

**Perceptions of Registered Counselors' ability to process clients' narrated dreams  
during counselling**

**Research Article by Nontutuzelo Mpondo**

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**Supervised by Alan Fourie**

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## **Abstract**

Research related to South African registered counsellors (RCs) have yet to show how RCs incorporate dreamwork in their counselling sessions. Dreamwork has largely been relegated to the periphery of clinical psychological practice, posing a challenge as clients on other levels of counselling practice bring dream material to mental health practitioners often lacking confidence and competence to respond effectively to this material. Clients' discussion of dreams can be beneficial in the counselling process. However, there appears to be a gap in educational opportunities for practitioners to develop skills and competency in working with dreams. This study's objective was to contribute to the sparse research material in this area. A qualitative research approach with an exploratory design using semi-structured interviews was used to explore and understand the meaning RCs ascribed to their work with dreams and clients. Purposive sampling was used to recruit 5 participants. Social constructionism was used as a theoretical framework for understanding and interpreting the data, and the data was analysed using thematic analysis. This knowledge is geared towards providing insight into what extent university or college curriculum covered content related to dreams, dreamwork, dream theories, and dream models, and to what extent RC's training prepared them to provide essential primary psychological services related to distress arising from dreams. This research highlighted how RCs engaged and perceived their competency with dream material. This study also highlighted that RCs were interested in dreamwork training and believed it would enhance their confidence and effectiveness in working with dream material during their sessions.

**Keywords: Registered Counsellors, dreams, dreamwork, dream material, counselling sessions**

## Context

This research explored the perceptions of registered counsellors (RCs') of their ability to process clients' narrated dreams during counselling. This context section provides an overview of dreams and psychology. The discussion includes the history of dreams in psychology, current views on dreams, dreams and psychological counselling or psychotherapy, how dreams are viewed and interpreted in African and South African contexts, and a brief discussion of the role of RCs in the South African context.

### 1. A history of dreams and psychology

Dreams have been an integral part of human history worldwide, from ancient and medieval times until today (Malinowski, 2021). For thousands of years, humans have been fascinated, perplexed and intrigued by their dreams (Bulkeley, 2017). Since the ancient and medieval ages, dreams were often seen as prophetic, communications with the ancestors, gifts from the gods, and having some spiritual or

religious meaning (Thwala et al., 2000). Some of the oldest written texts discovered were devoted to describing and interpreting people's dreams (Bulkeley, 2017). The scientific community considered dreams meaningless until the 1900s, when Sigmund Freud revealed that dreams were carriers of meanings governed by laws and recovered truths unknown to the individual (Fischbein, 2011). Carl Jung, a student of Freud, split from him and formulated his own approach to dreams, viewing them as compensations for the conscious attitude and providing prospective visions of the future (Bulkeley, 2017). Jung (1964, 1974, as cited in Hill and Knox, 2010), believed that dreams were a normal and creative reflection and expression of one's unconscious mind that served as one's way of compensating for unexpressed issues in one's waking life and uniting one's conscious and unconscious mind.

According to Bulkeley (2017), two popular methods of dream interpretation came down from history: The symbolic method, which takes

the whole dream as a symbolic analogy for waking life, and the decoding method, which uses a dictionary or manual to translate each part of the dream. Freud's approach to dreams was similar to the decoding method but used "free association" over a dictionary or manual to understand the dream symbols of the dreamer. Fox (2002) argued that the clinical use of dreams was primarily associated with psychodynamic (Freudian and Jungian orientations) psychotherapy. However, there were new developments in theories, such as the cognitive dream theory and neuroscientific theories of dreaming. The cognitive dream theory was based on the continuity hypothesis, which assumes that the same conceptual system underlying waking thought also underlies dreaming (Vedfelt, 2017). One of the most influential neuroscientific theories on dreams is the activation-synthesis hypothesis, which opposes the traditional psychoanalytic approach to dreaming (Malinowski, 2021; Vedfelt, 2017). This theory claims that dreams are not the result of disguised wishes but

instead the activation of the brain regions and synthesising images and memories in these regions into a dream narration (Malinowski, 2021).

## **2. Dreams and psychology today**

Recent advances in neuroscience and technology have contributed to our understanding of dreams (Malinowski, 2017; Vedfelt, 2017). Through brain imaging and other innovative techniques, researchers have gained insights into the neural activity involved in dreaming and have identified the regions of the brain that are active during dream states, similar to waking life (Malinowski, 2017; Vedfelt, 2017). According to Vedfelt (2017), when we dream, intense activations are found in the brainstem, which controls our basic moods. The limbic system, called the 'emotional brain', is active when we dream; it processes primary feelings such as joy, fear, anger, surprises, interest and contempt (Vedfelt, 2017).

Despite these advances, dreams have been largely marginalised in psychological training and not valued as 'real science'. This lack of knowledge about dreams within mainstream psychology reinforces misconceptions about dream work (John, 1985). Leonard and Dawson (2018) argued that the cultural and historical development of psychology led to a discipline-specific definition of what constitutes evidence-based practice. Professional discourses concerning evidence-based practice see dreams as of little clinical or therapeutic value and perpetuate the fallacy that dreamwork is only for long-term therapy and requires extensive training of the therapist (Leonard & Dawson, 2018). Keller et al. (1995) study showed that respondents who had training in dreamwork sought it out rather than receiving it as part of their university training or curriculum. Crook and Hill's (2004) study found similar findings, as therapists reported no training in dreamwork, with 16% of their respondents feeling incompetent in engaging with dreams. According to Crook and Hill (2004), therapists

who received training in dreamwork engaged with more confidence with dream material. This was confirmed by Goodwyn and Reis (2020) who implemented a psychodynamic-oriented dream analysis course for a group of psychiatric residency students and found the level of importance placed on dreams increased, as well as the level of comfort in discussing dreams with patients. The frequency of discussing dreams in sessions also increased. Their findings suggest that implementing a structured dream analysis course helps bridge the educational gap (Goodwyn & Reis, 2020).

### **3. Dreams and psychological counselling or psychotherapy**

Hill and Knox (2010) define "dreamwork" as work done by a practitioner and client actively working together to explore the client's dream, and "dream interpretation" as the practitioner's active role in interpreting the client's dream. Leonard and Dawson (2018) argued that though there is a longstanding human interest in dreams, with psychological and philosophical

discourse and research attesting to this reality, dreams have been relegated to the periphery of clinical psychological practice. This poses a significant challenge as clients continue to bring dream content to their counselling and psychotherapy sessions with mental health practitioners, who often lack the confidence and competence to respond effectively to this material (Leonard & Dawson, 2018). Hill and Knox (2010) assert that clients often seek help when confronted with puzzling, creative, terrifying, and recurrent dreams, and therapists often feel unprepared to work with this material because psychological training typically does not address dreams.

According to Bion (1992, as cited in Fischbein, 2011), working with dreams can be a tool for clients to gain a sense of mastery over their experiences as clients narrate and process their dreams in sessions. Glucksman and Kramer (2017) found that dream content reliably predicted suicidal ideation in depressed psychiatric patients, which manifested as dreams with increased themes of attacks and

violence. This is further supported by Weinstein et al. (2018), who argue that dream content reflects people's psychological needs and experiences, and recurrent dreams reflect persistent problems or challenges that the dreamer has been unable to adapt to. Gifford (2014) asserts, "Dreams and their various conscious manifestations are a key connection to unconscious experience and process; sharing them and experiencing them in the presence of another offers an opportunity to find meaning as well as provide an avenue for the development of relationship and personal growth" (Gifford, 2014, p. 119).

Gifford (2014) captures the importance of dreams and how, when shared within the counselling space, they can enhance the counselling relationship by strengthening the rapport between counsellor and client for counselling that facilitates the client's personal development.

#### **4. Dreams and Psychology in the African and South African Context**

In African cultures, dreams are approached from a holistic perspective. This often involves a combination of psychological and spiritual methods to help clients better understand themselves and their culture through their dreams (Berg, 2003). The African approach to dream interpretation typically focuses on the sources of where dreams are believed to come from, either gods or ancestors. African cultures further tend to believe that a dream is not just an individual experience but rather the result of an expression from the collective unconscious (Berg, 2003). In Thwala et al.'s (2000) study, participants believed that dreams influenced their lives as they communicated with their ancestors, who were believed to make demands and warn individuals and communities of danger. Participants in this study sought dream interpreters to gain an understanding and to confirm the meaning of their dreams (Thwala et al., 2000). Over forty years ago, Holdstock (1981) argued the importance of dreams in the African context and the reasons traditional healers took dreams seriously. Traditional

healers live in an undivided world where dreams, animals, plants, humans, and ancestors belong together. This oneness of the living and the non-living, the animate and inanimate, is shared by traditional healers and most people in Africa (Holdstock, 1981). Holdstock (1981) further questioned why Jungian Psychology was not incorporated within South African academic circles, given the relevance of Jung to dreams and cultures.

## **5. The Role of Registered Counsellors in the South African Context**

The professional category of Registered Counsellors (RCs) was signed into law by the South African Minister of Health in December 2003 (Elkonin & Sandison, 2006). RCs were similar to psychologists as they were allowed to operate a private practice (Joubert & Hay, 2020). They were required to complete a four-year degree (bachelor of psychology) or an equivalent honours degree (Joubert & Hay, 2020). This professional category was created to provide basic primary psychological services for

the previously disadvantaged communities in South Africa (SA) (Abel & Louw, 2009; Elkonin & Sandison, 2006; 2010; Joubert & Hay, 2020).

According to the Health Professions Council of South Africa (HPCSA), RCs are the first line of community-based psychological support, extending psychological services by making them accessible to the diverse population of SA (HPCSA 2019, Form 258). When severe or prolonged interventions are needed, RCs are expected to refer their clients appropriately for more specialised or advanced psychological support (Joubert & Hay, 2020). According to Joubert and Hay (2020), some adjustments needed to be made in training RCs from a holistic well-being framework. Elkonin and Sandison (2006) found that the public and some health professionals in the health sector were still largely ignorant of the competency of RCs. Elkonin and Sandison (2006) found that registered counsellor's placement or practicum sites perceived the category of RCs and the quality of their training positively as they came to recognise and understand the value of the

work provided by RCs. Rouillard et al. (2016) argued that few studies were conducted in South Africa regarding perceptions of Registered Counsellors more generally, with two studies addressing the issues of employment and registration patterns. According to Rouillard et al. (2016), the perceptions of the registered counsellor's role were necessary as the category faced many changes in the past and still needs to address its intended purpose.

The first author of this paper worked as a student-registered counsellor and during the 12-month practicum had clients who narrated their dreams in sessions. As this became a common occurrence, they were left wondering about the preparedness of RCs to engage meaningfully with such content, especially within the African context where dreams are held in high regard amongst various cultures (Holdstock, 1981; Thwala et al., 2000). Further, the first author's undergraduate and two postgraduate psychology courses did not

include content on the therapeutic value and engagement with dream material.

### **Research Questions and Objectives**

The primary objectives of this study were:

1. To explore the perceptions of Registered Counsellors (RCs) of their ability to process client's narrated dreams within counselling.
2. To investigate the extent to which their university or college curriculum covered content related to dreams, dreamwork, dream theories, and dream models.
3. To investigate the extent to which RCs felt that their training prepared them to provide basic primary psychological services related to distress arising from dreams.

### **Theoretical Framework**

Social constructionism was used as a theoretical framework to guide this study. This theory

asserts that it is in the daily interactions between individuals in the course of their life that their versions of knowledge are created (Burr, 2003). Language is held in high regard in social constructionism as it allows people to interact in meaningful ways that result in them creating shared versions of knowledge (Burr, 2003). The research questions sought to reveal the RCs' perceptions of their lived experiences and the meaning they attach to those as they interacted with their clients in the counselling space and reveal the meaning of such interactions, especially concerning working with dream material.

### **Method**

#### **Research Design**

A qualitative research approach, using an exploratory design, was used to explore and understand the meaning RCs ascribed to their work with dreams and their clients (Creswell & Creswell, 2018). Semi-structured interviews were used as they helped the researcher pose questions that focused on the holistic

experiences of RCs while simultaneously bringing clarity to some of their experiences. Qualitative research further values people's subjective experiences and provides rich descriptions of how they have perceived a certain phenomenon (Creswell & Creswell, 2018; Robson, 2002). The suitability of this research design helped to gather an in-depth understanding of the perceptions of Registered Counsellors regarding their ability to process the narration of dreams in their counselling sessions (Babbie, 2016; Creswell & Poth, 2018). The one-on-one semi-structured interviews helped gather attitudinal information of RCs (Robson, 2002).

### **Participants**

Five semi-structured interviews were conducted with five registered counsellors (RCs), all female, with ages ranging from 28 to 69 years, with the average age being 42 years. One of the RCs had been practising for a year, another for two and a half years, two RCs had been practising for six years, and the other for 14

years. All the participants were postgraduate psychology alumni, with one of the participants having a Master's degree in health promotion. All the participants had counselled clients who narrated dreams in their sessions. They all worked as RCs, some employed and others in private practice (full-time and part-time). The five participants were coded as RC01, RC02, RC03, RC04, and RC05. Purposive sampling was used, as it was a sampling method that sampled participants that could best inform the researcher about the research question under examination (Creswell & Poth, 2018).

### **Recruitment and Screening**

When the ethical clearance was received from the Rhodes University Human Ethics Committee, the researcher placed a research advert on several social media platforms. The researcher also shared the advert with colleagues and Registered Counsellors whom she knows to share with their colleagues. The RCs who showed interest in participating in the study contacted the researcher via the email

address provided in the research advert. The researcher sent the prospective participant an information sheet and the consent form. After the prospective participants returned the signed consent forms, data collection was initiated with each participant.

### **Data Collection**

Online semi-structured interviews were conducted and recorded via Zoom Video Conferencing. These were guided by an interview schedule with five interview questions aligned to the study's objectives (Blanche et al., 2006). All the interviews were one-on-one interviews conducted in English and averaged 30 – 60 minutes.

### **Data Analysis**

Thematic analysis was used to identify and organise themes that arose from the dataset (Braun & Clarke, 2006). The transcripts of the recorded interviews were analysed using the following analytic process:

**Step 1:** The data was read repeatedly and actively to become familiar with the depth and breadth of the data (Braun & Clarke, 2006);

**Step 2:** The data was organised meaningfully and systematically through coding (Maguire & Delahunt, 2017). The initial codes were utilised to describe the data (Guest et al., 2012);

**Step 3:** The initial codes were translated into themes and subthemes that categorised them into coded concepts based on their relation to each other (Braun & Clarke, 2006; Guest et al., 2012);

**Step 4:** The themes were evaluated and refined to ensure the data was a useful and accurate representation of the raw dataset (Braun & Clarke, 2006).

### **Trustworthiness of the findings**

To ensure the accountability and trustworthiness of the research findings, the researcher was reflexive throughout the study. Reflexivity is the awareness of the researcher's hidden attitudes, beliefs, values and biases in

their selection and justification of their methodological approach (Reid et al., 2018). This was done by directing the researcher's attention to themselves, fostering a circular relationship between being objective and subjective, thereby minimising confirmation bias in their structuring and ordering of the wording of the interview questions (Probst, 2015). Patnik (2013) asserts that when a researcher is aware of their underlying beliefs, values, biases, and attitudes, the focus remains on the research and their participants.

Validity and reliability were also considered to avoid unwanted bias as these are essential in qualitative research as it seeks to make sense of the data collected, recognise the patterns within the data and then organise the data into themes that provide a meaningful picture of what the data reveals, without compromising the richness and the dimensionality of the data (Leung, 2016).

### **Ethical considerations**

The ethical principles of beneficence, maleficence, autonomy, confidentiality, informed consent, respect, and reflexivity were adhered to, maintaining the ethical standards of HPCSA of preventing harm or misuse of the research participants (Health Professions Act of 1974, 2006).

### **Findings**

Findings are presented in the three major themes derived from the data analysis. The first theme reveals RC's level of engagement and perceived competency with dream material. The second theme shares RCs sensed expectations or implied expectations to decipher dream material. The third and final theme describes RC's exposure to dreamwork in undergraduate and postgraduate studies. The themes are further explicated by sub-themes described below, and where RCs' responses are described, pseudonyms have been used to protect their identities. Verbatim quotes from the data have been used to support the three themes.

## **Theme 1: Level of engagement and perceived competency with dream material**

Captured within this theme, are RCs description of how they engaged with dream material from their clients. Some RCs engaged with dream material indirectly, while others engaged directly. Two subthemes were identified and are described further here.

### ***Sub-theme 1.1: Indirect to direct engagement with dream material***

RC01 alluded to an indirect engagement with dream material, as she wondered about stressful situations the client was experiencing and the kind of traumas they might be having that could manifest in their dreams. She shared the kinds of responses she made to clients, *"I wonder what is it that has been stressing you or thinking about, like what type of traumas you have, that might be manifesting in your dreams."* - **RC01**

RC02 also worked indirectly with dream material as she focused on managing the emotions and thoughts triggered by the dream material. She shared that she used breathing and meditation techniques to help regulate her client's emotions. She said, *"So I only manage the emotions, to calm the emotions, to think properly, to try to think of something else you can do to make this thing not overwhelm you. We focused on breathing exercises and then, partly meditation instilling in her mind that this was a dream and she was no longer in that dream."* - **RC02**

RC04 echoed what was shared by RC02 as she also helped clients with their cognitive distortions, which arose as a result of a distressing dream. She asserted, *"When it came to the one that was suicidal, it was important to me to invalidate their connection with the dream of them having to die. Just help with the cognition, the thinking, the interpretation around that. I did the whole cognitive dissonance."* - **RC04** Two RCs shared their direct engagement with dream material in helping

their clients understand what the dream communicated.

RC03 stated that she psycho-educated her clients on the mechanisms of dreams and explained how their brains used dreams to communicate to them. RC03 shared, *"So I will explain to them, your dream is where your mind is, where your brain thinks to you but at the same time, hiding things from you. So there are a lot of mechanisms, but uhm, we go through. Your brain processes things and processes things in different ways, and then it changes things. And then it turns it into a cohesive story. So, I will say something along those lines. And then, we will discuss different aspects of the dream, uhm, not just about the dream."* - RC03

RC05 stressed the importance of association when working with the client's dreams. She noted that allowing clients to guide what the dream symbols meant to them was important. RC05 shared, *"I remember the example of a snake and that the snake can mean so many different things to different people. For some*

*people, it might be a good omen. For some people, it might be a bad omen. So you have to refer to what that person associates with that, and that is what you need to facilitate, is their association to the dream."* – RC05

### ***Sub-theme 1.2: Fair to good perceived competency to engage with dream material***

RCs were asked to share their perceived level of competency from the descriptors of poor, fair, good and excellent, and to provide reason why they perceived themselves with that particular descriptor in describing their level of competency with working with dream material. Three RCs chose fair as their descriptor for engaging with dream material, while two RCs who had received some training in working with dreams chose good.

RC01 shared "fair" as she did not feel comfortable working directly with dream material, She said, *"Let me say fair, and the reasoning being is that I do not particularly like interpreting dreams or helping people through dreams. Usually, I like to deal with what is*

*behind the dream and what is causing the dream. Because when we deal with that, maybe the dreams will go away or the dreams will change or will get better." – RC01*

RC02 also chose "fair" and spoke of her counselling training. *"I would say fair because my counselling diverts the client from their belief. I try to calm the client based on my education. - RC02*

RC04 also chose "fair", and shared that she created a space where her clients could be heard and supported. She shared, *"I would say fair, as I would just become a space where they would talk about things, and that would be it. Exploring what they could possibly do, and the support that they can get in helping them." - RC04*

RC03 chose "good" as her descriptor basing this on the training she received while she studied for her undergraduate psychology degree. She shared that she did not shy away from dreams, *"I would probably say good because dreams are one of the areas I feel semi-competent in. It was*

*actually covered formally in my third year at X [university name] when we actually talked about dreams and the mechanisms by which dreams develop and the symbolism of dreams and that kind of thing. " – RC03*

RC05 also chose "good" as their descriptor basing this on the training she received in dreamwork while she worked at an NGO prior to her training as an RC. She also shared that she was part of a local psychological society group that valued dreams. *"I think I have enough thorough capacity and insight, and I am a bit above the midway, uhm. I am going to say relatively, fairly good. Because we had two in-service training at X [NGO name], this was before I did my degree, and those were very useful and engaging." – RC05*

## **Theme 2: Expectations or implied expectations to decipher dream material**

When RCs were asked to share their experiences with client's dreams, some RCs shared that they felt a sense of expectation from clients to understand the meaning and

interpret dream material. These expectations were at times directly communicated by clients and at other times were implied. One subtheme was identified and is described further here.

RC01 shared that some clients wanted her to interpret their dreams while other clients came wanting validation of their own interpretation of their dreams. She shared, *"So my experience, people come in, and they want me to interpret dreams, and I cannot. Moreover, for those that have already interpreted their dreams and are just looking for validation, is this the right path, or am I doing the right thing? They usually seek validation that what they think is correct is correct."* - **RC01**

RC05 shared that in her experiences when her clients shared their dream, she wondered about the expectations of her clients. *"What is the expectation? Am I expected to know how to interpret this or the meaning for them?"* – **RC05**

***Sub-theme 2.1: Dreams as meaningful to RCs and clients***

Four RCs spoke to the meaning of dreams. This meaning was held by RCs and some of their clients.

RC01 shared that her clients came in and informed her that they dreamt this and thought it meant this. She shared, *"They usually dreamt about this and this, and they actually think it means this."* - **RC01**

RC02 stated that she tried to find out from the client the meaning clients attached to their dreams. She reported, *"I had to dig from the client what she thinks the dream means?"* – **RC02**

RC03 further stated that she also explored her clients' dreams with them and checked the meaning clients attached to their dreams. She echoed what RC02 shared, *"And when they bring dreams to me, then it is something that we will chat about and explore and figure out what it means to them."* – **RC03**

RC04 shared that in her experience, she observed that her clients believed their dreams meant something.

She asserted, *"They did believe the dreams, you know? That they meant something,"* - **RC04**

### **Theme 3: A variety of exposure to dreamwork in undergraduate and postgraduate coursework**

When RCs were asked about their training on dream work, some RCs shared that they had been exposed to Freudian/Psychodynamic and Jung's work in their undergraduate studies and through supervision and additional training. Others felt that their undergraduate and postgraduate studies had not provided exposure to prepare them to engage with dreamwork meaningfully. Furthermore, all shared a desire to attend dreamwork training or counselling if it were available. Four sub-themes were identified under this theme and discussed further.

***Sub-theme 3.1: Exposure to Freud's Psychodynamic work on dreams, Carl Jung, supervision and training were perceived as resources***

RC01, RC03, RC04, and RC05 shared Freud and Jung's exposure as one of the resources that provided information on dreams.

RC01 shared, *"I think what helped is that we did the Freud thing. Freud talked about latent content, and there is the other word that I cannot remember now. I would say that Freud really comes through for me when it comes to dreams."* – **RC01**

RC03 echoed RC01 by sharing, *"I think the only time we covered dreamwork was in the third year and those two modules."* – **RC03**

RC04 mentioned the chapter on psychodynamics as a resource that taught about dreams. She stated, *"But I remember seeing there on the chapter of psychodynamics, about dreams and the subconscious."* - **RC04**

RC05 stated that both Jung and Freud were resources that helped learn about dreams. She asserted, *"Studying Jung or Freud's and reading Freud. What is the book called? Something of dreams, you know, there was no direct reference to even writing an essay."* – **RC05**

RC01 and RC04 both viewed their supervision as a direct resource, while their training was an indirect resource.

RC01 shared that when she initially encountered dreams, she had support from her supervisor, who provided insight on engaging with dream material, which she found very helpful. She stated, *"I would say yes because I was able to go with it to my supervisor. When I had dream clients, my supervisor would say, well, go through the content. Look at it. Is it something that is in their subconscious mind? Is it something that they are aware of?"* – **RC01**

RC05 echoed what RC01 shared about the role of her supervisor in supporting the working with dreams. She also highlighted postgraduate training in assisting further. She shared, *"The internship was part of the training and I did have one supervisor, I suppose, who would have given some insight if something came up. I do think in the Honors work, in the Honors training, and it might not be that specific, but I think the degree, you know, the thinking and*

*understanding of psychological aspects and components and everything,"* – **RC05**

***Sub-theme 3.2: Lack of exposure in postgraduate studies in equipping RCs for dreamwork***

When RCs were asked if their postgraduate studies had exposed them to dreamwork, they all expressed that it had not. RC01 shared, *"Not really! They did not get into it. As I said, it showed up when we learned about Freud and Carl Jung. It was part and parcel of learning about them. It was not a separate module or a chapter in a book or something we were meant to focus on."* – **RC01**

RC02 stated, *"Oh no. I cannot say that I learned anything. I remember just a chapter when I was doing my Honors which was talking about "amaFufunyana" (epilepsy or demons), African calling and their diagnosis, which gets diagnosed as psychosis or hallucinating."* – **RC02**

RC03 also shared similar sentiments, *"In the postgraduate studies, no, there was no dreamwork."* – **RC03**

RC04 further stated, "No, we did not get trained in anything that has to do with dreams." -**RC04**

RC05 shared, "Well, I think you might know that there would not be any kind of training. I think you should know that. Maybe there are some universities to do it. – **RC05**

**Sub-theme 3.3: Personal endeavours to learn about dreamwork**

RC 01 and RC05 shared their personal endeavours to learn about dreamwork RC01 shared that she sought assistance from her supervisors when she encountered clients who brought dreams to their sessions. She shared, "I feel like it was something I had to do myself. It was something I had to look into and go to my supervisor and say hey, this keeps happening. Can you assist me? What can I read? What can I do? What can I add? Because it was not a general thing! Dreams were not a main thing." –

**RC01**

RC05 echoed RC01 as she also reiterated that learning more about dreamwork had to be a personal endeavour. She asserted, "There is not

even training as a psychologist in terms of dreams. It is personal. I mean, I might be wrong, and you can correct me, but I think it is- it is something one has to pursue personally." -

**RC05**

**Sub-theme 3.4: A shared interest in further training on dreamwork**

All RCs expressed an interest in attending dreamwork training or counselling if available.

RC01 shared, "No if dream counselling were a thing, I would probably go through it because that would be amazing!." - **RC01**

RC02 echoed RC1 when she shared, "... I would attend training if that were provided on dreamwork. So I think it is relevant to have- even if it is a short course that will be training the counsellors on how to handle clients who are coming with dreams or disturbing dreams or persistent dreams." - **RC02**

RC03 shared that it would have been ideal if they got training on the distress caused by dreams. She stated, "No, not dreamwork, but the distress arising from dreams... I think it

*would have been nice to have more training in distress." - RC03*

RC04 shared that though she had not attend any training, before she thought the training would have helped her unpack and process dream material better. She reported, *"No, I think that it would have helped us to use the dreams to help unpack what the dream could mean, and that could have helped them to understand it better..." - RC04*

RC05 was the only counsellor who had attended additional training, as it was not part of her formal qualification, and she shared a desire to further her training in dreamwork. She said, *"Yes, they were very useful, but were not formal qualifications. I would love to know if you could inform me where I could learn more about dreams." – RC05*

## **Discussion**

The findings from this study provides insight into the work of RCs, specifically their level of engagement and perceived competency with

dream material, their sensed expectations or implied expectations from clients to decipher dream material and their exposure to dreamwork in undergraduate and postgraduate studies.

Sub-theme 1.1 of Theme 1 sheds light on the various approaches that RCs take when working with dream material. Some RCs engaged with dream material indirectly by using their counselling training, while others took a more direct approach, exploring the dream images themselves and related themes. The difference in approach could be attributed to several factors, such as personal preferences, comfort levels with dreamwork, or educational and training background. RCs who adopted an indirect approach may have done so due to a lack of confidence in working directly with dream material. This would be consistent with what Leonard and Dawson (2018) found in that clients bringing dreams to their sessions was "problematic" for many psychologists as they lacked the confidence and competency to engage meaningfully with dream material. In

contrast, those who engaged directly with dream material may have had more confidence in their abilities to do so.

Sub-theme 1.2 highlighted that most RCs in the study felt some level of competency in engaging with dream material. However, they wanted more training or experience to work effectively with dream material. This finding emphasises the need for ongoing professional development and training opportunities to enhance RCs' abilities to work with dream material effectively. Fox (2002) found that most studies on dreams focused predominantly on the biological nature of dreams, leaving the clinical and psychotherapeutic use of dreams to the side. Fox (2002) further found a positive relationship between clinician's ability and their self-perceived competence, as clinicians who received training on dream interpretation had a positive self-perception of their level of competence over those who did not.

Theme 2 focused on the expectations or implied expectations RCs and their clients had regarding

interpreting dream material. Sub-theme 2.1 showed that most RCs and their clients viewed dreams as a valuable resource in counselling work. RCs reported that exploring clients' dream material helped them better understand their clients. Clients also viewed dreams as meaningful in their counselling sessions. They believed their dreams reflected their inner struggles and could provide insights into concerns they were unaware of. Some RCs in the study felt there were expectations from clients for them to decipher dreams by engaging with their possible meaning and interpretation. These expectations from clients are consistent with the study by Thwala et al. (2000), which found that participants believed dreams influenced their lives and were communications from ancestors.

Theme 3 highlighted RCs' exposure to dreamwork in their undergraduate and postgraduate coursework and identified various factors that impacted their ability to work with dream material effectively. Sub-theme 3.1 highlighted the resources RCs perceived as

valuable for working with dreams, such as Freud's psychodynamic and Jung's work on dreams, consistent with Keller et al. (1995) and Fox's (2002) studies. Other resources included supervision and training. These resources provided RCs with theoretical knowledge and practical skills for working with dream material in their counselling practice.

Sub-theme 3.2 revealed that RCs generally lacked sufficient exposure to dreamwork in their postgraduate studies. They felt their training programs did not adequately prepare them to work with dream material. This lack of educational exposure could be due to several factors, such as curriculum limitations, a lack of skilled instructors, or a general lack of emphasis on dreamwork in training programs. Hill and Knox (2010) also asserted that therapists often feel unprepared to work with dream content because dreams are typically not addressed in clinical training. Crook and Hill's (2004) study echoes the findings of Leonard and Dawson (2018), where therapists reported no training in dreamwork, with 16% of their respondents

feeling incompetent in the face of dreams. It could be argued that dreams are viewed as projective in nature, which is work only done by registered psychologists in South Africa and, therefore, outside the scope of practice for RCs. This is problematic as clients continue to bring dreams during their counselling sessions with RCs. Leonard and Dawson (2018) argue that dreams have been relegated to the periphery of clinical psychological practice. This poses a significant challenge as clients continue to bring dream content to sessions, with many mental health practitioners lacking the confidence and competence to respond effectively to dream material.

Sub-theme 3.3 highlighted that RCs engaged in personal endeavours to learn about dreamwork outside of their formal coursework. They utilised books, attended workshops, or sought guidance from experienced colleagues to enhance their dreamwork skills and knowledge. This finding is consistent with Keller et al. (1995); respondents in their study who had training in dreamwork had sought it out rather

than having it as part of their university training or curriculum.

Sub-theme 3.4 revealed a shared interest among RCs in further training on dreamwork. Many RCs expressed wanting further education and training opportunities to enhance their dreamwork skills and knowledge. This suggests that RCs believe in the importance of dreamwork in counselling practice to provide insight into clients' unresolved conflicts, fears, desires, and past experiences that may be difficult to access in waking life.

### **Limitations**

The study used a qualitative research design, and therefore, findings are not generalisable to all Registered Counsellors in South Africa. Purposive sampling was used, and therefore, the sample could not be representative of the population of RCs in SA. Other possible limiting factors were the Zoom interview recordings, as the participants had an option of not using video for their privacy and confidentiality. Doing blind interviews with two of the RCs eliminated

information communicated through non-verbal cues. Lastly, the criteria for inclusion in the study as an HPCSA-registered counsellor excluded participants registered as counsellors with other counselling bodies or associations in South Africa.

### **Recommendations**

Given that this was an exploratory study, further research in this area could build on the themes identified and discussed here. Increased sample size and representativeness would add depth of information about the perceived ability of registered counsellors (RCs) to process narrated dreams in their sessions. Lastly, it would be important to broaden the criteria of the sample to include counsellors registered with other bodies besides the HPCSA. The training of RC could be revisited, particularly regarding the scope of practice as delineated on the HPCSA's Form 258, "The Framework for Training of Registered Counsellors in South Africa". Continued professional development, especially in dreamwork, can help bridge the

gaps unaddressed in formal training, especially in working with dream material.

### **Conclusion**

This study highlights one of the areas RCs are confronted with in their work namely client dreams. The importance of dreamwork as a valuable and meaningful part of counselling practice has been highlighted here. However, more training and support are required to equip RCs for their work with dream material, thereby enabling them to provide effective and comprehensive counselling to their clients. This will dispel the fallacy that dreams are of little clinical or therapeutic value, and that dreamwork is only for long-term therapy that requires extensive therapist training (Leonard & Dawson, 2018). The importance of supervision and continued professional development through attending dream workshops were valuable means of supplementing RCs' knowledge and skills in dreamwork. Enhancing RC's skills in dreamwork can help clients gain insights into their emotions, thoughts, and

behaviours while facilitating their overall mental wellness. This study has highlighted the need for other levels of mental health counselling practitioners to be trained in working with dreams when providing services to clients.

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