



Dreams and self-exploration from a person-centered perspective
by Alan Collier Ostby

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Education
Montana State University
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Abstract:

The problem which this study addressed was whether or not the examination of clients' dreams during person-centered therapy results in higher levels of client selfexploration. The degree to which therapist empathy is associated with client selfexploration was also examined. Therapist empathy was assessed in order to determine whether or not the researcher provided equal empathy across sessions whether or not dreams were included.

Five volunteer clients from an adult psychology class at Montana State University-Billings participated in 12 one-hour sessions with the purpose of selfexploration. Examination of dreams was introduced on a staggered schedule in order to separate effects of examination of dreams from that of a higher number of sessions. A person-centered approach was utilized in the sessions, with the therapist attempting to facilitate clients' own process by exhibiting empathic understanding.

Transcripts of five two-minute segments from each session were independently rated on scales of client self-exploration and therapist empathy by trained raters who met thresholds of interrater and rate-rerate reliabilities. Visual inspection of polygon graphs comparing self-exploration and empathy across all sessions were used to assess the data produced by raters. Session notes kept by the therapist were also used to describe the motivation of clients in each session.

The results did not support the hypothesis that examination of dreams increased client self-exploration. There was no observable tendency for examination of dreams to be associated with consistently increased levels of client self-exploration. Selfexploration did vary with therapist empathy, which replicated previous research and added credibility to the rating process in this study.

While the hypothesis was not supported, the session notes revealed much more change associated with examination of dreams. Vital new aspects of each client's life emerged with their dreams, and deeper expression of emotion. The scales used in this study may have inherent problems of insensitivity to what are actually wide variations in expression of affect. Raters may have been unable to ascertain differences due to the use of written transcripts where audiotapes and/or videotapes might have been more effective.

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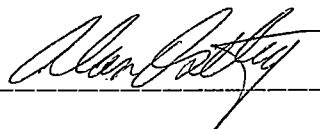
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TABLE OF CONTENTS

| | Page |
|---|------|
| INTRODUCTION..... | 1 |
| Statement of the Problem..... | 11 |
| Need for the Study..... | 12 |
| Operational Definitions..... | 13 |
| REVIEW OF THE LITERATURE..... | 16 |
| Actualization..... | 17 |
| Person-Centered Therapy..... | 19 |
| Dreams and Analytical Psychology..... | 28 |
| Self-Exploration..... | 31 |
| Relationship of Dreams to Self-Exploration..... | 33 |
| Dreams from a Person-Centered Perspective..... | 36 |
| Comparison of Analytical Psychology and Person-Centered Therapy..... | 38 |
| Summary..... | 39 |
| Questions for Study..... | 41 |
| METHODS..... | 42 |
| Hypothesis..... | 42 |
| Design..... | 43 |
| Clients and Selection Process..... | 44 |
| Instruments..... | 47 |
| Treatment..... | 48 |
| Procedures..... | 50 |
| Selection and Training of Raters..... | 52 |
| Analysis of Data..... | 53 |
| Limitations of the Research Design..... | 54 |

| | |
|---|-----|
| RESULTS..... | 59 |
| Introduction..... | 59 |
| Measurement of Therapist Empathy..... | 60 |
| Measurement of Client Self-Exploration..... | 67 |
| Comparison of Client Self-Exploration and Therapist Empathy..... | 75 |
| Hypotheses..... | 78 |
| Session Notes..... | 79 |
| Summary..... | 82 |
| DISCUSSION..... | 83 |
| Introduction..... | 83 |
| Recommendations for Further Study..... | 88 |
| Summary..... | 93 |
| REFERENCES CITED..... | 96 |
| APPENDICES..... | 104 |
| Appendix A: Interrater Reliability of Client Self-Exploration Ratings..... | 105 |
| Appendix B: Therapist Empathy and Client Self-Exploration Scales..... | 106 |

LIST OF FIGURES

| Figure | Page |
|--|------|
| 1. Client #1 and Therapist Empathy by Session..... | 60 |
| 2. Client #1 and Therapist Empathy by Two-Minute Segments... | 61 |
| 3. Client #2 and Therapist Empathy by Session..... | 62 |
| 4. Client #2 and Therapist Empathy by Two-Minute Segments.... | 62 |
| 5. Client #3 and Therapist Empathy by Session..... | 63 |
| 6. Client #3 and Therapist Empathy by Two-Minute Segments.... | 64 |
| 7. Client #4 and Therapist Empathy by Session..... | 64 |
| 8. Client #4 and Therapist Empathy by Two-Minute Segments.... | 65 |
| 9. Client #5 and Therapist Empathy by Session..... | 65 |
| 10. Client #5 and Therapist Empathy by Two-Minute Segments.... | 66 |
| 11. Client #1 and Self-Exploration by Session..... | 68 |
| 12. Client #1 and Self-Exploration by Two-Minute Segments..... | 68 |
| 13. Client #2 and Self-Exploration by Session..... | 69 |
| 14. Client #2 and Self-Exploration by Two-Minute Segments..... | 70 |
| 15. Client #3 and Self-Exploration by Session..... | 70 |

| | |
|---|----|
| 16. Client #3 and Self-Exploration by Two-Minute Segments..... | 71 |
| 17. Client #4 and Self-Exploration by Session..... | 72 |
| 18. Client #4 and Self-Exploration by Two-Minute Segments..... | 73 |
| 19. Client #5 and Self-Exploration by Session..... | 73 |
| 20. Client #5 and Self-Exploration by Two-Minute Segments..... | 74 |
| 21. Client #1 - Comparison of Self-Exploration with Therapist Empathy..... | 76 |
| 22. Client #2 - Comparison of Self-Exploration with Therapist Empathy..... | 76 |
| 23. Client #3 - Comparison of Self-Exploration with Therapist Empathy..... | 77 |
| 24. Client #4 - Comparison of Self-Exploration with Therapist Empathy..... | 77 |
| 25. Client #5 - Comparison of Self-Exploration with Therapist Empathy..... | 78 |

ABSTRACT

The problem which this study addressed was whether or not the examination of clients' dreams during person-centered therapy results in higher levels of client self-exploration. The degree to which therapist empathy is associated with client self-exploration was also examined. Therapist empathy was assessed in order to determine whether or not the researcher provided equal empathy across sessions whether or not dreams were included.

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Transcripts of five two-minute segments from each session were independently rated on scales of client self-exploration and therapist empathy by trained raters who met thresholds of interrater and rate-rerate reliabilities. Visual inspection of polygon graphs comparing self-exploration and empathy across all sessions were used to assess the data produced by raters. Session notes kept by the therapist were also used to describe the motivation of clients in each session.

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While the hypothesis was not supported, the session notes revealed much more change associated with examination of dreams. Vital new aspects of each client's life emerged with their dreams, and deeper expression of emotion. The scales used in this study may have inherent problems of insensitivity to what are actually wide variations in expression of affect. Raters may have been unable to ascertain differences due to the use of written transcripts where audiotapes and/or videotapes might have been more effective.

INTRODUCTION

This study was designed to examine the relationship between the examination of dreams and self-exploration in person-centered therapy. This chapter will introduce the central theories and concepts to be considered, including actualization, person-centered therapy, self-exploration, examination of dreams, and analytical psychology. Also included in chapter one is a statement of the problem of this study, a rationale for the need for this study, and operational definitions for those concepts which will be measured in the research.

Actualization can be defined as a state of fulfillment which is the achievement of the highest potential of each individual at any given stage of life (Kirschenbaum and Henderson, 1989). The concept of actualization is related to the larger theoretical field of psychotherapy. Carl Rogers' person-centered therapy is identified as one of the therapies which aims to maximize the client's actualization. Person-centered therapy and many other psychotherapies characterize therapist empathy, or empathic understanding, as the essential basis of a therapeutic relationship and a major contributor to a client's actualization (Adler, 1958; Rogers, 1951; Carkhuff, 1969). The process of actualization occurs, to a significant degree, through clients' self-exploration during therapy (Carkhuff, 1969). Self-exploration will be the major focus of this study.

Examination of clients dreams during therapy may heighten the

process of their self-exploration (Rossi, 1985). This chapter will describe how examination of dreams may contribute to the process of clients' self-exploration, as an essential component of actualization. Theories of how examination of dreams may contribute to the process of self-exploration are then introduced.

The goal of all therapy can be described as helping people to achieve their maximum potential (Hergenhahn, 1990; Corsini, 1989). This achievement is characterized by the concept of "actualization" (Corsini, 1989, p. 169), which is described as a "basic human drive toward growth, completeness, and fulfillment" (Raskin & Rogers, 1989, p. 598). Individuation (Jung, 1953) is defined in a very similar manner: "A human instinct directed toward self-fulfillment and wholeness" (Kaufman, 1989, p. 594). The achievement of a complete, self-fulfilled, whole state, within our limitations as humans, is the goal of nearly all types of therapy (Corsini, 1989). The search for therapeutic approaches or techniques which enhance self-actualization has dominated psychotherapy research for the last fifty years (Corsini, 1989; Hergenhahn, 1990).

Psychologists disagree on the existence of an innate drive toward actualization, with both strict behaviorists and Freudians denying its existence (Raskin & Rogers, p. 158). Classical behaviorists are the most adamant in denying an instinctive drive toward completeness (Skinner, 1953). Cognitive behaviorists such as Bandura and Mischel (Hergenhahn, 1990) see no need to resort to theorizing innate drives. Some cognitive theorists such as George A.

Kelly do believe that this internal drive does exist (Ansbacher, 1977).

There is, however, some overlap from the fields of psychoanalysis, behaviorism, and cognitive theory with the concept of actualization. Freud (1923) believed that humans are biologically driven to hedonistic goals, and that adjustments are made only to satisfy externally-imposed restrictions. However, neo-Freudians such as Erich Fromm, Karen Horney and Harry Stack Sullivan, and post-Freudians, such as Judd Marmor and Thomas Szasz, do subscribe to an innate drive toward actualization (Raskin & Rogers, 1989).

Many different psychotherapies have the goal of assisting people to arrive at states which, with interpretation, are very similar to the concept of actualization. While the theoretical orientations differ widely, most therapies purport to assist the process of self-fulfillment, whether it goes by the terms of actualization (Rogers, 1951), individuation (Jung, 1953), self-actualization (Maslow, 1987), Freud's self-fulfilling transformation (Arlow, 1989), completion (Adler, 1958), self-realization (Horney, 1951), epigenetic principle (Erikson, 1963), continuous reorganization of innate mental structures (Piaget, 1929), accessing "vast untapped resources for growth" (Ellis, 1989, p. 205), behaviorism's view of maximizing "individual competencies to construct (generate) diverse behaviors under appropriate conditions" to effectively form "self-regulatory systems and plans" (Wilson, 1989, p. 254), "guided discovery" (Beck and Weishar, 1989, p. 302), Gestalt's "awareness" (Yontef and Simkin, 1989, p. 323),

responsibility (May and Yalom, 1989), differentiation (Bowen, 1978), enlightenment or liberation (Walsh, 1989), personal responsibility from transactional analysis (Dusay & Dusay, 1989) or unifying orientation (Allport, 1961).

Many of these concepts have predecessors in philosophy, religion, and psychology which stem from the 19th century back to the classical Greek civilization and beyond (Yalom, 1980). This study is limited to a discussion of the concept of actualization in the context of 20th century Western psychology.

Among those theoretical orientations which claim the existence of an innate drive toward wholeness is person-centered therapy, the chief proponent being Carl Rogers (1942). Person-centered therapy, which has also gone by the names of client-centered therapy and non-directive therapy, has the central goal of helping the client to actualize by integrating past experiences into consciousness, to restore the innate, internal, valuing process. The therapist's job is to provide conditions ideal for the client's own process of self-exploration, with emphasis on experiencing the feelings and emotions which a person may have learned to deny (Rogers, 1942; Carkhuff, 1969). There is a relationship of equality between the therapist and the client. The person-centered orientation has a profound respect for people's phenomenological experience of their lives, and their ability to resolve difficulties on their own terms, i.e. without direction from the therapist (Rogers, 1951).

Person-centered therapy has been highly influential in the

field of therapy (Kirschenbaum & Henderson, 1989), especially with regard to equality between therapist and client. Equality in person-centered therapy can be contrasted with the inequality which typifies the client/therapist relationship in psychoanalysis, to which person-centered therapy was in part a rebellion (Corsini, 1989). Psychoanalysis places the analyst in the position of unquestioned authority (Corsini, 1989). This respect for the client's own perceptions has embued nearly all methods of therapy, although many predecessors to Rogers did emphasize the necessity of empathy for the client's expressed feelings (Corsini, 1989).

Empathy is a fundamental aspect of Rogers' therapeutic method, and is here defined as the degree to which a person is able to understand what others are feeling. In order for therapists to facilitate clients' self-exploration, a least a minimal level of empathic understanding of their expressions must be communicated. Many have claimed that a central determinant of the success of person-centered therapy is the degree of therapist empathy, to which the client is said to react with increasing levels of self-exploration (Carkhuff, 1969; Rogers, 1942; Rogers, 1951; Egan, 1982; Martin, 1983). Adler (1958) wrote, "We must be able to see with his eyes and listen with his ears" (p. 72). Attention to non-verbal cues is an important part of empathy (Martin, 1983). In expressing empathic understanding, the therapist is essentially becoming the "other self" or "alter ego" of the client (Truax and Carkuff, 1967, p. 286.) It follows that if therapy is to be helpful in assisting clients to realize more of their innate potential, or to

actualize, that empathic understanding is vital to the process. For this reason, it will be included as part of this study.

Person-centered therapy has been chosen as the basis for therapy in this project because of its emphasis on the clients' own exploration, or self-exploration, of emotions, feelings, and events in their lives. This self-exploration is a predecessor to the self-understanding which may develop out of self-exploration (Martin, 1983).

Self-exploration concerns the extent to which a person engages in the types of internal examination which are the goals of most of the humanistic (which includes person-centered therapy), psychodynamic and cognitive-behavioral therapies (Corsini, 1989; Hergenhahn, 1990; Carkhuff, 1969; Rossi, 1985). Carkhuff (1969) defined self-exploration as expression of feeling while engaging in thought about personal subjects.

Self-exploration may include the clients' consideration of new possibilities for themselves (Carkhuff, 1969). Self-exploration can also be empowering as the client experiences, for perhaps the first time, the ability to be in charge of his or her own process of self-evaluation, with the therapist in the role of helper (Martin, 1983).

Some therapies do not consider self-exploration to be important, just as they have no need for the concept of actualization. Pharmacotherapy, stemming from a medical model, works from the basis that mental distress is caused by chemical imbalances in the brain, and that no self-exploration or insight at all is required for phenomenological and behavioral changes

(Ammerman, Last, and Hersen, 1993). However, most psychotherapy engages the client in a process of re-evaluation of their thinking, affective, and behavioral patterns (Corsini, 1989; Hergenhahn, 1990), which is the essence of self-exploration as defined above. For this reason, self-exploration is considered as a vital aspect of the therapy process (Carkhuff, 1969).

Emphasis on the client's self-exploration has evolved through the past century of psychotherapy. The emphasis in psychoanalysis was on the analyst's understanding of the patient's condition, rather than the patient's own process of self-exploration (Arlow, 1989). Adler (1936) placed more emphasis on working with his patients as an equal partner to explore their cognitions about and expectations about life. His system also placed the analyst as the expert in interpreting inconsistencies and misunderstandings of his patients (Adler, 1936). Ellis' (1989) Rational Emotive Therapy uses the concepts of thinking about thinking and scientific self-analysis. Behaviorists (Wilson, 1989) assign homework such as self-monitoring, exploring new behaviors and emotional reactions to those behaviors, or identifying attributions and exploring different possible alternative attributions concerning self-efficacy and other constructs. Cognitive therapists speak of "basic beliefs explored and tested" (Beck & Weishaar, 1989, p. 287). The Gestalt therapist facilitates a process of exploration by the client (Yontef & Simkin, 1989). Existentialism (Yalom, 1981) uses the concepts of self-discovery and insight, or "sighting inwards" (P. 338) to represent self-exploration. "All the techniques, however, rest on the

assumptions that at some deep level one knows one's wishes and feelings, and that the therapist, through proper focusing, can increase the patient's conscious experience of such internal states" (Yalom, 1981, p. 309). Thus it can be seen that even though the various psychological orientations differ in the exact terminology and conceptualization, they nonetheless employ a construct which is in each case similar to the concept of self-exploration.

It is possible that self-exploration may be enhanced with the addition of the examination of dreams into the therapy process. (Rossi, 1985). Examination of dreams, for the purpose of this study, is defined as the inclusion of the client's dreams in therapy which employs a person-centered therapeutic approach. Before moving to consider how the examination of dreams might enhance person-centered therapy, a short history will be offered to trace theoretical approaches to dreams in psychology.

Freud (1900) was the first psychologist to popularize the notion that dreams are symbolic representations of the unconscious mind. Jung (1953) collaborated with Freud for several years during which they were both working on dream theories. They parted company, however, when Jung would not submit to Freud's insistence that sexual energy was the main psychological force (Hergenhahn, 1990). Adler (1936) employed dreams to learn about lifestyles and also viewed them as future aspirations. Erikson (1977), who accepted much of Freud's view, also believed that the conscious mind can influence dreams and bolster the individual's sense of competence. Perls (1969) believed that dreams can be interpreted

as mirroring an individual's life.

Freud (1900) integrated dreams into his theory. His conceptualization was that dream symbolism was mostly related to the personal unconscious (and seen as overwhelmingly sexual in nature). Freud (1900) viewed dreams as repressed contents from the unconscious which are distorted by the ego in order to be tolerable to the conscious mind.

The theoretical orientation regarding dreams developed by Carl Jung (1964) may be the most comprehensive conceptualization of the phenomena of dreams and their function in the psyche (Von Franz, 1991; Kaufman, 1989). Jung (1953) characterized dreams more broadly as representations of both personal and collective unconscious, with wider meaning than Freud (1900) envisioned (Hergenhahn, 1990). Jung's (1964) system provides a framework in which dreams are characterized as the most direct communications from the unconscious psyche, and that the communications of dreams are not distortions, but symbolic messages through which the unconscious strives for realization (Kaufman, 1989).

Dreams are potentially a valuable source of information about ourselves which may be used for self-exploration (Jung, 1953a). Dreams are the unique creations of each individual's unconscious psyche during sleep. Because they are unique to each individual, dreams can be a provocative point of intervention in psychotherapy, where the clients are fascinated by their own spontaneous creations (Jung, 1964).

Rossi (1985), in Dreams and the Growth of Personality:

Expanding Awareness in Psychotherapy, provides a more contemporary assessment of how dreams are being used to further the process of actualization. He claims that our most original thoughts of self-exploration come to us in the dream state. Rossi writes of a "psychosynthesis" (p. 184), which occurs when dreams spur clients on to consider their lives from new angles, and then form new insights about themselves. A similar process of self-exploration is described by Jungian analysts such as Von Franz (1991), Johnson (1986), Young-Eisendrath (1984), Schwartz-Salant (1982), Neumann (1963), Henderson (1964), Jaffe' (1964), Jacobi (1964) and Jung (1953a). The process of self-exploration is very similar to that described in person-centered therapy, where the therapist facilitates clients' self-exploration so that they may arrive at new understandings. Perls (1969) also wrote of the process whereby dreams confront dreamers with a living experience of themselves.

The foregoing introduction has attempted to provide a rationale for the examination of dreams in therapy to increase self-exploration by first treating the concept of actualization, moving to a discussion of person-centered therapy and analytical psychology which both have the goal of actualization, and then considering how self-exploration initiates the process of actualization.

Actualization, or a similar concept, is a goal of many different types of therapy. Person-centered therapy has the explicit goal of actualization. Empathic understanding is considered to be a central facilitative factor of the person-centered approach which leads

toward actualization. Self-exploration is fundamental to the person-centered process, as well as many other therapeutic approaches. The examination of dreams with a person-centered approach may enhance self-exploration.

This thesis will study the effect that examination of dreams has on self-exploration within a person-centered approach. The study will concentrate on self-exploration because it is a part of the process toward actualization, and because it can be operationalized and measured.

Statement of the Problem

The problem which this study addresses is whether or not the examination of clients' dreams during person-centered therapy results in higher levels of self-exploration.

This is a process study. It will examine the content of interaction during the sessions. Indications of increased self-exploration associated with examination of dream will be assessed.

The degree to which therapist empathy is associated with client self-exploration will also be examined. Therapist empathy will be assessed in order to determine whether or not the researcher provides equal empathy across sessions whether or not dreams are included.

Need for the Study

The need for this study is claimed on the grounds of the importance of the process of self-exploration, the growing interest in psychotherapies which include the examination of dreams, lack of research relating examination of dreams to self-exploration, and the possibility that this project could provide information useful for therapeutic methods.

Self-exploration is considered by many to be central to the therapeutic process (Rogers, 1951; Jung, 1953; Carkhuff, 1969; Yalom, 1981; Rossi, 1985). Studies which help to further understanding of how self-exploration occurs would therefore be helpful.

Popular and theoretical interest on dreams in the actualization process have proliferated during the last fifteen years (Von Franz, 1988). The author has noted that many colleagues are very fascinated with learning more about using examination of dreams as a therapeutic intervention. Given this interest, a study such as this is timely.

Many research projects have focused on the issue of self-exploration as it relates to therapist empathy, respect, genuineness, self-disclosure, and confrontational style (Carkhuff, 1969; Truax & Carkhuff, 1967). However, there is a lack of research concerning how self-exploration may be heightened during therapy (Seligman, 1990). Claims of effectiveness of any particular method are often made upon questionable foundations (Rogers, 1951; Carkhuff &

Berenson, 1967; Truax & Carkhuff, 1967; Hershenson & Power, 1987; Corsini, 1989; Hergenhahn, 1990). Studies such as this may help to fill the information gap regarding self-exploration.

If the level of self-exploration tends to increase with the examination of dreams, there may be important implications for methods of therapy. These implications might include increased emphasis on the use of dreams in more mainstream therapeutic strategies for the purposes of increasing effectiveness and efficiency.

Operational Definitions

The operational definitions given here are for those factors which will be measured in the research study.

Self-Exploration

Self-exploration is defined on the two factors of affect and subjective disclosure. That is, (1) how much emotion does the client display and (2) how much does the material discussed concern the client's internal thoughts and feelings. The "Helpee Self-Exploration in Interpersonal Processes" scale will be used to operationalize measurement of the concept of "self-exploration" (Carkhuff, 1969).

Empathic Understanding

Empathic understanding of the therapist is defined as the degree to which the therapist accurately communicates comprehension of the verbal and behavioral expressions of the client

on a feeling level. "Empathic Understanding in Interpersonal Processes: A Scale for Measurement" will be used to operationalize measurement of the concept of "empathic understanding" (Carkhuff, 1969).

Person-Centered Therapy

Person-centered therapy is one of the two approaches to therapy which will be employed for this project. For the purposes of this study, person-centered therapy is defined as occurring in those sessions in which the client is free to discuss anything at all (with the exception of dreams) and the therapist responds with empathic understanding.

Person-Centered Therapy with the Examination of Dreams

Person-centered therapy with the inclusion of dream material of the client is the other approach to therapy which will be employed for this project. For the purposes of this study, person-centered therapy with the examination of dreams will be defined as occurring in those sessions in which the client discusses dream materials and the therapist (researcher) responds with empathic understanding and further stimulates the sessions with questions about what the client associates with dream images.

Dreams, for the purposes of this study, are defined as images, stories, and feelings which occur to the client while in a sleep state which the client recalls.

Examination of Dreams

Participants in this study will be asked to remember their dreams for discussion during therapy sessions. The discussion of dreams with a person-centered approach will be defined as the examination of dreams for the purposes of this study.

REVIEW OF THE LITERATURE

The review will begin with a discussion of actualization. The review will then proceed to consider Rogers' (1942) person-centered therapy, which will be the basic approach used in this study. As a cornerstone of Rogers' (1942) person-centered theory, therapist empathy is covered in the section on person-centered therapy. Many therapists in the person-centered field have expanded on Rogers' use of empathic understanding (Carkhuff, 1969; Egan, 1982; Martin, 1983). Many other psychologists from a variety of theoretical backgrounds also consider therapist empathy to be an essential quality for effective therapy (Hergenhahn, 1990; Corsini, 1989).

Literature examining the importance of self-exploration, which is considered by many to be an essential element of the process of psychotherapy (Carkhuff, 1969; Rossi, 1985), is then presented.

As this study will employ a person-centered therapeutic approach and then include the examination of dreams, the literature review will include material on dream-oriented therapy, and more specifically on analytical psychology. Jung's (1953) analytic psychology is emphasized here because Jung made the scientific analysis of dreams the cornerstone of his theory and developed what

is probably the most comprehensive theory of the function of dreams, which is laid out in the twenty volumes of his collected works (Jung 1953).

The review continues with a section on the manner in which the examination of dreams may enhance the process of self-exploration.

The last section of the literature review is a discussion of the theoretical consistency of including dreams with a person-centered therapeutic approach. This is given in order to establish the similarities in person-centered and analytical psychology approaches which make them compatible in many ways. While Jungian therapy will not be employed in this study, analytical psychology supplies the theoretical framework with which the function of dreams is viewed in this study. Therefore, it is important that the Jungian theory of dreams be compatible with a person-centered approach.

Actualization

The central theorists on which this study is based are Carl Rogers (1951) and C. J. Jung (1953). The process of actualization is central to the theories of both, although Jung used the term individuation. The actualizing tendency is hypothesized to be an innate human characteristic which, in the absence of obstructing influences, maximizes the optimal development of the individual (Corsini, 1989). Rogers (1951) believed that there is a biologically

driven "actualizing tendency". Each human has his or her own phenomenological perception of reality, which means that there are in effect multiple realities (Rogers, 1951). "This (actualization) is a central tenet in the writings of Kurt Goldstein, Hobart Mowrer, Harry Stack Sullivan, Karen Horney, and Andras Angyal, to name just a few" (Corsini, 1989, p. 169). The realization of our maximum potential as individuals, or actualization, is a goal of nearly all therapeutic methods (Hergenhahn, 1990; Corsini, 1989).

Jung (1917) was the first psychologist to include the process of self-actualization in a theory, and also the first to "emphasize the importance of the future in determining human behavior" (Hergenhahn, 1990, p. 83).

Jung's (1964) model is similar to Roger's (1951) in the postulation of an innate drive toward fullness which Jung termed as individuation, a process which unites and balances the dichotomous forces of life, the most fundamental of which are the conscious and the unconscious (Jung 1966). Other dichotomies are masculine/feminine, introversion/extroversion, thinking/feeling, and sensing/intuition . As the individual is able to balance life between and among these pairs of opposites, individuation is more closely approximated (Jung, 1953b).

Rogers (1951) believed that the whole human being knows more than the conscious mind, and feels this through an organismic valuing process. Jung (1964) claimed that the ego is only a small (but important) part of the total person. Rogers (1951) hypothesized that the healthy human being employs the organismic valuing

process to arrive at decisions which maximize actualization. When a person substitutes an external valuing process, e.g. that of one's parent(s), then trouble ensues as the organism substitutes that external process for its innate, internal valuing process (Rogers, 1961). The restoration of this internal valuing process brings about a freeing of individual experience which Roger's (1951) called actualization.

It is evident that both Jung and Rogers were similar in their conceptualizations of the optimal development of the human being. The literature review now moves to more in-depth expositions of their respective theories. The section on empathic understanding is included in the next section on person-centered theory, because Rogers (1942) developed this term in his research. However, Jung (1953) also based his conception of therapeutic relationship on a sensitive understanding of the patient's phenomenological world.

Person-Centered Therapy

Rogers may be the most influential theoretician in the field of psychotherapy since Freud (Kirschenbaum and Henderson, 1989). His non-interventive methods are accessible to many practitioners and do not require tremendously long periods of time to acquire (Kirschenbaum, 1989). Person-centered orientations to therapy have imbued the very fabric of nearly all therapeutic schools, regardless of their theoretical orientation (Hergenhahn, 1990).

Roger's (1957) therapeutic framework was outlined in his

article on "The Necessary and Sufficient Conditions of Therapeutic Personality Change." In this article he described the following factors as absolutely minimal for constructive personality change to be possible:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an *empathic understanding* of the client's internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the *therapist's empathic understanding* and unconditional positive regard is to a minimal degree achieved (Kirschenbaum and Henderson, 1989, p. 221, italics added).

The three primary concepts in person-centered therapy concerning the therapist's role are congruence, unconditional positive regard, and empathic understanding.

Rogers stressed empirical research throughout his career. He developed scales for measuring both therapist effectiveness and client change (Rogers, 1942). His emphasis on making audio and video recordings of sessions with clients was instrumental in disseminating his methods as well as opening up the sessions themselves to scientific scrutiny (Rogers, 1951). Therapist education has been greatly affected by this movement which he started (Kirschenbaum and Henderson, 1989).

Hergenhahn (1990) notes that there is a great deal of similarity between the Rogers' theory and those of Adler and Horney, thus establishing some theoretical predecessors. Adlerian and Jungian approaches included much of the Rogerian orientation prior to his writings (Mosak, 1989; Kaufmann, 1989; Hergenhahn, 1990; Von Franz, 1991).

Humanistic psychologies, including person-centered therapy, stem from an existentialist foundation which emphasizes the role of the therapist as having no preconceived notions with respect to the client. The therapist, through "disciplined naivete" accepts the client on his or her own terms (Yalom, 1980, p. 17). "The various existential analysts agreed on one fundamental procedural point: the analyst must approach the patient phenomenologically; that is, he or she must enter the patient's experiential world and listen to the phenomena of that world without the presuppositions that distort understanding" (Yalom, 1980, p. 17). Much of the wording regarding the existential therapist's attitude toward the client is strikingly similar to Roger's (1957) description of the therapist's role.

Congruence

Congruence exists when the therapist is genuinely himself or herself, not allowing a professional image or facade to create an artificial distance from the client. A congruent therapist makes it easy for the client to view him or her as a real person who exhibits true feelings. By the same token, it is artificial to attempt to display congruence at the expense of the therapist's intense

awareness of his or her own experience of the client's expression (Rogers, 1986; Carkhuff, 1969).

Rogers has had a major influence on others in the field (Kirschenbaum and Henderson, 1989). Satir (1967) is one important therapist and teacher who exhibits much of the person-centered orientation in her methods of therapy. She placed strong emphasis on congruence in the therapist, and comments on ways in which clients exhibit incongruence. Her style of reflection can resemble that of Rogers (Satir, 1967). She considers congruent behavior by the client to be evidence of successful therapy.

Unconditional Positive Regard

Unconditional positive regard was defined as the quality of acceptance of the whole person of the client without reservation. This provides the client with an atmosphere in which he/she is able to be fully honest about himself/herself, not needing to be defensive over conditions which the therapist might place on the client's acceptability. At least for the duration of the therapy session, the therapist places no conditions on acceptance of the client as a person deserving of respect. Rogers (1942) considered this to be a necessary component for therapeutic change to occur.

Studies by Rogers and Dymond (1954), Hogan (1948), Raskin (1959), Truax and Carkhuff (1967), and Carkhuff and Berenson (1967) all continued to operationalize and test the constructs of unconditional positive regard and congruence, following Rogers (1942) early emphasis on the necessity of empirically-based theory.

These studies consistently found a positive relationship of therapist empathy with therapeutic change in the individual.

Empathic Understanding

Empathic understanding is considered by some to be the culmination of Roger's (1951) therapeutic method (Carkhuff, 1969). As the fifth and sixth conditions for effective therapy listed by Rogers (page 17 above), effective communication of therapist empathy subsumes much of congruence and unconditional positive regard (Carkhuff, 1969).

The essence of empathy is to be able to understand the nature of the client's experiential existence. With empathic understanding, the therapist is in a position to be able to convey this understanding to the client, increasing the likelihood that the client will feel understood. The therapist is able to facilitate the client's emotional experience and self-exploration by being aware of and tentatively suggesting the feelings which may not be fully in the client's awareness (Kirschenbaum, 1989).

In many research projects Rogers (1951) and Truax and Carkhuff (1967) linked the therapist's empathy to the therapeutic outcome of therapy. Martin (1982) devotes an entire book to discussion of how to convey empathic understanding to clients, which he considers to be the necessary foundation of therapy.

Therapist empathy was considered by Carkhuff (1969) to include the most important factors of the therapists contribution to the therapeutic setting. Because it is so difficult to quantitatively

measure "the important factors, such as ability to love or care for another, zest in life, purposefulness, generosity, exuberance, autonomy, spontaneity, humor, courage, or engagement in life, the best therapeutic approach is to 'bracket' one's own world perspective and enter the experiential world of the other. These factors are effectively summed up by the concept of therapist empathy. Such an approach to knowing another person is eminently feasible in psychotherapy: every good therapist tries to relate to the patient in this manner. That is what is meant by empathy, presence, genuine listening (and) non-judgmental acceptance..."(Yalom, 1980, p. 20-25).

Rogers' work stems from a humanistic orientation, which recognizes the phenomenological experience of each person. Empathic understanding is therefore based on showing acknowledgment of each individual's unique perspective, which frees and empowers the individual to explore new aspects of his/her life (Kirschenbaum & Henderson, 1989).

In practice, most psychotherapeutic approaches emphasize the importance of the therapist bringing congruence (honesty), unconditional positive regard (acceptance), and empathic understanding to the client relationship (Corsini, 1989).

Carkhuff Model

The Carkhuff Model is an extension of the person-centered approach developed by Rogers. C.H. Patterson (1969) of the University of Illinois considered the work of Carkhuff and Truax

(1967) and Carkhuff and Berenson (1967) to be the most significant development in therapist education since Rogers' (1942) first exposition of person-centered therapy. Paramount emphasis was placed on the immediacy of the therapist as a person in the therapeutic setting, not on learning a battery of techniques for use in therapy (Rogers, 1942; Carkhuff, 1967).

The research portion of this thesis derives its measures from the work of Carkhuff (1969), Truax and Carkhuff (1967) and Carkhuff and Berenson (1967), who were the primary people responsible for developing an integrated theory of therapeutic method based primarily on a Rogerian approach. A significant part of their effort was devoted to measurement of the concepts of congruence, unconditional positive regard and empathic understanding.

Developmental Model

Rogers (1951) believed that the original state of the child is of non-differentiation from its environment. Gradually a sense of the self emerges, or is separated off, as it becomes aware of boundaries. It is at this stage that the valuing process of others may start to be imposed on the child. If the child adopts the valuing systems of others in order to adapt to its environment, then the condition of incongruence is created. Children often adopt the value system of their parents or other caretakers in order to receive their acceptance and nurturance. However, when the human organism is diverted from its own internal valuing process, many experiences are either ignored or distorted. Experiences which have not been

fully integrated into a person's life may affect behavior in ways that are not conscious to the individual (Rogers, 1951).

Rogers' (1951) model posits that individuals develop their mode of being largely in relation to others. "The helpee's (client's) problems are almost exclusively interpersonal ones" (Carkhuff, 1969, p. 21). This major assumption is compatible with person-centered approach in that the client is offered a new model of interaction in which he or she is entirely accepted just as he or she is. This basis for relationship offers the client an interpersonal relationship which is likely very different from previous experience. Therefore, a new stage of development may be initiated by the client's exposure to the therapeutic relationship in which the therapist shows congruence, acceptance, and empathy.

Limitations of Person-Centered Psychotherapy

Rogers invested much effort in empirical testing of the outcomes of his methods, and found evidence to support his theory. However, much of it was based on self-reports and has been brought into question by critics (Hergenhahn, 1990).

The client-centered approach has the benefits of being based on clearly-defined techniques and measurable qualities of both the therapist (helper) and client (helpee). While the internal drive toward individuation is assumed, there is little attention given to the actual process of change of the internal character structure, although this change is hypothesized in unspecified ways by Rogers' (1951) theory (Hergenhahn, 1990).

The person-centered approach can come across more as a combination of techniques, even though Rogers (Kirschenbaum and Henderson, 1986) abhorred this description of person-centered therapy. He firmly believed that mere technique could never substitute for genuine feeling and involvement by the therapist with the living person who came to him/her for help.

Outcome research has not addressed the question about internal mechanisms. Assumptions of the internal drive toward actualization have been left as assumptions while extensive outcome research has been conducted in the attempt to determine which particular therapeutic methods are correlated with targeted outcomes. The question of how this change happens in the individual, with regard to the assumptions of person-centered therapy, has not been studied through empirical methods (Hergenhahn, 1990).

These limitations do not detract from the essential contribution of Rogers (1951) to the field of therapy, which is in his emphasis on the qualities of the therapist which he showed to be empirically related to therapeutic improvement of clients (Kirschenbaum, 1989).

Dreams and Analytical Psychology

There has been much written in the last twenty years about the significance of dreams to the functioning of the human psyche (Von Franz, 1991). Since time immemorial humans have been fascinated with dreams. "In our sleeping life we tap a vast store of experience and memory which in the daytime we do not know exists" (Fromm, 1951, p. 5). Some view dreams as repressed desires (Freud, 1900) or aspirations/wishes for the future (Adler (1936). Freud (1900) noted that others have claimed that dreams are merely spontaneous and random electrical firing of brain cells.

Jung (1964) agreed with Freud (1900) that dreams were vital to psychological analysis, and claimed that his (Jung's) investigations into dreams were completely scientific. While there currently are many different ways to interpret dreams, there continues to be a growing field of literature and psychotherapy stemming from Jung's analytical psychology (Von Franz, 1991; Rossi, 1985).

Jung (1964) believed that dreams offer the most direct evidence and communication from the unconscious. He considered the unconscious to be as real as concrete objects - and even more important, for he interpreted the messages of his dreams as vital information for the direction of his life (Von Franz, 1991).

Proponents of the use of dream material in clinical practice have followed the lead of Melanie Klein (1963) and Anna Freud

(1951) in the use of dream content as a way for children to express unconscious elements of their lives, much in the same way that play, fantasy, and drawing reveal conflicts in their lives. Most clinicians are not qualified to exploit the usefulness of their clients' dreams, and thereby a valuable tool is ignored (Catalano, 1984). The analysis of dreams can, along with recognition of the developmental continuum, "serve to more accurately assess the child's present means of coping with their conflicts and aid in evaluating the psychotherapeutic process itself" (Catalano, 1984, p. 289).

Model of the Examination of Dreams in Jungian Therapy

Examination of dreams plays a central role in analytical psychology. Great emphasis is also placed on the therapist/client relationship, where the therapist in part functions to mirror, or be an alter ego for, the client's struggles. However, Jung believed that the process of individuation requires more in-depth exploration of unconscious elements symbolized in dreams (Schwartz-Salant, 1980).

The client brings dreams and active imagination, which is analogous to daydreams, into therapy as representative of messages from the unconscious psyche (Johnson, 1985). Through a process of associations provided by the client, the therapist assists in the effort to identify meanings which fit for the client (Jung, 1953c). The therapist and client are equal in the sense that the therapist may suggest possible meanings or associations, and the client is free to agree or disagree with these suggestions (Jung, 1953c). The

therapist is the expert in the sense of having a broader framework to assist the client's exploration (Kaufman, 1989). The client is the expert in the sense of making decisions for herself/himself about possible meanings of dream images in her/his life.

Limitations of Analytical Psychotherapy

Jung's concepts are difficult to grasp, and his writing can be extremely convoluted (Von Franz, 1964). Kaufman (1989) notes that Jung has been called "vague, mystical, and abstruse" (p. 125), but goes on to defend him for his research "bridging the gap between experimental and depth psychology" (p. 125). Jung (1964) has often been dismissed by many as a sort of mystic because of the anfractuositities of his writing style (Von Franz, 1964). Von Franz (1964) answers: "Many people have criticized the Jungian approach for not presenting psychic material systematically. But these critics forget that the material itself is a living experience charged with emotion, by nature irrational and everchanging, which does not lend itself to systematization except in the most superficial fashion" (p. 164).

While some criticize psychodynamically-oriented therapists, and Jungians in particular, for lack of empirical research to substantiate their methods (Hergenhahn, 1990), their response is that the therapeutic process is too subtle and complex to be reduced to scales of measurement (Von Franz, 1964). This study will attempt to assess one important element of therapy - self-exploration - which may in part respond to the need for empirical

research by measuring self-exploration when examination of dreams is included in therapy sessions.

Self-Exploration

Self-exploration is a process of inward examination. When this looking-inward is done with the feelings engaged, the process is considered more effective from a therapeutic standpoint (Carkhuff, 1969). Ideally, all dimensions of a presenting problem will be explored by the client in the initial stages of therapy, and at each succeeding stage where new possibilities present themselves for exploration.

Self-exploration may be a vital part of the process of psychotherapy: "Whereas helpee self-exploration constitutes the goal of the first phase of helping, and, indeed, the very basis for helping..." (Carkhuff, 1969, p. 29). ("Helping" here means the therapeutic process.)

Self-exploration may be characterized as a stage or as an underlying process of all psychotherapy. Carkhuff (1969) places self-exploration in the initial processes of psychotherapy with the psychoanalytic, client-centered, and existential approaches. Rossi (1985), Campbell (1956), and Schwartz-Salant (1982) all describe stages of self-exploration which equate with steps in the process of psychotherapy.

Rossi's (1985) stages illustrate the function of self-exploration in therapy, comprising a cycle from well-being to

depression (inner-exploration) to breakout (outer-exploration) to integration. For Campbell (1956) the corresponding stages go from the call to adventure (exploration), separation (exploring new territory), initiation, and resurrection. Rogers (1951) describes therapy as a process in which the client is facilitated to feel (explore) the emotions of past experiences so that these experiences can be integrated into personality structure. Self-exploration is essential to the beginning stages of each of these theories. The open mind which is required in order to continue to self-explore at all stages is an essential element to continued psychological growth. All of these authors describe self-exploration as vital to the therapeutic process, and, conversely, assert that therapy can be instrumental in increasing the process of self-exploration.

It has been established above that actualization is a goal of many therapies, that person-centered therapy is one of these, that self-exploration may be a vital part of the path toward actualization, and that therapy may enhance self-exploration. In chapter one, dreams were shown to have been used to reveal aspects to humans of which they are unconscious. The literature review now moves to consider the way in which Jung's (1953a) analytical psychology employs dreams in the process of therapy.

The examination of dreams which will be engaged in for this study will not impose a Jungian framework, but rather introduce dreams from a person-centered perspective. However, this section on dreams and analytical psychology is given in order to provide a

framework for how dreams may function within the psyche and how dreams may enhance the process of self-exploration.

Relationship of Dreams to Self-Exploration

The connection between dreams and their utility for self-exploration is now addressed. Jung (1964) asserts that dreams are unconscious promptings for the conscious mind to explore new perspectives.

Inquiry about the possible meaning of dreams has preoccupied humans since ancient times (Fromm, 1951). Fromm (1951) believed that the study of the symbols of the unconscious can bring us more fully into the most profound of human struggles with the meaning of life. At the very least, it can be said that the images of dreams are useful for exploration of associations, and it is even possible to use dreams in the same manner as a Rorschach ink blot test or other neutral stimuli to evoke impressions from the client, as Von Franz (1964) notes.

Rossi (1985) claims that dreams provide our most original material for self-exploration:

"Growth, change and development is the basic cornerstone of this new understanding of human nature. *Original psychological experience and the development of new awareness and identity are now to be regarded as the essence of the being we call human...*

Since dreams are experienced in the relative isolation of sleep, they are usually the most original of our psychological experiences. For the typical person, in fact, the dream may be

the only state where originality can become manifest. Since the contents of ordinary everyday awareness are highly structured by the culture in which we are immersed..." (Rossi, 1985, p. 14) {italics added}.

Rossi (1985) suggests that dreams offer the opportunity for individuals to explore facets of themselves of which they may not be aware during conscious life.

Introduction of Dreams into Therapy Sessions

In this section, the introduction of dreams into therapy sessions is discussed in order to provide an understanding of how dreams may be combined with a person-centered approach and yet retain much of the elements which analytical psychology brings to the examination of dreams.

Dreams may facilitate more profound subjective experience because their symbolic messages challenge the dreamer with his or her own spontaneous productions (Jung, 1953c). Most people have a fascination with dreams precisely because dreams are of their making (Johnson, 1985).

The fascination with dreams provides a point of intervention which is not an imposed construct of the therapist (although any method of therapy can be an imposition if the therapist forces opinions and strategies onto the client) but rather a result of the client's own internal processes (Jung, 1964; Von Franz, 1991).

The therapist can then take the position of saying, e.g.: "This is your dream and its meaning is unique to your existence. Perhaps I can be of assistance in helping you to decipher some of it, but

always keeping in mind that it is your dream about your life and only you can decide what, if anything it may mean for you." In this manner, the client is empowered to know that he/she is more than an equal in this process (Von Franz, 1991). In fact, he/she is the decision-maker (Jung, 1964). It is the author's experience that most clients seem to feel empowered when told that it is their dream and their decision about whether it has any meaning for them.

Because this process can be a very gentle entry into the world of the client, it is possible to arrive at deeper levels of self-exploration very quickly (Rossi, 1985). Done well, this process will employ the dreamer's own associations to weave possible meanings together, always going back to the client for decisions about what seems to be right for him or her. He or she can dialogue with himself or herself (Johnson, 1985). Because the client may be delving more deeply into herself or himself through dreams, the feeling that there is a well-spring of wisdom within, waiting to be tapped may be very self-affirming and empowering (Von Franz, 1991).

It is the author's experience that this manner of including dreams will bring issues of dream content into consideration in a manner that is non-threatening and all the more fascinating because the content of dreams comes from the client herself or himself. This process can be self-validating because the client's own spontaneous creations (dreams) may assist her or him to consider life from new perspectives, which is the essence of self-exploration.

This chapter now continues with a theoretical discussion of the compatibility of including dreams in therapy which based on a person-centered approach.

Dreams from a Person-Centered Perspective

In the opinion of the author, there is a great deal of similarity between Roger's (1951) theoretical integration of the unconscious into consciousness and Jung's (1964) integration of the unconscious into consciousness through the use of dreams. This study can be characterized as an effort to compare the more conscious efforts of person-centered therapy to integrate unconscious (unsymbolized) thoughts with more Jungian-oriented view of dreams as unconscious contents vying for conscious realization.

The genuineness and empathic understanding of the person-centered approach are similar to the decisions made by the Jungian therapist regarding when it is appropriate to respond with the therapist's own feelings, or when it is more beneficial to mirror the client's expressions (Schwartz-Salant, 1982). There is a parallel between the Jungian therapist being the expert yet equal in terms of suggesting possible meanings to the client (Schwartz-Salant, 1982) and the person-centered approach where the therapist suggests meanings and feelings which are near to the consciousness of the client - in effect being the expert at evaluating what the client is feeling, but unable to express (Martin, 1983; Truax and Carkhuff, 1967).

The object in both therapies is to not go too far ahead of the conscious realizations of the client, but to stay just far enough ahead for him/her to assist in facilitating the client's experience that is just at the boundary of consciousness (Von Franz, 1988; Martin, 1983).

The attitude of acceptance and empathy for the client is quite similar with the two approaches, while theoretical explanations of how change happens are very different. Because the therapeutic relationship has significant parallels between Rogerian and Jungian therapy, the strategy of this study to include examination of dreams within a person-centered approach seems compatible.

Empirical Foundations

Both Rogers (1951) and Jung (1964) based their theories on inductive methods because their basic premise of an innate human drive to actualization is untestable. From their extensive experience with patients/clients, they intuited theories of human nature.

Jung attempted the monumental effort of interpreting the human condition in terms of psychic development as a species, through a lifetime of scholarly and scientific research (Jung, 1953a). He grounded this research in over six decades of clinical practice. Dreams were the cornerstone of his efforts. He estimated that he had analyzed over 80,000 dreams (Jung, 1964).

Rogers (1951) invested much effort in empirical testing of the outcomes of his methods, and found evidence to support his

theory of how therapeutic change happens. He was able to operationalize the therapist constructs of genuineness, unconditional positive regard, and empathic understanding in order to measure their contribution to therapy (Kirschenbaum, 1989). {See the section on person-centered therapy above for information about Rogers' emphasis on empirical testing.}

Much of Rogers' (1951) work was based on self-reports and is therefore brought into question by critics (Hergenhahn, 1990). Jung's (1953) arguments in support of his theories are largely based on the case study, inducing the existence of internal psychic constructs, and are therefore also criticized (Hergenhahn, 1990).

Comparison of Analytical Psychology and Person-Centered Therapy Approaches to the Process of Synthesis

The process of synthesis, or making sense out of and acting on realizations, is central to most schools of therapy (Hergenhahn, 1990; Corsini, 1989). Both person-centered therapy and analytical psychology regard synthesis as a vital aspect of therapeutic change. For Rogers (1942), this synthesis occurs spontaneously in the client when the proper conditions are provided. Jung (1961) advocated concrete actions to symbolize the insights gained in therapy. Jungian (Schwartz-Salant, 1982) and person-centered therapies (Carkhuff, 1969) both divide therapy into two major stages, the first of which is information gathering and self-exploration while the second focuses on integration and synthesis of realizations of the first stage.

Both Jung (1953a) and Rogers (1951) emphasized the synthesis of conscious and unconscious elements of the psyche, although Roger's treated unconscious as an adjective (Corsini, 1989). Rogers (1951) claimed that synthesis happened in the individual when conditions allowed emotional experience of past events which had been emotionally blocked. Jung's (1961) system is more specific about what compromises the unconscious and how to establish the synthesis of unconscious elements into consciousness.

Individuation (Jung, 1964) and actualization (Rogers, 1942) have much in common. In order to arrive at this individuation or actualization, a process of self-exploration is facilitated by the therapist. This study will provide an opportunity to assess the contribution which dreams make to self-exploration in therapy based on a person-centered approach.

Summary

This literature review started with the concept of actualization, which is a state of completeness and balance, unique for each individual. Then it was established that many different therapies identify concepts similar to actualization as the optimal goal of therapy and, indeed, the goal of human development. Person-centered therapy was identified as one of the therapeutic approaches which has actualization of the client as a goal. The main ideas of person-centered theory, with emphasis on empathic understanding, were then considered. This was followed by a

discussion of the concept of self-exploration, which is the process of inward inquiry necessary for beginning most processes of psychotherapy and continues at each successive stage of therapy. Dreams were characterized as perhaps the most direct link to the unconscious contents, which were identified as one focus of self-exploration in both person-centered therapy and analytical psychology. Analytical psychology, with its emphasis on dreams, was then discussed in order to provide a framework of how dreams may function in the human psyche. The process of the examination of dreams as it relates to self-exploration was then considered, concluding that dreams may be effectively used to explore aspects of a person's life of which the individual may not be fully aware, which is the essence of self-exploration.

The literature review tied person-centered therapy and analytical psychology together with regard to the use of dreams, showing why it is theoretically consistent to add dreams into a person-centered framework.

In this study, an attempt was made to combine person-centered therapeutic methods with discussion of clients' dreams. While the literature review concentrates on a Jungian approach to dream analysis, for the purposes of this study the researcher refrained from imposing any particular structure onto the clients' dreams and used person-centered empathic understanding to facilitate their own exploration of their dreams. The technique employed in this study was to deal with the clients' phenomenological experience of their dreams. "The idea that dreams

and fantasies reflect aspects of our phenomenal world is the most basic issue and common denominator of all the schools of depth psychology (Freudian, Jungian, existential, etc.)" (Rossi, 1985, p. 131).

Questions for Study

The purpose of this case study is experimental, exploratory, and descriptive. It is experimental in that the research design will result in measurements of self-exploration with and without dreams. It is exploratory in that the information gained from this study may be useful for suggesting hypotheses for new studies. And it is descriptive in that transcripts, notes, and independent rating will all be used to arrive at a description of the interaction of clients and researcher in this project.

The main question is: Do clients' levels of self-exploration change as a result of including the examination of their dreams in person-centered therapy?

METHODS

The methods chapter will first state the hypothesis which was tested, followed by the design of the research to test the hypothesis. The sample and selection process, instruments, treatment, procedures, statistical analysis, and limitations are then addressed.

Hypothesis

Null hypothesis

Person-centered therapy involving the examination of dreams will not be associated with higher levels of client self-exploration as compared to person-centered therapy without examination of dreams.

Alternative hypothesis

Person-centered therapy involving the examination of dreams will be associated with higher levels of client self-exploration than person-centered therapy without examination of dreams.

Design

The independent variables were (1) person-centered therapy before the inclusion of the examination of dreams and (2) person-centered therapy with the addition of examination of the client's dreams. The examination of dreams was introduced on a multiple-varied baseline in order to arrive at measures which compared self-exploration with examination of dreams beginning at a different session for each client. Five clients each participated in twelve one-hour therapy sessions.

The dependent variable was client self-exploration, which was measured by independent rating of segments of transcripts of the sessions.

In order to assess the degree of therapist empathy shown with and without examination of dreams, empathy was also independently rated from transcripts.

An attempt was made to describe the extent to which the inclusion of the examination of clients' dreams in therapy sessions was related to clients' self-exploration through examination of case notes and transcripts from each session.

Through the use of several sources of information on the sessions, enough pieces of information will be available to provide a more comprehensive description of the flow of the sessions.

Verifiability

Both session notes and transcripts were employed in this study to allow for verification of results: rating the transcripts according to a self-exploration scale and description of sessions from case notes. These perspectives provided a variety of information to describe what occurred in these sessions.

Clients and Selection Process

Five clients participated in a research project consisting of 12 one-hour sessions with each subject. This was a purposive, convenient sample drawn from a psychology class at Eastern Montana College.

It was expected that there would be a high degree of cooperation from the clients given that they would receive course credit for their participation, and they would be volunteering knowing that examination of dreams would be part of the project. All clients completed all 12 sessions.

Many people either do not remember dreams, or have no desire to discuss them. Screening for clients who remember dreams was necessary in order to ensure the clients chosen did in fact remember their dreams and want to discuss them. The screening was done in the initial solicitation for participants, i.e. they were told that dreams would be discussed and were asked if they did in fact remember dreams at least on a weekly basis.

The Symptoms Checklist 90 (SCL-90-R), in combination with

an interview to assess level of stress, was used to screen out volunteers who might have been experiencing levels of stress so high that they might have interfered with their ability to participate in this study. If prospective participants had expressed an extreme level of stress on the SCL-90-R, referrals to the counseling service at Eastern Montana College or to the Mental Health Center in Billings would have been considered. Supervision of the researcher by a professor at Montana State University, and a backup supervisor at Eastern Montana College, provided assistance to the researcher regarding referrals.

Three clients were needed for this research design. In order to ensure a sample of three appropriate clients, five volunteers were chosen. Twenty-six students from a psychology class at EMC volunteered to participate in this study. All their names were drawn from a hat, and called in the order drawn until five participants agreed to start the screening process. All five remained in the study, providing a larger data base for analysis.

As mentioned above, class credit was earned for participation in this study. Those who did not wish to participate had three other options for earning the credit. If a client had stopped participation in the study, there would have been a reduction in requirements for other options for credit commensurate with the number of sessions attended before dropping out. This was done to reduce pressure on a volunteer to remain in the study should he or she have preferred to drop out.

All information gathered in this study has been kept in either a

locked file cabinet or restricted-access computer file. The names of the participants have been released only to the professor of their psychology class in order that he could give them credit for participation. The only information supplied to the professor of the class from which they volunteered was with regard to whether or not they had attended the sessions.

In order to protect identities, each client was given a number. Before giving the transcriptions to raters, names of people and places discussed by the clients were changed. The individual transcription segments were given numbers and mixed so that the raters did not know from which client each segment was derived (Carkhuff, 1967).

When the data for this study is no longer needed, all identifying information will be destroyed. Participants attended sessions from March to May. The period from May to July was used to analyze data and finish writing the thesis.

The identity of the clients has been kept confidential.

Safety of Clients

The person-centered approach is considered to be among the most safe for clients: "It (the person-centered approach) focuses upon empathy and respect in the form of moderate reflections and unconditionality and thus involves minimal risk while accomplishing much exploration and some understanding from which some limited directionality might emanate." (Carkhuff, 1969, p. 61). As examination of dreams was approached from a person-centered

perspective, the risk of involving dreams in therapy remained minimal.

Instruments

Two scales, one for self-exploration and the other for therapist empathy, were used by raters to assess transcripts of segments of the therapy sessions.

Self-exploration, the dependent variable, was measured with the "Helpee Self-Exploration in Interpersonal Processes Scale".

The "Empathic Understanding in Interpersonal Processes: A Scale for Measurement" instrument was used to assess to what degree the researcher showed empathic understanding during the course of this project.

The "Helpee Self-Exploration in Interpersonal Processes: A Scale for Measurement" was derived in part from "The Measurement of Depth of Intrapersonal Exploration" (Truax and Carkhuff, 1967). The "Empathic Understanding in Interpersonal Processes: A Scale for Measurement" instrument was derived in part from "A Scale for the Measurement of Accurate Empathy" (Truax and Carkhuff, 1967). Both of these scales have "been validated in extensive process and outcome research on counseling and psychotherapy (Carkhuff, 1968; Carkhuff & Berenson, 1967; Truax & Carkhuff, 1967, 1963, 1964, 1965)" (Carkhuff, 1967, p. 315). The present scales represent "a systematic attempt to reduce ambiguity and increase reliability" (Carkhuff, 1967, p. 327).

Reliability of predecessors to the scale on self-exploration in 12 research studies by Truax from 1963 through 1966 varied from .59 to .88, with an average of .72 (Truax and Carkhuff, 1967).

Reliability of the predecessors to the scale on therapist empathy in 24 research studies by Truax from 1961 through 1966 varied from .43 to .95, with an average of .75 (Truax and Carkhuff, 1967).

Truax and Carkuff (1967) found the validity of self-exploration and empathy scales more difficult to assess, as is the case with many psychometric measures (Aiken, 1976). However, dozens of their research studies showed "predictable relationships to therapeutic outcome" (Truax and Carkhuff, 1967, p. 194). The empathy and S-E scales were developed with awareness of Rogers (1951) empirical investigations into therapist empathy which were rated in much the same manner. Extensive evaluation and refining of the scales occurred over the decade in which they were developed (Truax & Carkhuff, 1967). Their face validity is strong, which is shown by examination of the scales themselves (See Appendices).

Treatment

Prospective participants were told that this study would be about self-exploration and would include discussion of their dreams. After screening and selecting prospective participants, they were asked to commit to a series of twelve one-hour therapy sessions concerning self-exploration. Dreams were introduced on a multiple-

varied baseline schedule, and the content of sessions independently rated using self-exploration and empathic understanding scales.

In twelve one-hour sessions with each of the clients, dreams were introduced as follows:

P = Person-centered sessions; D = Dreams included in sessions.

| S | WEEK | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|------|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | | P | P | P | D | D | D | D | D | D | D | D | D |
| 2 | | P | P | P | P | P | D | D | D | D | D | D | D |
| 3 | | P | P | P | P | P | P | P | D | D | D | D | D |

The two additional clients were placed in the series which introduced examination of dreams at the fourth and sixth sessions. A drawing determined to which sequence each of the clients was assigned.

The "A/B" design of this study was chosen here over the "A/B/A" or "A/B/A/B" designs (Kratowill, 1992) because of the concern that once dreams were introduced, they may have continued to affect later sessions which did not include dreams. By including three clients in the multiple-varied baseline for introduction of dreams into sessions, the design was sufficiently complex to allow for examination of differences of self-exploration before and after examination of dreams was introduced and to examine these differences when examination of dreams was introduced at varied times during the study.

A multiple baseline design makes comparisons "both between and within a data series. Repetitions of a single simple phase

change is scheduled, each with a new series and in which both the length and timing of the phase change differ across repetitions" (Kratochwill, 1992, p. 7).

Those clients who were anxious to talk about dreams previous to sessions which call for inclusion of dreams were reminded of the schedule and asked to remember those dreams for the later sessions. The need of clients who may have felt a strong desire not to talk about dreams during a particular session was respected, although this did not prove to be a problem.

There may have been a bias built into the design in placing all of the "dream" sessions after the "without-dream" sessions, as self-exploration might have continued to increase as a function of more sessions, and not just dream discussion. This was partially but not fully accounted for by the multiple baseline, as self-exploration could be compared after examination of dreams had been introduced with one client when it had not yet been introduced with another.

Procedures

Five volunteers were obtained from a psychology class at Eastern Montana College. Students were screened for psychopathology and motivation to discuss dreams. Clients were chosen who did not exhibit extreme symptoms of mental problems and who were motivated to discuss their dreams.

Each client participated in twelve therapy sessions. This took place in an office in Billings.

Upon completion of all of the sessions, segments of each session were transcribed and given to independent raters who rated the segments based on the Self-Exploration Scale and Empathic Understanding Scale (Carkhuff, 1969).

Sessions notes, including observations of the statements of the clients and objective observations of the researcher, and transcripts were used to provide a fuller description of the experience of both researcher and clients in this study.

Transcription

Carkhuff(1969) concludes that while there is precedent for 2 to 12 minute segments, research has shown that reliability ratings do not increase with the length of the excerpts being rated, and that it is "usually most efficient to sample the briefest excerpts" (p. 226). "It is usually most efficient to employ samples of the briefest duration (approximately 2 minutes)..." (p. 228).

The particular part of the session from which the segment is taken, however, is highly important. Greater discrimination has been found to occur in the later parts of the session (Carkhuff, 1969,).

Segments to be coded were taken from the 10-12, 20-22, 30-32, 40-42, and 50-52 minute segments of the sessions. This eliminated the beginning "warm-up" portion and the "winding-down" at the end of the session. By taking evenly spaced segments from throughout the session, the averages obtained are likely more accurate than they would have been had the segments been weighted

toward the latter parts of the sessions, as Carkhuff suggests.

Recording of the sessions through the use of audiotapes is not a problem if competently introduced into the sessions by the therapist (Carkhuff, 1967). The sessions were rated by two individuals hired and trained to achieve standards of consistency. The next section discusses the manner of selection and training of these raters.

Selection and Training of Raters and Interrater Reliability

The raters were recommended to the author by a psychology professor at Eastern Montana College. Interrater reliability and rate-rater reliability measures were taken on several series of transcripts as the raters were being trained. The training process consisted of assigned readings from Rogers (Kirschenbaum, 1986) and Carkuff (1969) regarding empathy and self-exploration. Several sessions consisted of discussing the reading material, and reading from transcripts of Rogers' sessions (Kirschenbaum, 1986). Five two-hour sessions were then spent in rating sample transcripts, taken from the recordings of the sessions, but not including any of the segments from the designated time periods of two-minute segments at 10-12, 20-22, 30-32, 40-42, and 50-52 minute time periods. At the beginning and/or end of each of the practice sessions, the raters discussed with the author those items of which they were unsure, and the author would bring up examples from the previous practice session for further elucidation. When the

