

Through the Looking Glass: Reflecting on Counsellor Dreams for Enhanced Self-Care and Effective Practice

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Abstract A wealth of information can be extracted from clients' dream narratives. Few counsellors, however, recognize the significance of monitoring their own dreams. In this clinically-informed position paper, counsellors are urged to consider their own dream content. Self-awareness is vital to the therapeutic relationship, but also instrumental to the safety and well-being of counsellors themselves. Dreaming about one's client can reflect troubled therapeutic rapport and highlight emotional or countertransference issues. Dreams can be harbingers of vicarious traumatization. Thus, counsellors are encouraged to reflect on their own dreams as a deliberate self-care initiative in order to promote a safe and effective practice.

Keywords Counsellor dreams · Self-care · Countertransference · Vicarious trauma · Supervision

*My nocturnal brain doth never lie,
But speaks in tongues and tricks oft sly.
Within the folds it weaves each scene,
That binds the fragments of my dream.*

*Deep wishes, secrets, fears, and lies,
In cunning ways, intensify,
In woven strands that knot so well,
That even I, myself, can't tell.*

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*What colours this? What strings to tie?
The weaver's dreams they multiply.
But "how", you ask, might I come to know,
Those threads of dream I nightly sew?*

*Through the looking glass,¹ she answers me,
It's the clearest view where you might see.
For here, you can take on the tedious task,
Of sorting dream filaments—present to past. (Author)*

Introduction

In the movie *Alice Through the Looking Glass*, the character called *Time* tells Alice: “You can never change the past but you can learn from it” (Burton and Bobin 2016, Walt Disney Pictures). In this brief clinically-informed opinion paper, I present the idea that looking into one’s own dreams, as a counsellor, affords an unfettered reflection into self. Self-reflection through dream work can foster personal insight (Duff 2014; Edwards et al. 2013) and professional growth (Eudell-Simmons and Hilsenroth 2005), and it may also bolster resilience and protection from occupational harm. Thus, examination of counsellor dream content offers a unique and reflective self-care opportunity that may enhance self-awareness, and through this, a safer practice. The counsellor’s own dreams can act as an early warning detector, reflecting back triggered intrapsychic and interpersonal issues, signaling changes in therapeutic rapport, and highlighting countertransference issues. To this end, of particular salience are those dreams that feature our clients in them. Additionally, counsellor dreams can be harbingers of vicarious traumatization. Thus, counsellors are encouraged to pay attention to, and process their own dreams as an introspective self-care measure that may enhance well-being and promote an effective practice. Some firsthand dream examples are provided following a brief discussion.

Dream analysis is often done through keeping a journal or a dream diary, though there is no one correct way to pay attention to dreams—other than, perhaps, to decide to pay attention. Dream work is a reflective activity that can be engaged in alone, or in peer consultation, supervision, or therapy. Most counsellors know that dream content can mirror aspects of relational, emotional, and psychological undercurrents in their clientele (and are encouraged here to also apply this knowledge to themselves). Dream content might be triggered by seemingly innocuous interactions arising in the counselling milieu that can alert the counsellor-dreamer to emotional and psychological issues requiring greater introspection and personal attention.

The utility of using dream material in psychotherapy is noted in an empirical review by Eudell-Simmons and Hilsenroth (2005), who summarized four distinct uses for reflecting on dreams within the counselling milieu, including: 1) deepening therapeutic rapport, 2) promoting insight and assimilation, 3) providing useful clinical information, and 4) monitoring therapeutic changes (p. 264). Georgiadou (2016) writes that: “counselling research, like practice, is often phenomenological” (p. 359), concerning itself with subjective experiences extracted from qualitative narratives that lead to deeper understanding and assigned meaning.

¹ “Through the Looking Glass” is the title of a classic book written by Lewis Carroll (1896 / 2014).

Some counsellors do conduct dream analysis and reflection with their clients for such purposes. What your client reports dreaming can tell you a lot about their current and past trauma reactions (Barrett 2002). This is true for counsellors' dreams too. Recurrent nightmares or anxiety dreams might reflect endogenous means of self-exposure (Hartmann 2010), or memory reprocessing stuck, or gone bad (Aurora et al. 2010). Tracking, recording, and exploring dreams can offer a great window on conscious and subconscious processes occurring in both our clients' lives and our own. Moreover, narrating one's dream stories can also offer an alternative form or technique of assisted *in vivo* exposure (Aurora et al. 2010).

But, as the old adage goes: 'We don't always practise what we preach!' It is not only clients' dreams that warrant our close attention when providing counselling and psychotherapy services. The counsellor's own dreams—particularly those featuring the client—can reflect threats to the therapeutic process arising from countertransference issues, but can also provide potential insights into the counsellor's own emotional and relational functioning that gets triggered within the context of counselling. Such dreams can also alert the counsellor-dreamer to possible issues of vicarious traumatization resulting from providing counselling services. Why? Because helping people sometimes hurts the helpers (Felton et al. 2013). Consider vicarious traumatization; this involves experiencing subclinical to full-blown post-traumatic stress disorder-like symptoms as a result of assisting others to process their trauma experiences (Briere and Scott 2015; Iqbal 2015).

Dreaming about the therapy process or the client within it can reflect traumatic intrusion symptoms in the counsellor. Risk of burnout also presents a unique occupational risk to counsellors who show interest and compassion in the non-reciprocated nature of professional relationships (Thompson et al. 2011). Countertransference—sometimes also called counteractivation (Briere and Scott 2015, p. 118)—can arise regardless of the client's presenting problems. This occupational hazard is a process of what might be described as *psychic spillage*: a type of past wound irritation that arises when our interaction with clients triggers some inner dynamic feelings stemming from a similarity in our own relational and attachment histories. Seemingly innocuous and benign matters that we are exposed to today may also trigger tonight's dreams. This phenomenon of psychic-spillage is evident in the dreams presented later in this paper, but also illustrated in the following hypothetical example.

Imagine this: Wednesday your client mentions that she went to the lake with her family. She tells you they ate ice-cream and that it was uplifting after months of stress following her sister's diagnosis of cancer. Later that evening, you see a show on television about global warming and the melting Antarctic ice caps. That night, you experience a disturbing dream about a real past event: a family camping trip from your youth where your sister nearly drowned. In the dream, you are thrashing, trying to swim to shore in a cold, murky lake; your sister is passively floating beside you. You try to scream to someone on the shore, but your voice is gone and nothing comes out. You try to wake your sister, but she doesn't pay attention. You wake up feeling exhausted, anxious, and maybe even vaguely annoyed with your sister.

One purpose of your dream might be to file away the new memory (your client having ice cream at the lake with family today) in relation to the old (your family event at the lake years back), by weaving these emotionally-laden memory traces, that are sometimes triggered by recent and seemingly innocuous exposures. A new schema or perspective is then formed (Hartmann 2010). Barrett (2002) advanced the idea that dreams can help us to problem-solve by resolving otherwise unresolved or dormant conflicted emotional issues. She says that the "Royal Road" (as first proposed by Freud) can actually become "a shrewd shortcut" when using dreams in therapy (Barrett 2002, p. 55).

Counsellors tend to think of themselves as being self-aware, which is a logical assumption given our propensities for promoting self-awareness in others. Seeking self-understanding is considered a hallmark best-practice for promoting counsellor resilience, and is said to be derived through introspection (Skovholt et al. 2001). However, for most people, psychic-spillage is more likely to present itself in intuitive gut reactions and altered sleep and dream content long before it manifests consciously as self-awareness. Thus, when reflected upon, dreams offer a window (or mirror) of exploration for the dreamer's own problems and feelings (Rabinowe 2012).

Briere and Scott (2015) assert that processing trauma issues in therapy requires certain active precautions. Specifically, counsellors are advised to actively pursue self-care in order to bolster their resistance and immunity to vicarious or secondary trauma. As has been suggested by some, one might think of this need for self-protection in the way that airline travelers are advised to first don their own masks in a flight emergency before assisting others with their masks.

Self-care takes many shapes and forms; collectively it refers to the idea of deliberately engaging in regular pursuits that bolster the counsellor in order to strengthen their immunity from the expected perils of caring for others (Thompson et al. 2011). Self-care in the counselling context is not considered a frivolous or self-indulgent undertaking, but rather a duty to self and to others that promotes safe and effective practice. Neglect of self-care increases occupational risks of harm to self, which can then spread to harm of others by way of impaired judgment (Mailloux 2014). One domain of counsellor self-care that is often touted in graduate counselling education is that of introspection, which is said to heighten self-awareness (Skovholt et al. 2001). Introspective self-care typically involves supervision, seeking one's own therapy and counselling, and other types of personal self-reflection, such as journaling or practicing mindfulness. Spiritual pursuits might also fall into this category of introspective self-care.

Beyond brief mention, however, yet largely unrecognized in the literature on self-care for the counsellor is the imperative of monitoring one's dreams more vigilantly. Dream reflection for counsellors appears to be a viable introspective self-care practice. In particular, counsellors may need to pay attention to dreams that feature their clients. There is, admittedly, a need for more empirical support for this notion, although several clinical (and mostly psychoanalytically-based) studies do explore dreaming about clients. For example, in an older study by Whitman et al. (1969), dreaming about one's client was noted as being fairly common. More recently, Kreider et al. (2011, p. 2) noted that, "44% of trainees report[ed] discussing dreams about their clients in supervision." In another study, Kron and Avny (2003) found a preponderance of negative themes manifested in psychotherapists' dreams, with the therapist-dreamers said to have been in vulnerable positions within 65% of the dreams collected—with these authors interpreting the finding as confirmation of the Jungian archetype of the "wounded healer".

The topic of "wounded healer" is, indeed, an interesting and complex one, but it lies beyond the scope of this paper. However, in case the shoe fits, here is my own—rather humbling—confession on being a *wounded healer*—or, more apropos to this discussion—*becoming wounded as the healer*! Many years back, as a new counsellor, I recall experiencing disturbing dreams about a client. We had been meeting for weekly counselling sessions in a community-based counselling clinic, where I worked as a Mental Health Therapist. (*Note that some details are omitted and slight changes are made in the story in order to maintain the anonymity of the client*). This person initially presented with adjustment to workplace and relational issues. However, as the rapport became increasingly established between us, the client began to tell me about some rather nefarious sexual activities perpetrated on unknowing

victims in the past. Antisocial personality traits also became increasingly apparent as our sessions progressed.

The client was referred to a visiting consulting psychiatrist; however, we also continued to meet for weekly counselling sessions. Despite my best Rogerian-like efforts towards providing unconditional positive regard, I found myself slightly repulsed and vaguely threatened by veiled innuendos referenced to within these sessions. But, being naïve and eager to do my job as a new counsellor in a small community (with no ready referral alternatives), I tried hard to override my growing discomfort. The first nightmare was ignored. But when I failed to pay attention to it, another threatening dream surfaced.

In this dream, this client was stalking me. I was driving my car; and in the rearview mirror; I could see this person grinning, knowingly, following right behind me in a truck, much too closely.

This dream left me deeply unnerved in the morning. As soon as the opportunity presented, I went to see the consulting psychiatrist to report my fears that this client was “*very dangerous and posed an imminent risk to future victims*”. The psychiatrist disagreed, and said that this client had “*peculiar but harmless sexual fetishes*”; however, “*as these were actions completed in the past only, a current threat was lacking*”. Not surprisingly, I left this consultation feeling a bit awkward; maybe even ashamed at my apparent “*over-reaction*”. In hindsight, however, I think my intuition was whispering in my ear throughout the sessions, but screaming to me in my dreams that something was not right!

Perhaps additional self-reflection and supervision was warranted in order to more fully grasp the full nature of the perceived threat. Perhaps the client was not the only menace. For example, maybe something from my own past was threatening manifestation (appearing in the rear-view mirror and getting too close for comfort). What mattered here is that I was, somewhat ironically, being harmed—though not in the way I feared; and the therapeutic process was being harmed too, regardless of whether the client was actually *harmful* or not! So, what I wished this psychiatrist would have said instead was:

“It sounds like YOU are having some difficulties dealing with this client and this type of expressed problem. Would you like to talk about it, or is there someone else you can discuss this issue with?” In hindsight, maybe this would have been a good opening point to explore the significance of my dreams in more depth (whether alone, in supervision, or in this consultation); then possible corrective actions necessary for a continued effective and safe practice might have flowed from this. But at the time, I just wanted someone to take over “the problem client”.

The outcome was admittedly anti-climactic. I don’t know what became of this client. We both went our separate ways soon afterwards. Still, today, years later, I would like to convey to the reader this: if you are dreaming about your client, the fact is, it matters; and, therefore, even if your clients are harmless in one sense, counselling is not a harmless undertaking. When you experience a dream that features your client as a character, there are likely to be three primary reasons: 1) something in your inner self or past is being triggered by an otherwise innocuous reminder; 2) something about the person or the therapy process is emotionally affecting you by tapping into your past attachment memories and emotions (suggesting countertransference); 3) something about the person or therapy process is emotionally harming you (suggestive of intrusive symptoms from vicarious traumatization). In my earlier example, perhaps all of these items fit.

In a recent graduate class taught on *Crisis and Trauma Counselling*, I mentioned to students in an online discussion forum this idea that dreams about clients can reflect therapeutic and even counsellor harm. One of the students replied with the following striking disclosure (which is abbreviated for length and reprinted here with her generous and written permission). This precocious trainee apparently learned firsthand the value of listening to her dreams as a counsellor, which she later came to understand as countertransference that required corrective measures. She wrote:

The one dream I can recall well, is of me advising my 16 year-old client to cut herself off from her parents, which [in the dream] resulted in fatal circumstances (i.e., her mom completed suicide, and her dad killed her and then himself to avenge his wife's death). Although awful, this dream forced me to examine my relationship with my client. This client often told me that she wished I was her mom, and to this day, I query whether I somehow inadvertently assumed a mother-type role in session. I do remember thinking that her situation was similar to my own childhood; I also admit to normalizing her feelings based on how I felt about the relationship with my own mother. (D. McGuire, January 18, 2017, personal communication).

Dream content can reflect a *wish* fulfillment (according to Freud 1900/2010), *guidance* (Jung 1945/1995), a problem *solution* (Barrett 2002), endogenous *self-healing* (Koch 2011) or even a *fear*. When a counsellor dreams of the client, any one of the above *reasons* might also apply. Zwiebel (1985) wrote that dreams of clients might suggest a fear of incompetence on the counsellor's part, or that therapeutic relational issues might need resolving.

Whatever the underlying driver, dreams about clients tend to indicate spillage of the client's difficulties into the psyche of the counsellor, or spillage of the counsellor's issues into the client's venue, or both. As such, countertransference and triggered personal issues are best addressed through peer consultation, supervision, and self-exploration: all best-practice self-care strategies for mitigating vicarious trauma and compassion fatigue (Briere and Scott 2015). Recommendations for counsellors interested in pursuing dream reflection would be to keep a dream journal, and seek opportunities to discuss and process dreams, especially those featuring one's clients. An important first step in processing the dream narrative is to ask yourself: 'What is it about me or my own personal past experiences, memories, and feelings that are being triggered or awakened by this dream? What is my intuition trying to tell me? What am I wishing for or afraid of? What can I learn from this dream?'

Emphasising the learning potential in supervision, Warner (2015) said that, "supervision encourages greater transparency into supervisees' internal processes about how they perceive themselves, their clients, and their work as psychotherapists" (p.34). Picking apart our dream weaves and reflecting on them *through the looking glass* seems to be a viable introspective practice directed at fostering resilience through self-awareness—though clearly more empirical-research is needed to support such an assertion.

Dream interpretation and reflection is also a topic with great cross-cultural appeal. A cross-cultural inquiry on beliefs about dreaming was conducted by Morewedge and Norton (2009). These authors concluded that both Eastern and Western cultures typically believe that our dream content holds significance and can be used to promote insight and enhance personal life direction. Dream content tends to have a narrative and phenomenological quality that can paradoxically espouse, but also transcend culture—although the appeal and appropriateness of dream work must always be queried rather than assumed. Ideally, supervision activities consider the trainee's own cultural values and comforts (Warner 2015). When in doubt, ask the supervisee if they would like to consider undertaking dream work. Watkins and Hook

(2016) described the need for cultural humility in supervision, which they described as: "...a third space whereby cultural meanings and experiences are welcomed and can be explored, examined, and experienced anew" (Abstract).

As noted earlier, self-awareness is considered a form of self-care (Skovholt et al. 2001), and both are essential to an effective and informed counselling practice. Reflecting on counsellor dreams can be done as a solitary pursuit; however, it is likely that the resulting insight, and ensuing corrective measures, will be greatly enhanced through guided assistance. The introspective dream reflection process can involve a trusted supervisor (as recommended by Kreider et al. 2011), peer consultation, or further discussion with one's own therapist or counsellor. In dream gazing *through the looking glass*, counsellors can potentially be alerted to changes in therapeutic rapport, process some of their own underlying triggered emotional issues and countertransference, and assist themselves in mitigating harm and promoting a safe and effective practice through ongoing self-awareness and self-care.

Compliance with Ethical Standards

Conflict of Interest The author declares that she has no conflict of interest in relation to this paper or the work contained within it.

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