How can dream work add value to hypno-psychotherapy?

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Abstract

This dissertation aims to address the question of how dream work can add value to hypno-psychotherapy. A literature review is provided that sets the scene for the reader on the evolution and state of the art on the areas of the unconscious mind, hypnosis, dreams and hypno-psychotherapy. This is followed by the analysis and elaboration of a number of approaches and methods that allow us to integrate dream work to hypno-psychotherapy in an effective manner. The consolidated findings highlight a wide range of proven scientific options for dream work that are well suited to add value in hypno-psychotherapy. These may target and utilise conscious thought processes and information or unconscious mechanisms and content accessed through hypnosis.

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1. Introduction

Hypnosis and dreams share some interesting aspects. Historically, for many centuries in our distant past, both have fascinated people with an overwhelming sense of the mysterious, or supernatural, often occupying a realm of "higher wisdom". In ancient Egypt, people believed that dreams contained divine messages and would practice sleeping in sacred temples with the intention of receiving divine guidance. In ancient Greece and Rome, some temples used practices for healing or divine guidance that induced an altered mental state which resembles the state of hypnosis.

In psychology, both represent experiences established with a deep connection to the unconscious part of our mind. We are now at a time in history where we can say that although we don't yet understand everything about their nature, we have sufficient understanding to make significant progress on how each can be used in a psychotherapeutic context in order to help more and more people overcome problems, heal or improve. In recent years and especially since the beginning of the 21st century we have seen the introduction of many modern methods for dream work in psychotherapy. Modern research on hypnosis has also made significant steps forward in establishing it as a widely accepted psychotherapeutic tool. The modality of hypno-psychotherapy has been introduced specifically to designate this synergy between psychotherapy and hypnosis for therapeutic work (James & Rossi, 2015).

This context motivated this work about the use of dream work in a hypno-psychotherapeutic setting. This is especially fitting as hypno-psychotherapy follows an integrative therapeutic approach that can combine a variety of methods, techniques, approaches, etc. from different schools of thought to create a tailored approach for a particular client. The dissertation specifically aims to give answers on how dream work can add value to hypno-psychotherapy. There are already numerous research works on dream work for psychotherapy and many approaches and methods have been proposed. The main section of this dissertation (chapter 3) contributes a selection of

those that: 1. are representative of the "state of the art" 2. are suitable for use in hypno-psychotherapy. Regarding the latter, the approaches and methods for dream work had to fit certain criteria based on the nature of hypno-psychotherapy (James & Rossi, 2015) in order to be selected and presented here. These included:

- Hypno-psychotherapy is generally regarded as a short term therapy, typically producing results within weeks. Any dream work needs to be relatively short in order to fit well within these short time-frame targets.

- Hypno-psychotherapy follows a solution focused approach. Accordingly any dream work should not only be about understanding a dream but also about how to apply the dream work learnings for life changes that lead to practical solutions, healing or improvement.

- Hypno-psychotherapy follows client-centred psychotherapy principles. The dream work needs to value the same principles for a supportive, non-judgemental and empathetic environment where the client can explore their thoughts freely and safely.

- The particular dream work either utilises hypnosis itself or can be slightly altered so that a particular part is carried out under hypnosis if the hypno-psychotherapist believes that there could be additional value from that.

2. Literature Review

This literature review focuses on the individual elements that together form the overarching dissertation question. These four elements are: 1. The Unconscious Mind, 2. Hypnosis, 3. Dreams and 4. Hypno-psychotherapy. For each one, the aim is to present its evolution and established scientific works that represent the current "state of the art".

2.1. The Unconscious Mind

Our exploration starts from the basic question: what is the unconscious mind? The concept of the unconscious mind was widely popularised by Sigmund Freud (Freud, 1915). He described three levels of the mind which could be represented as an iceberg. The part that's visible above the water is our conscious mind, just below the surface is our preconscious and all the way down is by far the largest part, our unconscious. Similarly to an iceberg the part that's under the water makes up about 90%. According to Freud the unconscious mind is made up of ideas that have been removed from our consciousness through repression (*What Is the Unconscious?,* 2024). Although all these ideas are consciously inaccessible they do manifest in the way we behave, talk or react. Actually, the unconscious mind is the primary origin for human behaviour even though we are consciously unaware of its huge influence.

Today, our understanding of the unconscious has evolved significantly from Freud's view thanks to advancing research in cognitive psychology, neuroscience and psychoanalysis. The unconscious mind is now perceived as a dynamic processing system that works separately from consciousness. It encompasses a wide range of cognitive processes such as memory, perception and decision making (Kihlstrom, 1987). Notably, it's not only about repressed ideas but also abilities like automatic responses, implicit learning and complex problem-solving abilities (Bargh & Morsella, 2008a).

So, how do we utilise the unconscious mind? In too many ways actually and typically the unconscious plays a huge part. Lets consider emotional processes and responses. Research by (Zajonc, 1980) demonstrated that people develop unconscious emotional preferences for objects, situations and other people they have been exposed to, even if consciously they cannot recall these exposures. For instance, (Schacter, 1987) showed that people can have definite preferences or emotional reactions to certain brands or foods they have been exposed to in the past even though they may not recall the past encounters or may not know the reason for their response. When it comes to our social life, emotions and social cues are typically processed or regulated unconsciously. This allows us to have almost instant emotional responses to inputs from our environment without a burden of conscious processing of complex or subtle social cues (LeDoux, 1998). An example of this is our immediate, automatic emotional responses to changing facial expressions of a person we are talking to, as described by (Öhman, 2002).

Our unconscious plays an integral role in our skills, perceptions, creativity, insights and problem solving abilities. Researchers have uncovered unconscious processing that happens when we are relaxed or asleep (dreaming or not) leading to sudden, new realisations, solutions or ideas (Sio & Ormerod, 2009). When it comes to skills, these are learned behaviours that have been practised to the extend where no conscious thought is required. In this way, we can avoid conscious overload and even focus our conscious mind on other tasks (Logan, 1988). We can easily appreciate the immense value of our automatic, unconscious abilities which even ensure that we stay alive by almost instantaneously recognising danger or responding to threats. As a dynamic processing system, the unconscious mind is able to form complex and ever adapting associations which influence our perceptions. In our unconscious, exposure to one stimulus can associate and influence our response to a different subsequent stimulus, without any conscious attention. In the simplest of examples for that, if we are shown the colour red, we are more likely to have an alert related

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thought or reaction than any other, as the ideas of "red" and "alert" are closely associated in the unconscious (Bargh & Chartrand, 1999).

Contemporary studies often combine psychology and neuroscience to verify and expand our understanding of the processes in the unconscious mind. In particular, the "free energy" principle has become the bridge in the dialogue between neuroscientists and psychoanalysts, essentially the bridge between the brain and mind perspectives (Cieri & Esposito, 2019). In the "free energy" principle the unconscious part of our brain works to reduce surprise or uncertainty by making predictions based on internal models that are revised and updated using sensory input. The alignment of internal models with the external world is clearly a very important objective for our brain. (Dijksterhuis & Aarts, 2010) actually proposed a new perspective on the pursuit of goals, traditionally considered a conscious and volitional human behaviour. The research suggests that goals guide our behaviour through attention, and this guidance occurs unconsciously i.e. outside of a person's conscious awareness. In the work of (Bargh & Morsella, 2008b) we find the existence of independent unconscious behavioural guidance systems: perceptual, evaluative and motivational. The research concludes that unconscious actions of these systems precede the arrival of the conscious mind and its higher level processes. In relation to our long term memory, (Squire & Dede, 2015) highlighted the existence of not one but two different memory systems. A declarative (explicit) memory that is available as conscious recollection and a non-declarative (implicit) memory that provides a vast range of unconscious ways we can respond to the world. The latter encompasses habits, skills, priming, and simple forms of conditioning. Interestingly, although many tasks can be acquired by using both memory systems, other tasks strongly favour one of them.

The above findings highlight the essential role of the unconscious mind in every human being. In fact, the characteristics, processes and content of the unconscious mind are essential for the other three elements that form the overarching dissertation question. Hypnosis allows us to connect with our unconscious, dreams bring out unconscious content in the form of immersive,

sleep time experiences and hypno-psychotherapy is always interested in unconscious insights for therapeutic purposes. In the next chapter we take a closer look at the concept of hypnosis as a means of accessing and utilising mechanisms and content of our unconscious mind.

2.2. Hypnosis

First of all, what do we mean when using the word hypnosis? According to the American Psychological Association (APA), hypnosis is a state of consciousness involving focused attention and reduced peripheral awareness along with an enhanced capacity for response to suggestion (*About Division 30*, 2014). A procedure designed to induce hypnosis to an individual is called a hypnotic induction. In the state of hypnosis, a person can access unconscious ideas and processes which emerge into conscious realisations. Our understanding of hypnosis had a long journey moving from mysticism and scepticism to an accepted scientific tool used in therapeutic environments.

In the 18th century, Franz Anton Mesmer, a German physician, created the theory of animal magnetism which is considered as an early scientific attempt to understand hypnosis as an observed phenomenon (Crabtree, 1993). According to his theory, a natural energy he called a "magnetic fluid" flows through all living beings. He proposed that various ailments could be cured by clearing blockages or imbalances of this "magnetic fluid". His treatments could be characterised as highly theatrical, appearing to induce trance-like states in his patients who would similarly respond with dramatic reactions. Mesmer interpreted these reactions as evidence of a re-alignment of the "magnetic fluid".

Later in the 19th century, James Braid, a Scottish surgeon, described hypnosis as a special state of heightened concentration on a suggestion (Blowers, 1994). This was a significant departure from earlier theories like Mesmer's animal magnetism and towards a more scientific understanding of the phenomenon. Braid highlighted that the hypnotic state is different from sleep, recognising it as a condition of increased focus and suggestibility. He would guide his patients into hypnosis by requesting them to fix their gaze on a bright object or fix their attention to some repetitive verbal command. Also in the 19th century, Hippolyte Bernheim, a Professor of Medicine at Nancy, France, proposed that the effects of hypnosis were primarily due to the power of suggestion rather than any

special hypnotic state. Bernheim left a legacy of numerous case studies demonstrating the effectiveness of hypnosis through suggestions. So, is hypnosis a mental state or not?

This is question that divided scientists during the mid to late 20th century (Hall, 1984). American psychologists Theodore Sarbin and Theodore Barber proposed that there is no special state involved in hypnosis (Kirsch & Lynn, 1995). Both considered hypnotic behaviour like any other complex behaviour that can be explained through psychology. Another American psychologist, Nikolaos Spanos (1942-1994) further promoted the non-state view and argued that hypnosis is nothing more than suggested behaviours that the patient chooses to go along with or not. Spanos explained these behaviours mainly through his ideas on compliance and strategic enactment (Heap & Aravind, 2001).

Finally in the 21st century, the emergence of advanced neuroimaging technologies provided new evidence supporting the idea of a hypnotic state. Studies based on neuroimaging gave us clear insights into the mechanisms and changes happening in the brain while under hypnosis. The study by (Oakley & Halligan, 2009) highlights all the different changes in brain activity under hypnosis and establishes a physical viewpoint that distinguishes the hypnotic state. Specifically, hypnosis affects brain activity in the anterior cingulate cortex (ACC), the thalamus and the default mode network (DMN). These are associated with cognitive control, sensory processing and self-referential thoughts respectively (Deeley et al., 2012; Landry et al., 2017a). In recent years, many researchers have supported a more integrative perspective that recognises hypnosis both in terms of an altered state and in regards to increased suggestibility. Accordingly, today there is some consensus within the scientific community that hypnosis indeed is a combination of both those aspects (Kihlstrom, 2012; Lynn & Kirsch, 2005).

2.3. Dreams

An involuntary experience of thoughts, images, sounds, emotions and sensations in the mind during certain stages of sleep is commonly called a dream. Dreams are particularly vivid during the Rapid Eye Movement (REM) stage of sleep, although they do occur in other sleep stages too (Hobson, 2009). Their content may reflect the mundane, familiar and ordinary as well as the realm of the extraordinary, fictional and surreal. Accordingly, it's only natural for people and scientists to be fascinated by dreams. Is there a meaning that we can interpret from the experience? Are we overanalysing by looking for meaning when the content includes a direct instruction, guidance or advice for us? Is it just a meaningless sleep experience, hopefully an entertaining one? Can they help us to heal? Can they be integrated into a therapeutic process? Combined with hypnosis or hypno-psychotherapy even? There is certainly lots of intrigue, speculation, belief, history as well as scientific research associated with such questions.

First of all though, what happens in the brain during a dream? Interestingly while dreaming during REM sleep, the brain is very active to the point that its activity can closely resemble the activity occurring during wakefulness. Several parts of the brain are working together during the experience. These include the Pons, Thalamus, Amygdala, Hippocampus and Prefrontal Cortex (Hobson, 2009; Maquet, 2001). Modern technologies like "Functional magnetic resonance imaging" (fMRI) and Electroencephalography (EEG) have played a key role in mapping what's involved. Furthermore, while neurotransmitters like serotonin and histamine involved in wakefulness are suppressed during REM dreaming, acetylcholine levels are high which contribute to the vividness of a dream. There is certainly a particular mix of neurochemicals needed in the brain for an environment that's suitable for REM dreaming (Hobson et al., 1998). Aside from the physical aspects though, what do we know about what happens to us mentally during dreaming?

The great Sigmund Freud laid an important foundation for much of our modern understanding of dreams through his research published in the book "The Interpretation of Dreams"

(Freud, 1900). Freud quoted that dreams are a "royal road to the unconscious". That's an interesting statement for this dissertation as hypnosis is also considered to be another road that allows us to access the unconscious. According to Freud, dreams provide a way for repressed content (desires, fears, conflicts) to find expression in symbolic forms. He also introduced the concept of "Dream Work" as the process by which our unconscious transforms this content into the manifested dream events and forms. Several mechanisms are involved in "Dream Work", including:

- Symbolisation: abstract ideas get represented through symbols
- Condensation: multiple ideas that are combined into a single symbol
- Secondary Revision: the dream is reorganized into a coherent narrative
- Displacement: the emotional significance of a dream form is transferred to another, less significant form

Freud's views emphasise the importance of uncovering through interpretation the hidden, repressed content behind dreams. Essentially, by recognising meanings behind the dream we get access to unconscious content that we can use to improve ourselves or heal. Although Freud's views on dreams had a profound impact on our scientific understanding of dreams, they have also been the epicentre of great debate and re-evaluation.

Carl Jung was notably one of the scientists that developed his own views about dreams which also diverged significantly from Freud. Jung argued that dreams are not just expressions of repressed content but also a wider means of communication from the unconscious mind to the conscious self (Jung, 1964). For Jung dreams express our psyche's struggles to find balance and wholeness, a process he named "individuation". He also introduced the concept of the "collective unconscious", containing memories and impulses that are common, collectively for all mankind. These archetypes we all share like, the hero, the villain, the creator, are all commonly appearing in dreams of people irrespective of their culture or point in time. He argued that by analysing the archetypes appearing in dreams we can gain insights into our individual and collective unconscious

and use the realisations we get for improvement or healing. Jung's ideas on dreams have had a profound impact on the scientific community and have influenced significantly our modern approaches of dream analysis.

In the modern era, we find research studies on dreams that concentrate on diverse, targeted areas. In (Wamsley & Stickgold, 2011) we find that dreams often incorporate fragments of recent experiences. In this way, essentially, dreams provide a "replay" of these experiences. This suggests that dreaming has a role in the process by which our brain organises memories and influences our processes of learning. Furthermore, (Cai et al., 2009) identified that dreaming during REM sleep enhances a person's creativity. REM dreaming is an opportunity for the brain to create novel associations between ideas which in turn allow an individual's creative problem-solving and innovative skills to grow further.

A study by (Walker & Van Der Helm, 2009) demonstrated the therapeutic aspect of dreams through emotional regulation, by replaying experiences and reducing the emotional intensity of relevant memories. This helps a person integrate their emotional experiences which in turn promotes their emotional well being. Interestingly, in cases where sleep and therefore dreaming are disrupted (e.g. which often happens in mood disorders such as depression and PTSD), this emotional regulation fails with negative consequences for the person. Enhancing or expanding this kind of emotional regulation through dream work is definitely an interesting area for a hypno-psychotherapist to consider.

In the groundbreaking work by (Horikawa et al., 2013), the scientists managed to "decode" dreams by correlating brain activity (using fMRI images and machine learning algorithms) with reported dream content. Essentially, they were able to identify the visual imagery in a dream by analysing the relevant brain activity patterns and predict the reported content.

(Pesant & Zadra, 2004) reviewed and presented strong evidence that psychotherapists have much to gain by working with their clients' dreams. There are generally three types of gains resulting from dream interpretation: 1. client insights, 2. increased engagement of the client in the therapeutic process, and 3. a better understanding of clients' dynamics and therapeutic progress. Insights in particular can be conceptualised as containing four elements: 1. a metaphorical vision that allows the client to see themselves in a new light 2. a connection, by identifying patterns and links. 3. a suddenness or a reaction of surprise for an important realisation. 4. a newness, referring to a sense of discovery of something previously unknown.

The extensive review of clinical, theoretical and empirical literature by (Pesant & Zadra, 2004) produced a set of general lessons and guidelines useful to all therapists (including hypno-psychotherapists) interested to integrate dream work in their client sessions:

A. Dream Work as an Option

Not all clients are happy to keep track and share their dreams or use dreams as a therapeutic tool. The therapist can inform the client on what dream work is about along with the benefits it can provide and offer it as one of the options discussed at the end of an initial consultation session.

B. Hidden Meanings in Dreams

Some methods of dream work involve an implicit belief that there are hidden meanings to be uncovered. There is no evidence that all dreams have concealed meanings or that dream elements are definitely symbolic of the client's waking life. Dream content can become intertwined with waking life content during dream work, making it difficult to precisely distinguish the two. Furthermore, the differences among therapists guiding a client may result in significant differences in the outcomes from dream work. These points highlight though that at the end of the day, the appropriateness and usefulness of dream outcomes as determined by the dreamer is ultimately what matters most (i.e., do they see gain or healing in their waking life as a result?).

C. Collaboration and Safety

Therapists should be considered dream helpers rather than dream experts. At all times during dream work, the client should feel supported and safe. This requires a therapist that is carefully and confidently facilitating a dream work method with the necessary focus and recognising when the client needs help (without influencing or disturbing the client's thought processes).

D. Descriptions and Associations

Therapists should be open to dream symbol descriptions and associations from the client that come from any level or perspective, e.g. waking life, phenomenological, subjective, spiritual, etc. As we can't know which perspective may be more useful and relevant to the unique characteristics of the client, any dream work should proceed with the choices the client makes.

E. From Dream Work to Change

It is beneficial to directly ask clients what they think they have gained from the dream work process and what changes they would like to introduce in their lives as a result. Based on the responses, the therapist and client can also explore together how these changes could be applied in waking life.

G. Awareness of Dream Work Process

Several methods emphasise the distinction between dream work content and process. This is important because beyond the dream content itself, the context and manner in which a dream is reported can also be important and revealing in itself (e.g. does the client see the dream as a gift? Are they doubting its value? Do they believe in prophetic dreams? Are they appearing reluctant to dig into it?).

H. Working with a Series of Dreams

Although therapists often focus the dream work on individual dreams, working with a series of dreams can also be extremely beneficial. The unconscious often uses repetition for its messages

added in dreams. This can lead to a shared underlying essential story or story elements even though the dream content may be significantly different between them.

This research work ultimately supports the position that although dream interpretation may not be the "royal road" to a better self-understanding, it is nonetheless one very useful and effective road among others. In this light, several ways of working with dreams within the context of hypno-psychotherapy are described in the main section of this dissertation (chapter 3).

2.4. Hypno-Psychotherapy

Modern outcome oriented psychotherapy provides a process that helps clients gain insight into their distress, understand their motivation and introduce beneficial change (*College of Outcome Oriented and Hypno-Psychotherapies | UKCP*, 2024; *The Types of Therapy We Teach | The NCHP*, 2020). In psychotherapy we explore feelings, beliefs, thoughts and events, remove obstacles on the way and help the client explore options ahead that they may have never thought before or may have thought as impossible. All this happens in a structured and safe therapeutic space.

In simple terms, hypno-psychotherapy utilises hypnosis as an important tool within this psychotherapeutic process. The term hypno-psychotherapy was coined in the late 1990s by Ray Keedy-Lilley with the endorsement of the United Kingdom Council for Psychotherapy (UKCP) that wanted a separate title for psychotherapists who utilised hypnosis in their work (James & Rossi, 2015). Modern hypno-psychotherapists utilise techniques (in an integrative manner) from a wide range of modalities and specialisms such as client-centred psychotherapy, Gestalt psychotherapy, or other evidence-based psychotherapies like Cognitive Behavioural Therapy (CBT). In hypno-psychotherapy we recognise that our conscious and unconscious motivations may be misaligned and conflicting (e.g., a smoker consciously wants to quit but unconsciously the habit is difficult to stop). Therefore we use hypnosis to access the unconscious and align unconscious influence with a client's conscious motivation for beneficial change.

Hypno-psychotherapy is generally regarded as a short term, solution focused therapy which targets its results in a matter of weeks rather than many months or years. Typically, at a high level, the framework for hypno-psychotherapy sessions first of all involves an initial consultation that allows the therapist to discover as much as possible about the client's issue. The therapist subsequently uses this information in order to identify and select the most appropriate approach, methods and techniques for the next sessions. Active therapeutic intervention typically takes place from the second session onwards. Although the hypno-psychotherapist would adapt their approach

to suit a client, there are some essential conditions that make therapy much easier. First of all the client must be willing to work with hypnosis and be able to get into a hypnotic state. Other than that, they must be willing to change and be open to work with different tools and approaches until the desired outcome is reached. Importantly for this dissertation, one of the many different tools that can be used involves working with dream experiences and content which we will extensively explore next.

3. Utilising Dreams in Hypno-Psychotherapy

We begin this chapter of the dissertation with the analysis and elaboration of a number of approaches that allow us to utilise dreams in hypno-psychotherapy sessions.

3.1. Use Hypnotic Dreams

The first approach to present is based on "Hypnotic Dreams" which are dream experiences induced during hypnosis. The client is invited to have a hypnosis session with a dream experience (Barrett, 2010; Fazekas & Nemeth, 2020). The hypno-psychotherapist should be mindful to not indicate or influence directly or indirectly the dream's content. This should be surfacing spontaneously from the client's unconscious mind and the connection to the unconscious established through hypnosis.

In the past scientists have contemplated whether hypnotic dreams more closely resemble sleep dreams or daydreams. A research study by (Barrett, 1979) demonstrated that the deeper the client goes into hypnosis the more their experience feels like an actual sleep dream. More vivid and symbolic experiences are often encountered while in deep hypnosis. In these lines, depending on the depth of hypnosis, the experience can broadly resemble simple mind wandering or day dreaming (at small or medium depth) or fully immersive experiences (at deep depth) (Brenman, 1949) (Domhoff, 1964) (Tart, 1964).

Interestingly, the results presented in (Schiff et al., 1961) showed that on a physiological level, deep hypnotic dreams led to rapid eye movements that were indistinguishable from sleeping REM. This outcome was also confirmed about three decades later in an EEG study by (De Pascalis, 1993). The researchers found that in deep hypnotic dreams, there was clearly increased, higher frequency activity in the right posterior area of the brain. This aligns well with other studies finding increased high frequency activity in the posterior during sleep dreams.

Another study by (Landry et al., 2017b) highlights that for sleep dreams and mind wandering there is increased activity in the DMN part of the brain whereas a decrease was observed under hypnosis. However, the researchers realised that the observed decrease in DMN activity was actually due to the initial hypnosis induction (and the resulting relaxation that's initially achieved). Subsequently a similar increase in DMN activity can be observed during the hypnotic dream experience. Accordingly, it has been suggested that any subsequent research studies in this area would benefit more from including all three cases, sleep dreams, mind wandering and hypnotic dreams in their scope.

Given the nature of hypnotic dreams as described above, they can be an important tool for hypno-psychotherapy sessions. As always, the therapist needs to determine whether a hypnotic dream intervention is suitable for the individual client profile and appropriate for the client's issue. The therapist can offer an option for a hypnotic dream to the client and see if the client would be open to proceed with it. If it can go ahead and with no influence on a specific dream content, the hypno-psychotherapist induces hypnosis and invites the client to dream. It is interesting to observe events experienced, the characters and objects involved and the emotions triggered. Furthermore, lets keep in mind that a hypnotic dream can also be an opportunity for the client to rehearse new ways of being and interacting with the external world, which influences and strengthens their relevant mental processes. When the hypno-psychotherapist finds that the dream has naturally come to an end with plenty of time given, they can guide the client to come out of hypnosis. At this point the hypno-psychotherapist invites the client to describe the experience and any meanings, symbols or realisations that may have occurred. The hypno-psychotherapist finally supports the client to turn their dream work learnings into actions towards problem solving, healing or improvement.

3.2. Continue Sleep Time Dreams

The second approach to present is about continuing a sleep time dream under hypnosis. The content of the dream may be extended or elaborated and explored in terms of meaning (Barrett, 1995). This approach is similar to Jung's technique of "active imagination" used to continue or elaborate a sleep dream. Continuing a dream under deep hypnosis can lead to a vivid experience that's strongly connected to underlying, unconscious content. There can be several opportunities for the client depending on the specific case. In general, they may be able to revisit a forgotten or unclear aspect, continue a dream that seemed to end prematurely and realise a meaning that was previously unknown. It's not particularly important if the dream re-creation is not precise as under hypnosis the content tents to be meaningful. When continuing a dream it is interesting that under hypnosis this is primarily driven by the unconscious rather than any conscious intention. This is quite appropriate given that the meanings and symbols originated in the unconscious mind (Moss, 1961).

The direct emotional re-connection to the experience makes the approach quite powerful and can lead to significant insights and transformation even if the dream content is rather simple. In fact, the power of this approach is in the emotional and intuitively unconscious re-connections made, irrespective of the complexity of the dream content. This is about an unconsciously driven, emotionally focused, non-linear experience which is directly opposite to everyday conscious, awake, logical and linear thinking situations.

In order to use this approach in hypno-psychotherapy, the client first would need to mention during their session a particular dream they had. The therapist can offer this approach as an option and gauge the client's response. If they decide to proceed, the therapist guides the client through a hypnotic induction and then invites them to re-visit the dream. The direction this experience takes should be driven by the client alone. The continuing dream experience can be an opportunity for the client to briefly pause and ask some important questions that were never asked the first time, e.g., Who are you? Why is this here? Where is this place? How did I get here? What happened there? etc.

When the continuation naturally comes to an end the hypno-psychotherapist guides the client out of hypnosis. The client can now take some time to reflect on the experience. The gain for the client comes from any decisions to act and introduce life changes based on the realisations and insights that came from the dream work. In cases, the dream work outcomes may also guide decisions on next therapeutic steps.

3.3. Affect Sleep Time Dreams

The third approach presented here involves the use of hypnosis to affect sleep dreams. Research studies by (Barrett, 1995; Albert & Boone, 1975; Tart, 1964) demonstrate that suggestions under hypnosis can influence the content of future sleep dreams. Combining visualisation with these suggestions to have a sleep time dream can be even more effective. Note that both the dream content and the ability to recall dreams can be affected. As an indicative example, in (Barrett, 1995) we find a case of a painter who used this approach with self-hypnosis so she would reliably have dreams of paintings. The approach worked (when nothing else had worked before) and she could even recall and replicate the paintings she was seeing in her dreams. Formal case studies within (Albert & Boone, 1975; Tart, 1964) demonstrated the effectiveness of this approach in a scientific manner.

If this approach is suitable for a particular client case, the therapist can offer to the client the option of affecting their sleep dreams in a manner that can help with their issue. If they agree to proceed, there is also some coordination on whether this will happen during a session or by the client doing self-hypnosis before sleep. In the latter case, the hypno-psychotherapist needs to provide to the client specific instructions for self hypnosis induction, followed by a chosen visualisation, suggestions and finally hypnosis termination. The approach creates the opportunity for the client to gather a number of affected dreams that eventually will be explored in the next therapy session.

If this happens in-session, the therapist is responsible for guiding the client through the steps. Direct suggestions can be used, for example: "… and during your night sleep, you will dream about [content]... and in the morning when you wake up, you will find that you can recall your dreams easily and clearly". Regarding the relevant visualisation, an example could be about creating an image of themselves dreaming in bed, waking up with the satisfaction of recalling their dreams and watching themselves writing the dream down.

Next time the therapist and client meet in a session, the therapist will enquire about any affected sleep dreams. It is then important to discuss any affected dream content and continue the therapeutic steps with any new realisations, insights and follow-up actions that benefit the client. In light of this new information, some consideration should be also given on whether it could be useful to repeat the approach with revised suggestions on the dream content or whether the new information can feed into a different, next therapeutic step.

We now continue this chapter of the dissertation with the exploration of a number of methods for dream work that we can use in hypno-psychotherapy.

3.4. Five Star Method

The Five Star Method is a systematic method for dream work introduced by (Sparrow & Thurston, 2010). There are three main objectives involved: 1. Encourage dream sharing to establish a safe and congruent relational exchange between the therapist and the client. 2. Retain a focus on the dream self's responses and their impact. 3. Guide the client to compare and explore dream and waking responses (e.g. differences, similarities, alternatives between them, etc.). In the beginning of the process, the therapist invites the client to share their dream in the first person and present tense. This enables a direct connection to the dream self's experience allowing the client to essentially re-live it.

Step 1: Share the feelings that came from sharing the dream

In this step, the underlying principle is that the dreamer's feelings, thoughts and behaviours interact with the dream content to co-create the dream's outcome. By sharing their feelings, the dreamer begins to open up on this co-created dream outcome. Hypnosis can be used to help the client spontaneously connect with their feelings about the dream and their particular intensity and impact. It is also helpful for the hypno-psychotherapist to reveal their feelings. This is a way to build rapport and possibly highlight an emotion that may be underlying the dream but not fully felt or fully recognised by the client.

Step 2: Formulate a simple story line

In step 2 the hypno-psychotherapist and client work together to summarise the essential story line of the dream. This focus on the essentials is also done by removing any specifics or details of characters, locations, objects, etc. In this step, any temptation to interpret or assess should be promptly discouraged by the therapist as part of their role in facilitating the process. An example of

a statement in the simple story line could be like: "Someone is trying to decide, others are present giving advice, there is a dilemma between easy and hard choices."

Step 3: Collaboratively explore the dreamer's responses to the dream

This step is at the heart of this method and where its novelty lies by departing from content-oriented dream analysis to helping the dreamer explore their responses to it. Once the dreamer focuses on the responses in the dream the opportunity opens up for: 1. important realisations (e.g. I responded well, or, perhaps I should have responded in this other way instead, etc.) and 2. imagining new responses and outcomes essentially for both future dreams and waking life. In order to properly carry out this step, the therapist and client work together on key points in the dream where a particular response significantly affected the story line further on.

Step 4: Analyse the imagery

The hypno-psychotherapist guides the client to consider key images in the dream and how they associate to these images. Also beyond that, the therapist guides the client to explore how these images are reciprocally related to the client's responses. Furthermore, the therapist asks the client to imagine what these associations would look like in future dreams and waking life.

Step 5: Apply the dream work

By now the client has focused and explored various responses, their impact, relevant imaging and emotions triggered from both a dream and waking life perspective. In this last step it is time for the client to identify situations or areas of their life where they can apply the learnings from the previous steps.

The Five Star Method is a departure from traditional dream work methods where dream narrative is considered fixed and the dreamer is seen as a passive witness that subsequently attempts to interpret symbols. It's focus on the dreamer's responses makes it about what the dreamer did, could have done and can do in the future both in dreams and their waking life. This method may

appeal more to clients that prefer an almost "playful", guided and collaborative style along with their hypno-psychotherapist, exploring responses and appreciating findings along the way in their dream work journey.

3.5. Phenomenological Dream-Self Model (PDSM)

PDSM is a four stage model introduced by (Kara & Özcan, 2020) as a means of exploring meaning within sleep dreams. PDSM emphasises a focus on describing the dream self's experiences without any immediate interpretation or conscious intervention. The hypno-psychotherapist plays a crucial role in maintaining this emphasis during the first three states of the model and only allowing possible interpretations during the fourth stage.

An initial preparation phase is needed before proceeding with the four stages. Clients may have different views on dreams: they may see them as meaningless night time entertainment, or packed with complex, mysterious symbols, even predicting the future. The therapist can work with any of these views as long as the client agrees and provided that a foundational principle is established: In dream experiences we remain ourselves, just as in waking life. This realisation is key for the success of PDSM-based dream work as it sets the scene for the client's focus to be on their own emotions, intentions and behaviours within the dream rather than the separate dream objects or circumstances.

Stage 1: Describe the Dream Self Experiences

The first stage of PDSM aims to capture the raw, unprocessed experiences of the dream self. This includes: emotions, intentions, perceptions, thoughts and actions. The hypno-psychotherapist asks the client to forget their waking self for a while and keep the focus on the experiences of the dream self. The intention is for the description to be what the dream self experienced, not what the waking self interprets it to be. The therapist needs to be mindful not to influence the description with any of their own interpretations or biases. By re-living each scene as the dream self, many subtle emotions and intentions emerge, leading to a richer and more complete description.

Stage 2: Describe the Waking Self Experiences

The second stage aims to reveal how the waking self experiences scenes similar to those found in the dream. The client is asked to either envision the waking self in the dream like situation or describe a similar situation from their past, if there is one. As some dreams can be really surreal, the client may initially have trouble mapping a dream situation to the real world. Nonetheless, since PDSM emphases emotions, intentions and behaviours rather than events and objects, this stage is manageable for most clients.

Stage 3: Compare Dream and Waking Self Experiences

The third stage aims to create a comparison of emotions, perceptions and behaviours between the dream self and the waking self (i.e. what is different and what is similar between the two). Quite often, clients are really surprised by how differently they behave or feel in their dreams compared to their waking life. These differences can provide new insights, challenge their views and initiate further reflection.

Stage 4: Explore the Possibilities of New and Different Meanings

The fourth stage aims at the interpretation of symbols and the uncovering of meanings based on the descriptions of Stage 1 and in light of the information in steps 2 and 3. Note that in many cases the first three stages may already be sufficient. The hypno-psychotherapist needs to consider whether it would help to continue into stage 4. Typically, this stage is more crucial when meanings and symbols play a dominant role. Note that the client may be unable to discuss meanings, or may look confused with their attempt to give an interpretation. In such a case the hypno-psychotherapist can offer the option of proceeding with Stage 4 under hypnosis and with the aim of approaching this through unconscious input. The learnings gathered from these steps would finally provide the basis for any decisions on actions that benefit the client in their waking life.

3.6. Partially Guided Hypnotic Dreams

The research work from (Sanders, 1982) proposed a method that utilises partially guided hypnotic dreams. The aim is to connect the client with previously unexplored directions and new problem solving routes. The therapist partially guides the client to have a dream under hypnosis with a focus on an issue, conflict, feeling, response or solution. The client proceeds to create a spontaneous, unconsciously shaped up dream on the subject.

This method can be particularly suitable for clients that have consciously overanalysed their issue to no end, feeling almost helpless or lost. The partially guided hypnotic dream method offers an escape from their conscious struggles, setting a new scene for the issue (as created in their hypnotic dream) and with opportunity to realise changes and alternatives though unconscious insights. This is dream work under hypnosis that is directly aimed at problem solving. As dreams naturally are not bound by any of the logical constraints of waking life, they allow the client to imagine "what if" without limits, even to the degree of surreal which can push the client onto a more creative plane of problem solving. In that place, they can maintain a creative mindset removed from critical thinking, analysis or judgement. This can also give them a positive sense of making progress forward (as opposed to just being stuck) which can motivate and encourage them on their dream work, even if a complete solution is still unknown.

The hypno-psychotherapist is responsible for partially guiding the client through the hypnotic dream experience using suggestions and questions relating to: 1. Clarifications on the problem 2. Raising awareness on blockages 3. Highlighting solutions 4. Raising awareness on potentialities. Essentially, in this method the hypno-psychotherapist directs the theme, with the hypnotic dream targeting a discrete goal whereas the client elaborates and completes the content. The client discovers their own unique answers, unconsciously surfacing from the dream images and associations they chose. The method concludes with decisions and goals for waking life actions that can benefit the client.

3.7. Dalfen Dream Work

Layne Dalfen is a counsellor and dream analyst that introduced her method for dream work in her book (Dalfen, 2018). Her method is split in two discrete parts, dream decoding and solution finding which we explore here.

3.7.1. Dream Decoding

The work can start provided that the client can recall their sleep dream (and ideally, they have already written it down). Actually, for dream work it is always preferred if the client writes down a sleep dream right after they wake up so that many details can be safely captured while the dream is still fresh in their memory. The client can bring with them in the therapy session the written dream description.

Step 1: Isolate the feelings experienced in the dream

During the therapy session the client shares the feelings they experienced in that dream. It is important to identify the sequence of feelings by working on each consecutive dream scene and identifying feeling changes. Once more, hypnosis can be utilised here to re-connect the client with feelings and their intensity. At this point the client is asked to associate the dream feeling with a waking life situation. The hypno-psychotherapist can help guide the client with that through questions like, e.g. Is there a recent waking life situation where you felt similarly to the way you felt in the dream? Or, Since your feelings changed during the dream, is there any recent waking life situation in which you experienced similar changes in your feelings? An advice given here is that the client doesn't need to be too exact when trying to associate feelings, if they are very sad in a dream this could still relate to a life situation that is consciously making them a little sad. Note that if it happens that these kind of questions do not work, that's fine too. The therapist just continues the dream work with step 2.

Step 2: Identify Symbols

Review the dream content and list each symbol that appears in the dream description. Essentially, one can look for nouns that are significant in the dream, e.g. people, animals, objects, locations, etc. Once this is done, the aim for the client is to identify what each specific symbol means to them. The key to this is to pay attention to the feelings that emerge from the particular symbol. An additional means in the direction of identifying a symbol is for the client to attempt to describe it as if they tried to explain it to an alien or a small child, e.g. Therapist: Describe the school. What comes to mind? Client: A large building where children gather, books, rules, knowledge, discipline, etc. (note the relation to Freud's technique of free association). As the client works through the symbols they are essentially building their very personal, unique and evolving dictionary. Another perspective on identifying symbols is to think of a noun in terms of an archetype it may represent. According to Carl Jung archetypes come from the collective unconscious and represent powerful ideas we all share. Some important archetypical figures we can consider are the: Hero, Ruler, Explorer, Creator, Sage, Father, Trickster, etc.

At this point we are ready to look for a waking life situation that is targeted by the dream. The therapist again guides the client with questions like, e.g. Does your dream experience with that symbol and the feeling it triggered bring to mind any recent, waking life situation? Note that if the client is struggling in their conscious review of symbols and their dream experience in this step, it is worth for the hypno-psychotherapist to consider using hypnosis for access to any unconscious insights.

Step 3: Play on Words

It is often helpful for the therapist to keep notes and re-visit some of the wording used by the client for the dream, especially when some metaphorical expression or word play or pun is involved. For example. Client: I dreamed that I was sitting on a chair and I couldn't stand up. Therapist: Why could that be? Do you have trouble standing up to someone? Are you not able to speak your mind about what you think is right in a particular situation? Anything else?, (or simply by repeating the

expression and asking) You couldn't stand-up, is there a recent waking life situation that mirrors this expression?

Step 4: The Actions

Identify all actions (or cases of non action) in the dream. These can also give helpful insights on a waking life situation targeted by the dream. Client: In the dream I was running and then I fell. Therapist: Are these two actions, the running and the fall bringing to mind any recent situation in your life?

Step 5: Identify the Plot

This step is similar to the "Formulate a simple story line" step we visited in the Five Star Method. Independently of the degree of "gain" from previous steps, it is still useful for the client to have a go at identifying the essential story behind the symbolic dream content. This can result in new findings, re-affirm previous outcomes, or challenge previous outcomes (allowing the client to revise or refine).

Step 6: Repeat

Assuming the client is happy with dream work, it is always worth to repeat the process when new dreams arrive. The unconscious often uses repetition in dreams as a way to get its message clearly across. Note that the essential story behind dreaming may be the same although the dream content details may be very different each time.

Notice that there is a therapy-related choice to make here. The therapist and client may agree to go through any further significant dream(s) together in a session, or the therapist may give a simple outline of this method to the client and they can follow it themselves (only bring any new outcomes to a next session).

3.7.2. Solution Finding

Dalfen bases her solution finding approach on a premise that the dream aims to guide us onto the appropriate response to a given waking life situation. Note that this is not about right or wrong, good or bad but rather more of appropriate or inappropriate.

A. Get the Direct Solution

The simplest case is for a dream to give a direct or near obvious solution to our problem. This is not a case that happens often but it can happen.

B. Take the Story to Waking Life

This is about taking the essential story or plot of the dream, treat is as it if happened in waking life and ask what you would actually do in this situation.

C. Work with the Action

Although this resembles the previous point of working with the essential story, this is different because the work now targets the specific actions (and anything associated with these actions) as seen in the dream.

D. Use Jung's Active Imagination

This is about the client changing the dream using their imagination. e.g. Some dream action may have had a very negative outcome, how could I have acted differently and how would things turn out as a result? Note that hypnosis could be used to help in this direction.

E. Think of Symbols as in Gestalt

In step 2 we identified symbols through association with descriptions. It is important though to keep in mind that a noun (person, object, location, etc.) could also mean a situation or incident. A solution or lesson for future action may be hidden in that situation.

F. Use Polarities

This involves looking for opposites of characters, situations, perspectives or feelings in the dream that may point to solutions. This aligns with Freud's view that in dreams the unconscious mind doesn't use either / or, it rather inserts two opposites in the dream content.

G. Use Self Regulation

This is about self regulating or moderating the extremes in actions as this may be where the solution can be found.

3.8. Hill Cognitive-Experiential Model

The research from (Hill & Rochlen, 2002) introduced a structured but flexible method for understanding and utilising dreams in a therapeutic setting. Before we analyse and elaborate the three stages in the Hill Cognitive-Experiential Model and its role in therapy, it is important to note some key underlying assumptions.

First, the meaning of the dream is considered to be uniquely personal for the client and a continuation of their waking life thinking processes. When the client is unable to fit their waking life issue into their existing cognitive schemas, their issue becomes a struggle but they are also more likely to remember a relevant dream. In these situations therapy aims to help the client access their existing cognitive schemas in order to adapt and organise them so that they are more functionally suited for the client's issues and needs. In the context of this method, standard symbolic interpretations (e.g. Freud's sexual symbolisms, Jung's archetypes, etc.) are not considered useful as they don't relate directly to the client's individual schema. Second, the therapist is not the dream expert but is rather a capable facilitator of this dream work method, helping the client to explore, understand and make actionable decisions. The meaning of the dream and the client's decision outcomes for their waking life should come as a revelation (or surprise even) to both the client and the therapist. In addition, for the successful interpretation of a dream both cognitive and experiential components are necessary. As such, clients should maintain awareness of their dream interpretation thinking processes but also be immersed in the dream content and be emotionally connected to the experience. Another key assumption is that all three stages in the method are needed for a complete dream interpretation as each stage is building on the previous ones.

Finally, before a hypno-psychotherapist starts with this dream work method, they need to have basic helping characteristics and skills (i.e. be empathetic, capable of helping clients explore their thoughts and feelings, able to help clients move from realisations to actionable decisions, be encouraging and motivating, skilled in guiding the client through the session flow without

influencing, leading or distorting the client's internal content, etc.). Note that the above are a very good match for the characteristics and skills one expects to find in a hypno-psychotherapist.

Stage 1: Exploration

First of all, the hypno-psychotherapist gives an overview of this dream method so that the client knows what to expect. The overview should be about exploring the sequence of images of the scenes in the dream, putting the imagery together to figure out their meaning and finally deciding what they would like to do differently in waking life based on what they learned from the dream work. If the client is happy to proceed the exploration starts with the client briefly describing the dream in first person and present tense. Note that this is the same approach to describing a dream we also found in the Five Star Method. It essentially enables the client to re-live the dream as a realistic experience in the present time. Once they complete, it is time for the therapist to ask the client specifically about the feelings triggered during the various scenes in the dream. The client should be encouraged to not just mention feeling words but also immerse themselves in the experienced emotions. Next, the therapist and client move onto the more in-depth exploration of the images for major, important scenes in the dream. The acronym "DRAW" is used to guide this activity (Describe, Re-experience, Associate i.e. anything coming to mind when thinking of the image, Waking life triggers i.e. relevant waking life situations coming to mind). The therapist and client go through "DRAW" for an image, then repeat for a next image, with every image taking about 3-5 minutes time. During this part the therapist's stance should be one of curiosity. Before concluding this stage, the therapist provides a brief summary of the exploration findings. The summary is put together by replacing dream images with description statements, feelings, associations and waking life triggers uncovered.

Stage 2: Insight

This stage begins with the therapist asking the client for their initial thoughts on what they think the dream means. If the client responds that they have no understanding of their dream at all, the therapist needs to make a decision about the level of interpretation to get into next. If the client responds that they have a partial understanding, the gaps need to be highlighted for further work. If the client is already happy with their understanding of the dream, the therapist asks to confirm if this should be all or whether they would also like to understand the dream at another level. A dream can be understood at the following levels:

1. Waking life: Including past and future real life situations

2. Parts of Self: Representing aspects of the client's personality and reflecting inner dynamics

3. Experience: The dream is an experience in and of itself without the need to interpret it

4. Spiritual: Reflecting the client's relationship with a higher power or existential issues

5. Relationship: Reflecting a relationship with a partner or another person

If appropriate the therapist and client proceed with the exploration of the dream from the targeted level. Before ending the insight stage, it is useful for the client to summarise the meaning of the dream, maybe in one or two sentences. This consolidates the insights gathered and prepares the ground for stage three.

Stage 3: Action

This stage aims to help clients review their learnings with a practical mindset and with an exploration of possibilities for positive change in their waking lives along with the decisions involved. In the beginning the therapist asks the client to make changes to the dream content, as they like. This is a fun, creative way to get started with thinking about change and can lead to some very substantial adaptations. They hypno-psychotherapist may suggest that this activity takes place under hypnosis for easier access to spontaneous, creative ideas and a more impactful experience.

There are two important reasons for this activity. First, it highlights the client's position as the creator of dream changes which also indirectly gives them an empowering sense as creators for waking life change. Second, by listening to the client describe their dream changes, the therapist can make a first assessment of the client's readiness or openness for change. When the client finishes their dream changes, the next step is to move from making dream changes to making waking life changes. The hypno-psychotherapist can help the client with any parallels from dream to waking life. If the client is for some reason resisting any waking life changes, the therapist should still discuss with the client how they could "honour" the dream in some way, even with a symbolic act or ritual. Experience has shown that dream work can have a striking impact on the client which is actually strengthened or expanded through a symbolic act. Finally, the therapist asks the client to briefly summarise what they think they have gained from this dream work and what would they want to do differently in their waking life based on their dream findings. As part of the summary, the client could also create a title that helps them remember the significance of the dream in the future.

4. Conclusion

First of all in this dissertation the literature review has presented the current state of the art around the four individual elements that together form the overarching dissertation question: 1. The Unconscious Mind, 2. Hypnosis, 3. Dreams and 4. Hypno-psychotherapy. Several references were made to scientific research works providing evidence on the effectiveness of dream work within a psychotherapeutic setting.

Subsequently the focus shifted onto the direct exploration of how dream work can add value to hypno-psychotherapy. Three different approaches of utilising dreams in hypno-psychotherapy were explored along with some interesting findings from related research work. In the first approach the hypno-psychotherapist invites the client to have a hypnotic dream, when this ends, the client comes out of hypnosis. In deep hypnosis the hypnotic dream is an experience that closely resembles a sleep dream with vivid symbolic experiences and spontaneously surfacing unconscious content. It's this hypnotic dream content that creates the opportunity for new possibilities. The client and hypno-psychotherapist work together to uncover any learnings, meanings or realisations and explore ways to turn these into actions. Furthermore, it's important that a hypnotic dream can be used to rehearse new ways of being and behaving in order for the client to better prepare for real life changes.

In the second approach the client describes to the hypno-psychotherapist an actual sleep dream they've had and subsequently the client is induced into hypnosis and invited to continue the dream by extending or elaborating on it. This gives an opportunity for the client to revisit any unclear or forgotten aspects or extend it to explore new imagery and events. The advantage of this approach is that under deep hypnosis the client can continue the dream from the same unconscious level that originally created it. The additional content from the continued dream further helps the client to reach meaningful realisations that they can be put into actions.

In the third approach the hypno-psychotherapist induces hypnosis for the client and gives a number of suggestions that aim to get the client to have a future sleep time dream on a given subject and be able to recall it. Alternatively the hypno-psychotherapist provides to the client self-hypnosis instructions with the same aim. There is opportunity for the user to gather more than one dream on the subject and any underlying story is eventually explored in a subsequent hypno-psychotherapy session. Once again, within a therapy session the hypno-psychotherapist facilitates the client's exploration of the dream content, any insights, learnings and related actions.

Next, five different methods of dream work suitable for a hypno-psychotherapy setting have been selected, analysed and elaborated. Suitability was determined based on the criteria of: 1. a short term therapeutic journey 2. a solution focused approach 3. client-centred principles 4. at least allowing an opportunity for some use of hypnosis. For all five methods, we've seen how the client and hypno-psychotherapist can closely work together on the method steps, any learnings and towards an actionable outcome. All five can be utilised in a single session so they can fit well within a short term therapeutic journey and be combined in an integrative manner with other methods of hypno-psychotherapy. That's a tailored selection of therapeutic interventions that keeps the therapeutic journey solution focused and aiming to maximise gain for the client. In all cases, the hypno-psychotherapist is not the dream expert but rather the one that facilitates the dream work method and uses client-centred principles to support and encourage the client in their therapeutic exploration. Hypnosis is either a standard part of a method or can be added by the hypno-psychotherapist to some part with the aim of enhancing effectiveness on that particular part through an increased unconscious influence.

In overall, by using dream work in hypno-psychotherapy we add a creative, dynamic and effective tool in our toolbox. It's not suitable for all clients but when it is, there are already numerous research studies showing that it can have a significant therapeutic impact. In the future,

empirical studies with even larger groups and even more elaborate cases will further help solidify this position.

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