way of example, let us take another look at the lengthy therapy from which we already looked at the "horse dream" and the "bra dream" (Leijssen, 1999). The excerpt is from the 37the session:

C: There was a big oak tree with a rope hanging from the lowest branch and I was tied with one foot to that rope, hanging with my head down. I could free myself and every time I was free, it started again but then one level more difficult. I also knew there were people watching from the bushes. I didn't see anybody, but I knew there were people watching. I was resting on a branch. I was injured, there was blood on my hands.

T: So you are tied up to a big oak tree and every time you free yourself, there comes a more difficult process of freeing yourself. At the end you stay on a branch, injured, while you know there are people nearby. (In the next part of the therapy, the client finds out that the oak tree is symbol for her family.)

C: That was really tiring, always starting over. … I am free and I am resting. … I am scared of looking down, the branch on which I am sitting is too high, my feet can't touch the ground. … I would hurt myself if I would jump down.

T: You already have a lot of injuries from freeing yourself and then you find out that the branch on which you are sitting is too high. So you are afraid you might injure yourself even more trying to get your feet touch the ground…

C: (cries) That is what I am experiencing… I want to get of that branch but I don't know how. (silence)

T: You said something about people in your dream being in the bushes… Can you tell me a little bit more about that?

C: They were simply there. They were doing nothing special.

T: Did they see that you were injured or how you were sitting in the tree?

C: No, they didn't do anything… I think they didn't know that I was injured… I think they had the impression that I was OK where I was sitting…

T: Were you trying to give them that impression?

C: I was totally absorbed by freeing myself and the wounds… The branch on which I am sitting is too high. Jumping down would be committing suicide.

T: I am surprised that you are only thinking of jumping down as a way out… and that would be too painful… (silence)… Do you really want to get out of that tree?

C: Yes, but I don't know how, the branch is too high.

T: Let's try to think of a way to get out of the tree without having to injure yourself even more…

C: I could call some people from the wood… that is the only solution that I see… Else I have to stay on the branch… Yes, asking for help… I didn't think of that before…

T: You could ask the people there to help you out of the tree…

C: Yes (smiles), but in my dream I didn't take that step, I am tiring myself and every time I get stuck again…

T: You stay alone in your process of freeing yourself… I is striking that you don't think of asking the people around you for help…

C: It strikes me that that's the way it is… I recognise asking nobody for help… Yes, like in the dream… I just didn't think of it… While I'm thinking now: of course you can call these people and when someone comes, you just have to step on his shoulder…

T: How does it feel to really imagine that… you step out of the tree… you go down… you use someone's shoulder as support…

C: Yes, that is the way I want to get out of the tree… I still don't understand that I didn't think of that before… In the dream, I was so desperate, I seemed doomed to stay in the tree.

T: You were so absorbed by freeing yourself from your family and also by the injuries you got from doing that, that it slipped out of your mind that you had people nearby to which you could signal that you could use some help.

C: I have been thinking the past week: if I would get sick… than I wouldn't have anyone… That made me very sad… That idea made me panic… Now I feel that I can appeal to other people when I'm in need… Funny that I didn't think of that before… I was under the impression that I couldn't get out of that tree without getting hurt. The sudden idea that I can ask for help is really helping and freeing. It makes me want to explore my relationship to others. It is encouraging to enlarge my perspective to people outside my family.

This example also illustrates how the therapist looks for the *point of choice* in the action and invites the client to try and feel through a different action than her problematic reaction which is symbolised in the dream images and actions. The images of the dream turned out to have steps to resolution implicit in them. The bodily felt shift brings the new action step very organically. What was bodily experienced here at a symbolic level, has the power to create real change in the client's actions in daily life.

8. Conclusion

The content of dreams are inherently inexhaustible and when used with the body and in interaction with the therapist it is possible to discover that dreams and images have an incipient energy for movement. The process of dreaming is:

> "a dimension in which our life unfolds and dissolves, manifests and transforms as an ongoing creative process. Dreaming is answering questions and needs you may have forgotten you asked for. Rather than looking for answers, find your specific question and need that got answered by a certain dream. Dreaming is kind of a motherly nourishment.

> Not all of our needs have to be fulfilled on the physical level. To make this more powerful one can ask: What did you do in a dream you once or always wanted to do in real life? Keep the feeling of what it is to have it done, don't limit it down to "it was only a dream". How does the body experience it, what is the emotional experience of this happened event (like traveling somewhere, having a lot of money, quitting your job)?" (Dawson, 2001).

Finally I believe that cognitive therapy and focusing-oriented work complement each other, because *experiential understanding* is more powerful and effective in achieving therapeutic results than "intellectualizing" or working only on "gut feelings". Steps of actual change are to be found neither in mere verbal discussion nor in mere emotional intensity. Cognitive work uses the mind to see new posibilities; focusing reaches a different level of awareness and pays attention to how one's body feels about all that. "To think freshly involves *sensing*, after every step of thought. … The value of a cognition lies in its experiential effect" (Gendlin, 1996, pp. 244-245). The process of integration can be natural and fluid if clients are invited to recognize whether what they are thinking matches what they are experiencing. This results in an increased awareness of self and an enhanced experiential understanding of the constellation of cognitive patterns and disorders that relate to particular problems. Experiential working with dreams integrates conceptual process with bodily felt sense; the cognitive arguments one refers to are also experientially held. In combining cognitive and focusing oriented dreamwork, the body's holistically registered experience of the dream is used as the edge of discovery and thoughts can become fresh, alive, agents of change.

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