

THEORY

Using Control-Mastery and Jungian Theories to Treat Nightmare Disorder: A Case from Thailand

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This case example describes the use of Control-Mastery Theory and Jungian dream theory to interpret a Thai woman's dreams and treat her nightmare disorder. We posit that therapy enabled the client to identify and challenge unconscious beliefs that had been preventing her from pursuing romantic relationships and ultimately life goals. The case illustrates dream interpretation as a psychotherapeutic tool and highlights the importance of considering cultural context to help make sense of a client's dreams and waking-life beliefs, feelings, and behaviors. The quality and rigor of the case example were enhanced by the use of the Messer (2007) Pragmatic Case method.

This case describes the use of Control-Mastery Theory (CMT; Weiss, 1993) and Jungian theory (Jung, 1945/1993) in interpreting a Thai woman's distressing dreams and treating her nightmare disorder. According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., American Psychiatric Association [APA], 2013), this disorder is typified by repeated occurrences of extended, extremely dysphoric, and well-remembered dreams that involve threats to survival, security, or physical integrity. Resultant sleep disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (APA, 2013). The woman sought brief psychotherapy to understand her nightmares and to be relieved of the distress they caused her.

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Although dream interpretation can be a valuable component of psychotherapy (Hill, 2004), many therapists do not utilize it because they lack specific training (Hill & Knox, 2010) or have the notion that dream work is incompatible with their therapeutic approach (Marszalek & Myers, 2006). This case is presented to illustrate one way of using dreams in psychotherapy and to stimulate interest in their value as a therapeutic tool.

Few studies detail psychotherapy with non-Western clients. This case aims to contribute to the non-Western evidence base and offer mental health counselors insight into Thai culture and how it can influence case conceptualization.

Strategies outlined by Messer (2007) were used to enhance the quality and rigor of the case example. With the client's consent, all sessions were video-recorded so as not to rely on the therapist's memory or notes. In addition, a clinical team of two psychiatrists and a family doctor (the second, fourth, and fifth authors) observed all sessions through a one-way mirror and discussed their observations with the therapist (the first author, a psychiatrist and trained psychotherapist). The involvement of the clinical team ensured that data for analysis were not selected by the therapist alone. In addition, a clinical psychologist (the second author) acted as an independent research auditor and checked that the therapist's conclusions were supported by the data, as Fishman (2000) advised. These strategies helped to prevent the case material from being interpreted in terms of a "reigning theoretical orthodoxy" (Messer, 2007, p. 57).

THEORETICAL BACKGROUND

This case was conceptualized from a broad psychoanalytic perspective. As we learned more about the client's presentation, a Jungian view of dreams seemed fitting. CMT was considered useful for making sense of psychological conflicts.

A Psychoanalytic Perspective on Dreams

A psychoanalytic approach assumes that dreams reflect unconscious psychological conflicts (Freud, 1899/1970). Interestingly, findings from neuro-imaging studies have led to a contemporary psychobiologic understanding of dreams that conforms to psychoanalytic theory (Reiser, 2001). Invariably, Freud found that dream symbols were related to themes of sexuality or aggression, making no allowances for cultural variations in the meanings of dream symbols (Van de Castle, 1994). Therefore, a Freudian framework *per se* was deemed inadequate for the current case. In contrast, a Jungian approach (Jung, 1945/1993) suggests that dreams may represent repressed conflicts about other issues, such as social adaptation. It is hypothesized that dream symbols represent an actual person in the dreamer's life or a part of his or her own psyche. Therapy involves an exploration of the client's feelings relating to the dream images and their cultural meanings (Van de Castle, 1994). The task of the ther-

apist is to first make clients aware of their unconscious conflicts and then help them to incorporate this new awareness into daily life (Brlizg, 1998).

Of particular relevance is the Jungian view that dreams not only reveal material from the *personal* unconscious but can also reflect ideas from the *collective* unconscious (Jung, 1945/1993). This collective unconscious is posited to contain a collection of universal archaic symbols and processes shared by society (Small, 1994). When an individual is faced with an important life situation crucial for personal growth, the collective unconscious is thought to find expression in dreams in the form of symbols and myths (Brlizg, 1998). Such dreams are “expressed in language of universal human experiences, condensed in rich, vivid symbols, in eternal ancient images that overwhelm us completely” (Bras, 1977, as cited in Brlizg, 1998, ¶ 35). Accordingly, to fully understand a client’s dreams, therapists may need to be familiar with various myths, religions, rituals, and fairy-tales (Brlizg, 1998). Indeed, a person’s culture has been shown to influence the themes of dreams, receptiveness to dream interpretation, and the person’s own interpretation of dream symbols (Adams, 2002; Josephs, 2002; Mageo, 2002; Wax, 1999).

There is empirical support to suggest that dream work is a useful psychotherapeutic intervention that leads to positive outcomes (Diemer, Lobell, Vivino, & Hill, 1996; Heaton, Hill, Peterson, Rochlen, & Zack, 1998; Hill, Diemer, Hess, Hillyer, & Seeman, 1993; Marszalek & Myers, 2006; Rochlen, Ligiero, Hill, & Heaton, 1999). In particular, clients working with psychotherapist-led dream interpretations find sessions to be deeper and more insightful than those without (Berube, 1999; Heaton et al., 1998; Provost, 1999). Furthermore, a study by Hill et al. (1993) suggested that the positive effects of dream interpretation cannot be attributed solely to projection or the interpersonal dynamics of the therapeutic process. Rather, dreams seem to provide a stimulus that helps clients to gain self-understanding.

For any dream interpretation to be valuable, Marszalek and Myers (2006) advised, the client must find the therapist’s hypothesis meaningful, leading them to experience an “a-ha” moment.

Control-Mastery Theory

CMT as formulated by Weiss (2002) is a cognitive and relational psychoanalytic approach to understanding psychological functioning (Nol, Shilkret, & Shilkret, 2008). It assumes that clients are highly motivated, both consciously and unconsciously, to solve their problems and seek adaptive and important goals, such as satisfying relationships and meaningful occupations. However, clients are in conflict about their desire to accomplish these positive goals owing to *pathogenic beliefs* (maladaptive unconscious beliefs) about themselves and their relationship to others (Weiss, 2002). Pathogenic beliefs are thought to be to varying degrees unconscious; they are acquired in childhood in response to traumatic experiences with parents and siblings. A trauma is defined as any

experience “which leads an individual to believe that an important goal, be it an instinctual wish or an ego striving, must be given up in order to avoid the interrelated dangers of damaging one’s love objects or being damaged by them” (Bush & Gassner, 1988, p. 233). Children’s reactions to such trauma are said to take the form of irrational self-blame, because their egocentric cognitive developmental stage means they may not understand that others have feelings, attitudes, and behavior patterns for reasons independent of them (Bush & Gassner, 1988). CMT states that *survivor guilt* is felt when individuals feel that they have stolen the good things in life from their family members. Accordingly, pathogenic beliefs are often concerned with guilt toward parents or siblings (Weiss, 2002).

Individuals may also retrospectively blame themselves for causing traumatic events. This happens when they attribute the occurrence of the trauma to their attempts to pursue a particular goal. This can lead individuals to suppress future impulses to pursue that goal for fear of causing further trauma to themselves or others (San Francisco Psychotherapy Research Group, 2010). For instance, a child who became more independent before a parent became ill might develop the pathogenic belief that her independent behavior harmed her parent. Subsequent generalization of the belief could result in her restraining independent behavior for fear of endangering others (San Francisco Psychotherapy Research Group, 2010).

CMT views dreams as products of normal, though unconscious, thoughts that represent a person’s attempts at adaptation (San Francisco Psychotherapy Research Group, 2010). It is hypothesized that life problems manifest in dreams if the client has not had time to consider them in waking life, if the subject matter is too overwhelming to face, or if the dreamer is hindered in thinking about the subject matter due to pathogenic beliefs. It is proposed that a person evaluates waking experiences during sleep, and the unconscious expresses messages to the sleeper in the dream. The messages may be suggestions for plans to deal with problems, reminders of new insights, or reprimands for misdeeds (San Francisco Psychotherapy Research Group, 2010).

The Process of Therapy

CMT argues that clients have unconscious plans that entail unconscious strategies to master the effects of childhood trauma and overcome obstacles to goal-seeking (Bush & Gassner, 1988). One strategy is for clients to test pathogenic beliefs in relation to the therapist. They do this by carrying out trial actions that, according to their belief, should affect the therapist in a certain way. They unconsciously hope that the therapist will not behave as the belief predicts, so as to challenge the validity of the belief (Weiss, 1995).

Therapists may also use interpretations to make clients aware of their pathogenic beliefs and to help them realize that the beliefs are false and maladaptive. This insight is said to give clients increased control and mastery

over the effects of their beliefs in their daily life (San Francisco Psychotherapy Research Group, 2010). According to Weiss (1993),

The therapist may learn whether or not he is passing the patient's tests or making helpful ("pro-plan") interpretations by observing the patient's reactions to him. If the therapist is on the right track, the patient will become bolder and more insightful.... [In contrast,] if the therapist is on the wrong track, the patient will become more timid, more depressed, and less insightful, and he may test his *pathogenic beliefs* less vigorously. (p. 21)

With regard to the therapist's interpersonal style, Weiss (1993) advised that

In general the therapist should not be neutral but should be the patient's ally in his efforts to disprove his pathogenic beliefs and to pursue his goals. Nor should the therapist avoid the use of reassurance or authority in situations where reassurance or authority may be helpful. (p. 69)

There is a wealth of empirical findings that support CMT and its therapeutic processes (Pole & Bloomberg-Fretter, 2006; Silberschatz, 2005; Weiss, 1993). In particular, a number of studies provide evidence for the hypotheses that (a) clients unconsciously plan their therapy (Fretter, Bucci, Broitman, Silberschatz, & Curtis, 1994; O'Conner, Edelstein, Berry, & Weiss, 1994; Weiss, 1994, 1995); and (b) clients test the therapist in relation to their pathogenic beliefs, resulting in them becoming more bold and insightful when these tests are passed (Caston, Goldman, & McClure, 1986; Silberschatz & Curtis, 1993; Silberschatz, Fretter, & Curtis, 1986).

For dream interpretation, CMT does not prescribe any specific techniques or protocols per se. Rather, as with psychotherapy generally, the therapist aims to respond to any material, including dreams, in ways that "pass the client's tests." The therapist may do this by acting in a way that disconfirms a client's pathogenic beliefs or by providing information, insights, or interpretations that disconfirm these goal-inhibiting beliefs (Silberschatz, 2005). At the outset, the client is informed that his or her dreams could relate to conscious or unconscious concerns and so the therapist may inquire about present and past issues in order to help make sense of the dreams (Weiss, 1986). The client is encouraged to report any new information that emerges during the therapeutic process, such as memories, feelings, or new dreams (Gassner, Sampson, Brumer, & Weiss, 1986). It is anticipated that unconscious materials will be revealed when the client feels sufficiently safe (Curtis, Ransohoff, Sampson, Brumer, & Bronstein, 1986; Wongpakaran & Wongpakaran, 2013).

Summary

A Jungian view of dreams and a CMT approach to understanding psychological conflicts are relevant to the following case example. The Jungian

perspective not only suggests that unconscious conflicts relating to life struggles are expressed in the form of dreams, it also highlights the role of culture in deciphering the meaning of dream symbols. CMT asserts that, unconsciously or consciously, clients are motivated to disprove pathogenic beliefs that impede the pursuit of important life goals. According to CMT, dreams represent a person's attempts at adaptation and may communicate messages to the self, suggesting ways to deal with problems or reminding the dreamer about a new insight (San Francisco Psychotherapy Research Group, 2010).

CASE EXAMPLE

Identifying details have been changed to protect the client's anonymity. The client, referred to as Yani, a pseudonym, consented to the example being published.

Yani was a 20-year-old Thai student presenting as an attractive and confident young woman. She was referred to the therapist because of a series of distressing dreams involving *nagas*. Nagas are mythical creatures, half-snake, half-God, that feature in Buddhist teachings (Khandro, 2010). The *naga* dreams had begun in early adolescence and had become increasingly frequent and distressing.

Background

Yani was the younger of two girls born to her mother, a greengrocer, and her father, a care worker. She described being closer to her father than her mother and said she had always been her father's favorite. Unlike her sister, Yani had been a high achiever at school. At the onset of puberty she recalled becoming a tomboy, reflecting that she had wanted to appear unfeminine in order to avoid romantic relationships with boys because she feared they would interfere with her studies.

By the time she reached the age of 14, Yani reported, her family was "in crisis." Her mother had lost a large sum of money gambling, and her father had begun an affair with another woman. Yani said that she "hated" her mother at this time and always took her father's side no matter who was at fault. Her parents later separated, and Yani said she had blamed her mother for the subsequent divorce.

At age 16, Yani recalled, she felt a strong desire to make her parents happy and so she studied relentlessly. Meanwhile, a friend of hers became pregnant and quit school. As Yani recounted this, she showed a strong emotional response, stating that she had been angry at her friend's "poor handling" of the situation. Around this time, a male schoolmate approached Yani romantically. She said that she did not like him and so turned him down.

Yani went on to be the first person from her town to go to university, making herself and her family extremely proud. At the end of her second year, Yani

switched her major to law at her father's request. In the summer preceding her third year of study, Yani met a male student who showed a romantic interest in her. Yani commented that he was the first man she had admired besides her father. Although Yani's friends encouraged her to start a relationship with him, she remained ambivalent.

Further into the assessment process, Yani became visibly upset as she explained that she felt guilty about being her father's favorite. She stated that on one occasion her sister had disclosed how hurt she was that their father loved Yani more than her, and they had both cried together. Yani also expressed guilt about "hating and blaming" her mother when she was a teenager.

Presenting Problem: Nightmare Disorder and the Naga Dreams

Yani experienced her first naga dream in early adolescence. In that dream a giant naga climbed out of a temple wall and terrified her. In subsequent recurring dreams, Yani would be standing on a riverbank with her mother; suddenly a giant naga would appear, approach her, and reveal itself as Yani's father. Recognizing that the naga was her father, Yani felt relieved and less scared. Then her mother would turn to her and warn her in a distinctively vivid voice "not to get along with another human being."

After Yani declined the schoolmate's romantic advances, another dream materialized in which she was receiving a reading from a clairvoyant. Suddenly, while looking into the clairvoyant's face, it transformed into a male naga that posed the question, "Why did you sneak away from me?" Yani was so highly distressed by this dream that she consulted with a clairvoyant in real life to try to make sense of it. The clairvoyant informed Yani that she had been married to a green naga in a recent past life (in Buddhism, people are believed to have many lives), and it was her former husband who was featuring in her dreams. Yani told the therapist that she had found the clairvoyant's interpretation unhelpful and reported that the nagas continued to "chase her" in her dreams.

In the summer preceding Yani's third year of university, the naga dreams became increasingly frequent, vivid, and terrifying. They caused her significant distress so that she became reluctant to go to bed, which adversely affected her studies and her functioning generally.

Yani then sought a consultation with a doctor, who referred her to the therapist. Yani had denied noticing any association between the dreams and external events or stress. At the intake assessment, Yani met *DSM-IV-TR* diagnostic criteria for nightmare disorder (APA, 2000); these are commensurate with the *DSM-5* criteria (APA, 2013).

Strengths

Yani had a history of good physical and mental health and demonstrated resilience in coping with stressful situations. She was intelligent and derived

positive self-esteem from her studies. She had a good sense of humor and was supported by a network of friends.

Cultural Context

In Thailand the family is considered to be the most important social unit; for the most part, it is patriarchal (Scorzelli & Reinke-Scorzelli, 2001). Compared to Western societies, in terms of the individualist–collectivist dimension Thai society is strongly collectivist (ITM International, 2010). Hence, Thai people are more likely to prioritize the needs and wishes of their “in-groups,” such as family, over individual wishes. Thai society is also more accepting than many other countries of hierarchical gaps where power is distributed unequally (ITM International, 2010). This strong hierarchical structure means that high-status individuals have powerful influence over those occupying lower social ranks (Holmes & Tangtongtavy, 2000).

In exploring the values and behavioral patterns of Thai people, Komin (1990) found that the fundamental value of *bunkhun* (“indebtedness to goodness”) is very prominent. *Bunkhun* is viewed as a psychological bond between two people, created when the first person acts kindly toward the second. Thereafter, the second person should be ever-ready to reciprocate the first person’s goodness. One aspect of this value is *katanyoo rookhun*, which advocates that people must feel great gratitude and indebtedness to their parents (Komin, 1990).

In Thailand 96% of the people adhere to the Buddhist religion (United Nations, 1997). Buddhism teaches that one’s life does not begin with birth and end with death but is a link in a chain of lives, each determined by the individual’s actions in previous existences (*karma*). The Buddhist value of being considerate to others is widespread and leads to expressions of goodwill toward family, friends, and strangers (Scorzelli & Reinke-Scorzelli, 2001).

Within Buddhism, myths about nagas are common. These half-god, half-animal beings are featured in Thai architecture and often seen in sculptures as protectors of the Lord Buddha. Many Thai people believe that nagas actually exist (Gagliardi, 2002). Yani was unsure, stating that she believed in nagas with a 60% degree of confidence. Nagas are said to dwell in an unseen world beneath a vast, deep river and have the ability to be reborn as human. According to Buddhist folklore, nagas rarely have contact with humans except to signal important messages. Legend has it that nagas are harmless toward humans unless they are harmed by one, in which case they can retaliate (Khandro, 2010). Nagas, usually represented as male, are known for being authoritative, powerful, and magical.

Case Conceptualization

In conceptualizing this case we made reference to CMT (Weiss, 2002) and Jungian dream theory (Jung, 1945/1993) while taking into account Yani’s dreams, her life history, and her cultural context. In line with CMT, we

hypothesized that Yani unconsciously blamed herself for her parents' unhappiness and ultimate separation. Specifically, she may have believed that by being her father's favorite, she had denied her mother and her sister of his love. Accordingly, she may have attributed a causal link between her relationship with her father and her parents' marital discord. Moreover, she may have inferred a further link between her relationship with her father and her father's comparative rejection of her sister. In taking responsibility for these traumas, Yani may have developed pathogenic beliefs about the harmfulness of her closeness to her father, causing her to experience survivor guilt. The father's perceived favoritism of Yani over her nonacademic mother and sister may have led Yani to a further belief that her parents' affections and happiness were dependent on her academic accomplishments. It was hypothesized that Yani's pathogenic beliefs had generalized and kept her from entering into gratifying relationships with males. She may have inhibited the pursuit of this life goal in order to prevent further harm to her family; to punish herself for what she had inadvertently "done" to her parents and sister; and to avoid anything (such as boyfriends) that could sabotage her educational attainment, and thus her only means of making her parents happy or making herself lovable to them.

Yani's pathogenic beliefs and subsequent guilt are likely to have been fueled and maintained by the collectivist societal structure and such Thai cultural values as *bunghun*, gratitude and indebtedness, which compel individuals to put the needs and wishes of their family before their own. Yani's debt of gratitude to her mother may have been viewed as especially high given her former unquestioning allegiance to her father.

We hypothesized that Yani's naga dreams were an expression of her unconscious conflict about wishing to pursue romantic relationships yet feeling unable to do so because of her goal-inhibiting pathogenic beliefs. Indeed, the frequency, vividness, and scariness of her dreams increased when Yani was faced with an opportunity to begin a romantic relationship. It thus seems that unconscious pathogenic beliefs had found expression in her dreams and warned her against romantic relationships by scaring her with nagas and telling her directly "not to get along with another human being."

Consistent with a Jungian view, the dreams contained overwhelming mythological symbols, suggesting that the collective unconscious was working to overcome a conflict that mattered for Yani's personal growth. Buddhist folklore and cultural values stored in the collective unconscious may have influenced the content of the dreams and her reaction to them. For instance, because it is believed that nagas intimidate humans only when humans have caused harm, their pursuit of Yani may have reflected her belief that she was guilty of some wrongdoing. In addition, since nagas only contact humans when they have important messages, Yani may have felt compelled to take heed, especially given her cultural beliefs about the actual existence of nagas.

Yani was assumed to be highly motivated, consciously and unconsciously, to disprove her pathogenic beliefs and pursue her goal. We hypothesized that she had an unconscious plan with strategies to overcome her conflict. Indeed, after dreaming about a clairvoyant, Yani sought a consultation with a clairvoyant, unconsciously hoping that the clairvoyant would help her to challenge her pathogenic beliefs. However, although the clairvoyant's dream interpretation seemed culturally viable, since it did not conform to her unconscious plan Yani disregarded it. Later, it was hypothesized, when romantically approached by the male student, Yani's unconscious plan led her to enlist the help of the therapist, whom she unconsciously hoped would disprove her pathogenic beliefs and thus allow her to pursue a romantic relationship.

Treatment Plan

In accordance with Yani's wishes, the aim of therapy was to make sense of the distressing naga dreams. To do this, Yani and the therapist agreed to meet weekly for four two-hour sessions (five sessions in total). Yani was seen in a private outpatient clinic in Thailand. She consented to have the sessions analyzed for this case example. No fee was charged. The therapy was conducted in the Thai language.

Course of Therapy

Sessions 1 and 2. These sessions focused on assessment, conceptualization, and rapport-building. Yani presented as pleasant, cooperative, and keen to find an explanation for her worries. In the first session Yani's responses formed a descriptive account of her life-events and dreams. Spontaneously and fervently, she described her dreams with little direction from the therapist. She stated that she believed the dreams were meaningful but they were becoming progressively more terrifying. In the second session, Yani's responses were more emotional. In particular, she revealed deep feelings of guilt about being her father's favorite. The therapist's response was nonjudgmental and encouraging. He noted to himself that the guilt might play out in Yani's dreams or her waking life. The therapist wondered if CMT's concept of "survivor guilt" could be a useful explanation.

In the second session, Yani spontaneously reported that she had experienced new repetitive dreams on several consecutive nights—new dreams that had emerged since the first therapy session. In these dreams Yani tried to step into water but felt too scared and then backed away. It is of interest that Yani feared water in waking life. We hypothesized that these new dreams conveyed, metaphorically, that Yani was not yet ready to face her repressed conflicts. However, she did appear to be attempting some form of social adaptation or personal growth.

By the end of session 2, the therapist and clinical team had developed a tentative conceptualization about the meaning of the dreams (see above). However, it was decided that interpretation should be postponed until Yani indicated (consciously or unconsciously) that she was ready to hear it. Indeed, Pine (1985) advised

that interpretations should be saved for when the client is able to constructively absorb and utilize the information. Moreover, we reasoned that subsequent sessions would provide further opportunities to verify the conceptualization.

Session 3. After session 2, Yani experienced and then described in session 3 a new vivid dream in which she stepped into deep water without feeling scared. Relaying this dream to the therapist was viewed as a strategy specified by Yani's unconscious plan for resolving her conflicts. Revealing her innermost feelings of guilt in the previous session may have led Yani to realize that she was safe to explore and express difficult material within the therapeutic relationship. As a result, it seemed that her unconscious reminded her of this insight in her dreams.

Later in the session, when discussing her studies, not the dreams, Yani spontaneously referred to the male student who had approached her romantically. Yani did not say directly that she wanted to begin a relationship with this man. However, she guardedly stated, "He's cute (pause) ...and he's intelligent (pause)... and he's a responsible person," and then she waited for the therapist's reaction. The therapist responded by reassuring Yani, "You have every right to have a relationship if that is your wish; many people your age experience romantic relationships." In response to the therapist's comments Yani let out a sigh, smiled, and appeared relieved. This exchange may have represented an attempt by Yani to test her pathogenic belief on the therapist. In CMT terms, Yani's apparent relief in relation to the therapist's assurances indicated that he had passed her test and thus had made a pro-plan intervention. A pro-plan intervention is defined as an intervention (including an interpretation) that patients may use in their efforts to carry out their unconscious plan (Weiss, 2002).

Toward the end of the two-hour session, the therapist asked Yani to explain her understanding of her dreams. Yani offered, "They could have something to do with relationships." This response was taken as a further indication that she was ready to tackle this issue. Accordingly, the therapist cautiously offered his interpretation of the naga dreams, based on the case conceptualization. In particular he proposed that Yani had blamed her relationship with her father for her family's upset. Her ensuing guilt had flooded her unconscious and created nagas in her dreams as a means of punishing her and deterring her from seeking further relationships with men. Yani also believed that romantic or sexual relationships would wreck her studies, thereby sabotaging her only hope of making her parents happy. The therapist suggested that Yani might wish to experience a romantic relationship, but her unconscious was producing nagas to scare her or tell her directly "not to get along with another human being." Almost immediately, Yani said

Yes, you're right! Why didn't I think of this before?...Yes...it is, yes... You're right on the money!...Now I know why I keep dreaming about them [nagas]. I know the answer now... It makes a whole lot of sense... Oh... I am so happy and relieved... This is why I dream of them!

Yani's response was interspersed with tears, smiles, and laughter. She finally added, "I had a hunch before that all this was to do with relationships." The nature of Yani's response appeared to reflect a Marszalek & Myers (2006) "a-ha moment."

Sessions 4 and 5. In the final two sessions, the therapist and Yani reviewed the conceptualization and discussed how she might apply this new insight into her life. Yani reflected, "I understand now that I was not being open with myself...when I fell in love [with the male student] I doubted myself, but I think the nagas pushed me to find answers." This reflection supports the Jungian view that dreams can facilitate adaptation and promote healing. Yani made further comments that suggested the interpretation had been valuable and had given her new insight, such as the statement: "This [the interpretation] fits with my gut-feelings...I have this knowledge now...I know where these dreams have come from and for the first time I know which direction to take my life in."

Yani expressed some doubts to the therapist about her direction now: "I wonder whether I'm mature enough to have a relationship? Can I be successful educationally? Look at what happened to my best friend [the one who became pregnant and quit school]." The therapist reassured Yani, hence passing an additional test by offering further disconfirmation of her goal-inhibiting beliefs. In particular the therapist told her, "You are a good person, and you are entitled to have a relationship." Finally, Yani resolved to "let go" and stated that she would permit herself to experience a relationship. She commented, "Enough is enough, I will not allow these beliefs to destroy my future."

As advised by Weiss (1993), instead of being neutral, the therapist explicitly disagreed with Yani's pathogenic beliefs and encouraged her to pursue her goals. It is likely that the therapist's high status within the Thai hierarchical system substantiated his approval of her goals. Furthermore, as the therapist was about the same age as Yani's father, any transference feelings may have added weight to the therapist's assurances.

Follow-up review. The therapist conducted a long-term follow-up four years post-therapy. Yani enthusiastically updated the therapist with regard to her life. She reported that after therapy, her naga dreams were considerably less frequent, and when they did occasionally occur, they were never scary or vivid and she rarely recalled their content.

Yani had allowed herself to enter into relationships with three different men; all had ended for different reasons. Yani described herself as being currently open to a long-term relationship but was still looking for "Mr. Right." In contrast to her tomboy days, Yani remarked that she was now "more feminine than ever" and that this made her proud.

Generally, Yani reported being happy and satisfied with her life. She had a successful career in law and described positive relationships with her parents and sister. Now that she had a well-paid job, she enjoyed providing for her family. Indeed, she had plans to build a house for her mother and sister (not an

uncommon gesture among wealthy Thais). Yani denied that these actions were spurred by survivor guilt; rather, she felt proud to be able to make them happy.

DISCUSSION

Therapeutic Outcome

Yani entered brief psychotherapy with the specific aim of understanding the meaning of her nightmares. Her emphatic “a-ha” response to the therapist’s interpretation indicated that she had found it meaningful (Marszalek & Myers, 2006). Moreover, she planned to apply her newfound insight in her daily life. At follow-up, it emerged that Yani’s naga dreams reduced considerably post-therapy and were no longer a source of anxiety or distress. Furthermore, she had made use of the therapy-derived insight by allowing herself to experience romantic relationships. The success of the therapy is supported by the presence of symptoms consistent with nightmare disorder at assessment and their absence at termination and follow-up.

It was hypothesized that Yani had attributed a causal link between her relationship with her father and her family’s misery. As a result she had suffered survivor guilt toward her parents and sister. At follow-up, Yani had continued to please her father by her successful career in law and was seeking to please her sister and mother by building them a house. These placatory behaviors could be construed as conscious or unconscious attempts to alleviate survivor guilt and might thus suggest that this problem is unresolved. However, in Thailand there is a strong cultural value (*bunkhun*) and a societal expectation that successful adults should take care of their parents and siblings, so it is difficult to distinguish between behaviors roused by guilt and those spurred by cultural values. In any event, resolving deep-seated guilt may have been beyond the scope of a five-session intervention allotted for dream interpretation.

Critique of Theoretical Approach

By exploring Yani’s dreams the therapist gained an understanding of her beliefs, feelings, and memories that might otherwise have been less accessible. This process enabled the therapist to form hypotheses about her conflicts. Yani’s presentation of her dreams to the therapist was viewed as an action spurred by an unconscious plan to have her pathogenic beliefs disproved. According to CMT, the client unconsciously controls how and when to release repressed materials. When Yani then presented new dreams of entering water, these were viewed as signals, alerting Yani (and the therapist) to a safe time to test the therapist with regard to the validity of her pathogenic beliefs.

Yani’s actions before and during therapy supported the notion that she had an unconscious plan to overcome her problem (Fretter et al., 1994). While she had rejected the clairvoyant’s dream interpretation, she emphatically accepted

the therapist's, which was commensurate with her hypothesized plan. There were occasions during therapy when Yani appeared to test her pathogenic beliefs in relation to the therapist, and his reassuring therapeutic stance as espoused by CMT was useful in eliciting immediate, pro-plan, therapeutic effects. Similar processes with immediate therapeutic gains are described in the case of Mrs. C (Bush & Gassner, 1988), who also showed relief after her therapist challenged her hypothesized pathogenic beliefs. Had Yani's therapist expressed the view that she need not worry about trivialities such as having a boyfriend, her confidence to test the therapist would probably have waned and the course and outcome of therapy would have been different.

The nature and content of Yani's dreams were compatible with a Jungian perspective. In conceptualizing the case it was helpful to consider the role of the collective unconscious, and how Buddhist mythology may have influenced the dream content and Yani's appraisal of the dreams. As noted by Brilzg (1998), it was important for the therapist to be aware of folklores and mythologies pertinent to Thai culture.

Like previous case examples (e.g., Skean, 2005), the current intervention was composed of a combination of *supportive* and *insight-oriented* elements. Thus, within the supportive therapeutic relationship, the therapist listened to and validated Yani's concerns and life struggles. Naturally, the supportive elements common to all psychotherapies may have contributed to Yani's therapeutic gains (Lambert & Ogles, 2004). On the other hand, the therapist's interpretation appeared to give Yani insight into the origin and maintenance of her guilt and dreams. This may support the findings of Hill and colleagues (1993) that dream work adds a powerful element to therapy, allowing people to think about themselves in a different way that enhances self-understanding.

The CMT approach assumed that Yani's avoidance of romantic relationships was maladaptive in the sense that it stemmed from irrational pathogenic beliefs. An alternative view is that Yani's reluctance to begin a relationship was adaptive. After all, she was only 20 years old, and her studies were arguably more important than having a relationship. This was especially true as Yani had come from a poor family and hoped to seize an opportunity to become financially secure and fulfill the important Thai value of taking care of one's parents. Yani's derivation of self-esteem, pride, and individuation through academia may have been protective. In this respect, the CMT approach could be at risk of pathologizing adaptive behaviors. Of course, some behaviors are more adaptive for one life goal, such as a meaningful occupation, than another, such as an intimate relationship. Moreover, behaviors rooted in pathogenic beliefs may coincidentally yield positive outcomes.

In spite of such considerations, there is support for the hypothesis that Yani had indeed wanted to pursue relationships. This is reflected by the relief she displayed in response to the therapist's assurance that she was entitled to a relationship, by her emphatic acceptance of the dream interpretation, by her

subsequent willingness to enter into intimate relationships, and by the fact that the naga dreams were far fewer post-therapy and were no longer a threatening or distressing experience. Indeed, Jung (1945/1993) claimed that dreams continue to express conflicts for as long as they remain unconscious or unresolved.

In conceptualizing the case other psychological theories were considered, and it is possible that alternative approaches might also have yielded positive outcomes. For example, from a cognitive-behavioral perspective (Beck, 1976), it could be hypothesized that Yani developed *conscious* beliefs and assumptions about romantic relationships, love, and the importance of educational attainment based on her childhood experiences; for instance, "If I'm not a high achiever, then I won't be loved" (based on the perceived parental rejection of her nonacademic sister), and "If I have a romantic relationship, then it'll end in misery (like my parents' relationship did) or I will fail my studies (like my friend did)." In light of these assumptions, Yani consciously worked to excel academically, and her efforts were positively reinforced by parental pride, which is especially influential in Thai culture. When she was faced with an opportunity to begin a romantic relationship, cognitive biases may have influenced Yani's decision to stay single. In cognitive therapy, dreams are viewed as a dramatization of the client's view of self, world, and future, which are subject to the same cognitive distortions clients make in a waking state (Freeman & White, 2005). Accordingly, discussing the naga dreams should have revealed the cognitive structures that govern Yani's feelings and behaviors in waking life, and these would have been amenable to restructuring by guided discovery, behavioral experiments, and explicit attempts to challenge cognitive biases such as *personalization* regarding her family's happiness, or *dichotomous thinking* regarding beliefs about relationships and education. Nonetheless, Yani had emphatically agreed with the Jungian/CMT-derived conceptualization, and we cannot know if a cognitive therapy-derived conceptualization would have resulted in the same "a-ha" response. Nor can we know if an alternative approach, such as cognitive therapy, would have led to the same reduction in naga dreams, or to the same elimination of the distress caused by them.

IMPLICATIONS FOR MENTAL HEALTH COUNSELORS

Dream work may be a useful therapeutic activity that helps clients to develop insights and achieve positive personal growth. Marszalek and Myers (2006) advised that when therapists inform clients that they can discuss dreams in therapy, they become more inclined to remember dreams, think about them, and raise them during sessions.

Although the current case was informed by an integration of psychoanalytic theories, there are alternate methods of working with dreams that could be useful to therapists and clients of different theoretical orientations. For

instance, the Developmental Counseling and Therapy model (Ivey, 2000) has been praised for offering therapists a structured approach to dream interpretation that is compatible with various psychotherapeutic models (Marszalek & Myers, 2006). This model guides practitioners through a series of eight steps in meaningful exploration of dreams. The Hill Cognitive-Experiential Model (Hill & Rochlen, 2002) also has promising empirical support (Hill & Goates, 2004; Hill & Knox, 2010; Tien, Chen, & Lin, 2009); it outlines a three-stage process for dream work. This model has been commended for giving therapists clear and concise techniques that help to facilitate waking-life exploration, self-exploration, new insights, and ideas for action (Tien et al., 2009). Alternatively, Freeman and White (2004) described a cognitive therapy approach to dream work that gives therapists 15 guidelines. This model views dreams as a dramatization of the client's waking-life cognitive and affective patterns and thus understands dreams in thematic rather than symbolic terms.

Besides illustrating a form of dream work, this case has highlighted the need to consider cultural context when conceptualizing a case. For instance, a therapist unaware of Thai cultural values and societal norms might have viewed Yani's ardent motivation to please her parents as extreme, or self-defeating. In contrast, her beliefs, feelings, behaviors, and indeed dreams were appraised in line with relevant sociocultural factors. Such *culture-specific competence* is like any other clinical skill in that it has a knowledge base and is acquired existentially in practice (Husband & Hoffman, 2004). Naturally, it will not be possible for therapists to be cognizant of all the sociocultural factors relevant to each of their clients. Therefore, Husband & Hoffman (2004) recommend the use of *intercultural communication* skills, which foster a generic ability to work with the ambiguity that is present in any cross-cultural interaction. Therapists may wish to build both sets of skills by reading relevant texts and case examples with a cultural focus. Whenever feasible, it is considered good practice for mental health practitioners to seek guidance from cultural consultants (Walker & Sonn, 2010) and to participate in transcultural training courses (Elsegood & Papadopoulos, 2011).

CONCLUSION

Integrating Jungian dream theory and CMT was useful for making sense of a Thai woman's recurring nightmares. The therapist's interpretation seemed to be meaningful to the client. Post-therapy, the client no longer met diagnostic criteria for nightmare disorder and she reportedly made changes to her behavior in line with therapy-derived insights. Alternate explanatory theories were considered and other approaches to dream work were outlined. The case highlighted the importance of giving due consideration to cultural context in interpreting dreams and making sense of waking-life beliefs, feelings, and behaviors.

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