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The Clinical Utility of Client Dream Reports from a Radical Behavioral Perspective

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Although the subject of dreaming and the use of client dream reports has been largely ignored by behavior therapists, this remains a topic which merits some investigation. This paper focuses on the clinical utility of client dream reports when doing a contemporary, behavior analytically-based therapy, Functional Analytical Psychotherapy (FAP). After briefly discussing FAP, I propose that client dream reports: (1) provide the therapist with further access to a client's reinforcement history which can assist with supporting or modifying treatment goals; and (2) consistent with a FAP approach, dream reports can provide the therapist with opportunities to focus on client behavior relevant to treatment goals that occurs in-session in order to effect change. I close with a comment on the role of interpretation of dreams from a FAP perspective.

Dreaming is a topic that remains largely ignored by radical behaviorists. How dreams come to exist as verbal events might be understood using an analysis similar to Skinner's (1945) examination of private events. It is possible to outline the potential reinforcement histories that may give rise to a person talking about dreams when the verbal community responsible for mediating social reinforcement lacks direct access to the contingencies which produce these verbal behaviors (e.g., Koropsak-Berman, 1995). However, from a position emphasizing clinical utility, the importance of understanding dreams lies beyond an analysis of how they occur as verbal operants. That is not to say that sophisticated analyses of verbal events consistent with the principles of behaviorism are without merit. However, there exists more to the importance of a client talking about dreams in therapy than just understanding how they arise. Although radical behavioral and contextually based psychotherapies are still in early development (Follette, Naugle, & Callaghan, 1995), the role that dreams can play in treatment should not be overlooked. This article discusses the position that dreams might be able to occupy in a contemporary, behavior analytically-based psychotherapy.

Talking about client dreams, while not emphasized by behavioral clinicians, does not necessarily represent a paradigm shift or a move away from the principles of behaviorism. The purpose of this paper is to emphasize that there exists a potential way to include dream reports in therapy for purposes that are consistent with the goals of behavioral treatment. Perhaps surprisingly, behavioral clinicians *can* incorporate these reports into ongoing treatment and assessment by relating them to relevant therapy issues for reasons other than a search for hidden or metaphorical meanings, as in psychodynamic therapies.

Much of my way of thinking about this clinical issue has been influenced by the work of Kohlenberg and Tsai and their analysis of providing therapy (functional analytic psychotherapy [FAP]) consistent with behavioral principles (see Kohlenberg, Hayes, & Tsai, 1993; Kohlenberg & Tsai, 1991). Space limitations prevent anything but the briefest of introductory remarks on FAP. However, because this article focuses on the clinical utility of dream reports based on FAP principles, some mention should be made about this therapy.

A Brief Description of FAP

Functional analytic psychotherapy, in its barest form, is a therapy that attempts to change client problem behaviors in-session through the use of socially mediated, conditioned secondary reinforcement (Kohlenberg & Tsai, 1991). The only behavior to which the clinician has direct access is that which occurs in-session, and the primary way to change that behavior is by differentially reinforcing alternative behavior that is more effective when it occurs (Follette et al., 1995; Kohlenberg & Tsai, 1991). In order to mediate social reinforcement that will generalize improvements to outside therapy, the clinician must develop a strong and meaningful relationship with the client. In more behavior analytic terms, the therapist establishes him or herself as a salient mediator of contingent reinforcement. A more thorough description of the process of how the therapist mediates this reinforcement in a way that maximally effects behavior change is detailed in Follette et al. (1995).

Because the focus of FAP rests on the therapeutic relationship, and the therapist utilizes opportunities to improve client behaviors in-session, any verbal event that clients emit is material to which the therapist may respond contingently. Contingently responding to clients means that the clinician provides feedback to the client as it impacts the therapist. For example, if the therapist believes that the client is engaging in behavior that creates interpersonal distance between the client and therapist, and the client has described that he or she has problems being close to others, the therapist notes how the client's behavior impacts him or her and then provides feedback about the effect it has on the therapist. In this case the therapist could say, "When you pull away from talking about something that is very important to you, I feel like you don't know if you can tell me what's going on." The therapist could then add, "When you do that, it makes me concerned that you and I can't develop

a more trusting relationship in here to talk about what matters. Is this what you're meaning to have happen?" The purpose of this type of contingent response is to provide the client with direct feedback about the impact that his or her behavior has on another person and then to follow with an opportunity for the client to emit a more useful response. In the present case, this would involve one more oriented toward relationship building. The type of contingent feedback a therapist gives depends on his or her relationship with the client at that stage of treatment and is fundamentally tied to an analysis of what difficulties with which the client is struggling (e.g., depressive behaviors, marital difficulties, general relationship skills deficits).

All verbal events that the client engages in, then, are operants to which the therapist must attend. Because clients often have repertoire deficits in behaving assertively and asking directly for what they need, much of what clients say in therapy can be examined as *mands* (Skinner, 1957) or commands for how the therapist should behave. Clients will also emit *tacts* (Skinner, 1957), or labels, about what constitutes reasonable behavior in relationships. Often, though, clients will emit problem behaviors in their purest form, engaging in ineffective responding in the context of a caring relationship. It is the task of the therapist to address these ineffective responses and shape more effective interpersonal skills in-session.

FAP and the Clinical Utility of Dream Reports

A behavioral analysis of how dreams come to exist as verbal operants is important to furthering the knowledge base of radical behavioral understanding of all human action. Still, there remains an importance of an analysis of the reason that talking about this type of verbal behavior in therapy matters clinically; that is, the *clinical utility* of clients reporting dreams in therapy deserves further consideration.

Clients reporting dreams allow two things to occur in therapy that are clinically useful to a FAP therapist: (1) the therapist gains an even greater access to the client's reinforcement history; and (2) they allow the therapist the opportunity to evoke emotional responding by the client in-session as a means of increasing opportunities to expand the client's interpersonal skills repertoire.

Dreams as Access to Client History. From a FAP perspective, dreams exist as abstract stimuli to which clients respond given an idiosyncratic history of verbal and emotional reinforcement. These stimuli, because of their abstruse qualities, provide a broad set of verbal behavior that provide the clinician with (potentially) an even greater access to a client's history than through client reports of other events because the material discussed requires further elaboration. For example, when a client reports that he or she had an elaborate dream about her father giving her flowers, and in the dream, she "broke down and cried uncontrollably," the therapist may develop hypotheses to explore with the client regarding her history of interacting interpersonally with her father and others. Before this report, the therapist may not have assessed the client's history of (a) relating to her father or other men when she felt any strong affect, (b) her repertoire for accepting others' gestures of caring, (c) romantic attachment toward men that she feels are in an authoritative position, or (d) other hypotheses that the therapist could generate based on his or her understanding of this client.

This access can provide the therapist with further opportunities to refine hypotheses about the client's behavior and to modify any treatment plans accordingly. Functional analyses and case conceptualizations continually evolve to take into account new information (Hayes, Follette, & Follette, in press), and dreams can provide the therapist with another source of information to assist in this process. The clinical utility here is found in using dream reports to understand more fully a client's history of reinforcement in the service of supporting or modifying functionally-based treatment goals.

Dreams as Opportunities to Expand Clients' Repertoires. Dreams often bring strong affective responses. When clients report dreams and contact those emotions, the therapist has instant access to how the client is behaving in-session and can related this behavior to ongoing topics being addressed in therapy. A variety of events can occur when clients report a dream experience to a therapist that brings an affective response: The client may attempt to distract both him or her and the therapist from contacting that emotion; he or she might deny any affective response when one occurs; the client might cry during session, and so forth. How the therapist chooses to respond to any of these client behaviors and relate them to relevant treatment issues depends entirely on that therapist's conceptualization of the case. For example, if the client has difficulty expressing emotions because he or she cannot trust others, the FAP therapist would address a client's failure to respond to obviously emotional material, commenting on the impact that this has on the therapeutic relationship. If, on the other hand, the client had a repertoire deficit for discriminating situations and material to which he or she should respond affectively, the therapist would address the client's responding consistent with that analysis.

Given that clients often have difficulty directly expressing what they want from relationships and related concerns, the therapist also uses dream reports to evoke client behavior in-session that needs clinical attention. Because the dreams are abstract and are popularly considered to have "deeper meanings," clients are sometimes more willing to explore alternative interpretations. To evoke client problem behavior in the therapeutic relationship, the clinician asks the client how the dream relates to what occurs during treatment. Returning to the example of the female client reporting a dream about her father giving her flowers, consider the FAP therapist's response when he or she has determined that the client has a repertoire deficit in the area of accepting caring from others in close relationships that prevents the client from forming and maintaining long-term interpersonally meaningful relationships. The clinician would consider whether the client is attempting to tell him or her something about how she feels in the therapeutic relationship. The clinician could then ask, "I'm wondering if you ever feel overwhelmed in here when I let you know I care about you. Does it ever feel like that with me?" By focusing on the client's more immediate experience, the

therapist can then reinforce alternative, more effective client behaviors such as talking openly about why that is overwhelming for her. In asking a client about how he or she feels in-session, the therapist is attempting to move from a metaphorical interpretation to forming hypotheses that are directly applicable to the therapeutic relationship.

On the other hand, consider the case where the therapist has determined that the same client has an inability to express affect in the context of any relationship. Here the therapist would look for opportunities to evoke affect from the client during therapy. Hearing the dream, the therapist might clarify what the client felt during or after the dream and then might ask, "What would it be like for you to cry [or feel that] in here?" By helping the client reconstruct the emotional experience from the dream, the clinician provides an opportunity for the client to engage in behavior that is difficult outside of session in other relationships (expressing affect) and to have that behavior reinforced in a safe, supportive environment. Again, focusing on in-session client behavior allows the therapist to more effectively produce client improvements.

Sometimes a client reports a dream in therapy that appears not to relate to any ongoing treatment issues. The clinician is, of course, not required to make sense of this report, nor to occupy treatment time with seemingly unrelated discussions. The clinician could then either respond to the uniqueness of the report, and ask if the client engages in that kind of talk elsewhere. Conversely, the therapist could simply say, "I have no clue what that's about." After stating his or her lack of ideas about the dream, the therapist could observe the client's response that might include disappointment, rejection, or even shared curiosity. When the clinician is not sure what to make of a dream or how it relates to treatment concerns, his or her comments can still provide the opportunity for clients to respond in-session and emit behaviors that may be of clinical interest.

A Note on Interpretation of Dreams

Although the importance of interpreting the content of dreams remains a hallmark of psychotherapies from other orientations (e.g., psychoanalytic), the FAP therapist focuses less on this aspect of client dreams. Because the content of a verbal dream report can be viewed as behavior that has occurred outside of session, the FAP therapist is likely to be less interested in *what* the client dreamed, but how it makes the client *feel* when discussing it with the therapist during a session. Bringing these behaviors that occur elsewhere into session can afford the therapist access to more immediate variables that control client behavior.

"Interpretation," used loosely, can be used to generate salient hypotheses about these abstract stimuli to which the client has responded. If a client told a therapist that he or she is unsure what a dream "meant," the therapist could acknowledge that he or she also does not know its meaning per se. The therapist could then relate the dream to a topic of relevance to therapy that brings the focus of client responding more in-session. Interpreting, as defined by verbally probing the client (Skinner, 1957) in an attempt to elicit continued responding, is entirely consistent with a FAP approach to utilizing dreams in therapy. From a FAP perspective, however, there is little clinical utility in attempting to get at "deeper meanings" of dreams to provide therapists with access to "unconscious" thoughts.

Conclusion

Discussing client dream reports need not represent a substantial shift in the focus of treatment away from environmental variables traditionally emphasized in behavior therapy. The FAP clinician is not interested in the hidden meaning and metaphorical content of dreams. Rather, the clinical utility of dream reports lies in their potential to allow therapists an opportunity to gain access to in-session behaviors as a means of facilitating behavior change. Dreams allow the therapist access to client history that can help modify ongoing treatment plans. Further, dreams can provide the therapist with the opportunity to directly access relevant client behaviors that can be reinforced or modified. Dreams, then, although not interpreted as unconscious material as purported by more psychodynamic therapists, can be clinically useful when conceptualized within a behavioral framework.

References

Follette W. C., Naugle, A. E., & Callaghan, G. M. (1995). *A radical behavioral understanding of the therapeutic relationship.* Manuscript submitted for publication, University of Nevada, Reno.

Hayes, S. C., Follette, W. C., & Follette, V. M. (in press). Behavior therapy: A contextual approach. In A. S. Gurman & S. B. Messer (Eds.), *Modern psychotherapies: Theory and practice*. New York: Guilford.

Kohlenberg, R. J., Hayes, S. C., & Tsai, M. (1993). Radical behavioral psychotherapy: two contemporary examples. *Clinical Psychology Review, 13*, 579-592.

Kohlenberg, R. J., & Tsai, M. (1991). *Functional analytic psychotherapy: Creating intense and curative therapeutic relationships*. New York: Plenum.

Koropsak-Berman, E. (1995). *Clinical efficacy of functional interpretations of first-person dream reports*. Unpublished manuscript.

Skinner, B. F. (1945). The operational analysis of psychological terms. *Psychological Review, 52*, 270-276.

Skinner, B. F. (1957). *Verbal behavior*. Acton, MA: Copley.