

ABSTRACT

Title of Dissertation: DREAM INTERPRETATION GROUPS WITH
DIVORCING WOMEN

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The effectiveness of dream interpretation groups with recently separated and divorced women was the topic of this investigation. 34 women aged 23 - 57 participated in this study; 22 were assigned to a dream interpretation group and 12 to a wait-list control condition. Four eight-week groups, with a semi-structured dream interpretation format were run.

It was hypothesized that dream interpretation group intervention would help this population to feel less anxious, less depressed, to experience higher self-esteem and to cope better with the stress of the divorcing process. Outcome measures were administered at pre- and post-test points. Client psychological-mindedness was expected to moderate treatment effectiveness.

Women in the experimental condition were expected to gain dream interpretation skills. Trained raters judged the insight of interpretations collected from all subjects at pre- and post-test points.

In an effort to understand the role of group process in

treatment effectiveness, three process measures were examined: (a) Clients and therapists utilized a sociometric instrument after each session to nominate whom they believed to be most "involved," (b) clients and therapists both rated the working climate of the group each week, using the Group Climate Questionnaire, and (c) trained judges viewed 30 minute segments of the three middle sessions (4, 5, and 6) on videotape and rated group cohesion.

An overall MANOVA for treatment effectiveness was significant, indicating that group participants made more progress on outcome measures than did controls. However, due to low statistical power, univariate analyses of the effects due to each of these factors were all nonsignificant.

A t-test of independent means for insightfulness of dream interpretations was significant, suggesting that group members improved their dream interpretation skills more than control subjects did.

Psychological-mindedness was not found to be related to any of the predictors and thus was dropped as a covariate.

In general, measures of group process (cohesion, group climate, client involvement) were neither significantly related to client outcomes nor to each other. Clients and therapists were not in agreement concerning group climate or client involvement. Observer and participant perspectives of group cohesion differed, as well.

DREAM INTERPRETATION GROUPS WITH DIVORCING WOMEN

by

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Chapter 1

Introduction

The present study examined dream interpretation groups as a possible alternative to traditional psychotherapy for recently divorced women. There is sufficient evidence to suggest that dream interpretation holds promise as an effective intervention with this population. Various researchers have reported heightened recall of dreams during times of increased emotional stress and depressed mood (Hartmann, 1973; Cohen, 1974; Cartwright, 1979) as one would expect at the time of a divorce. Dreams are thought to express the unique situation of the dreamer, thus their content is unique to the current emotional state and personality traits of the dreamer (Kramer, Hlasny, Jacobs and Roth, 1976). Fluctuations in affect closely relate to changes in dream quality, recall, and content. Moreover, Cartwright (1979) discovered that people tended to be more aware of dreaming following stressful events and upset moods. Taken together, these findings suggest that dream interpretation may be an especially timely intervention for clients in crisis or transition.

Interestingly, divorce in particular may be an event that is uniquely well-suited to dream interpretation work. Hall (1953) proposed that characters in our dreams are usually people with whom we are emotionally involved, often conflictually. Trenholme, Cartwright & Greenberg (1984) studied the manifest dream content of divorcing women, and found that

their dreams contained more themes of feeling threatened and a more urgent need for harm avoidance than a group of stably married cohorts. Most recently, Garfield (1991) maintained that there are actually dream themes common to women anticipating or undergoing divorce, such as dreams of being buried alive or lost at sea. In sum, it appears that women experiencing divorce may benefit from exploring the conflictual and threatening nature of their dreams as a means of understanding and managing the conflicts they feel in waking life.

The nature of human dream quality is fairly well documented. Kramer, et. al. (1976) have demonstrated that dreams are meaningful, non-random events that are connected to waking life, which serve an important psychological function. Dreams have been shown to be vital to the encoding of affective memories (Breger, 1969), to enhance capacity for emotional problem-solving (Beck and Ward, 1963; Cartwright, 1986) and to contribute to the overall adaptive capacity of the individual (Cartwright, Lloyd, Knight & Trenholme, 1984). Furthermore, it seems likely that clients would be less prone to deny negative feelings when encouraged to use dream symbols for self-understanding (Johnson, 1983). Hill and Cogar (1990) maintain that having clients articulate the details of their dreams often helps them to clarify their meaning. Thus, the interpretation of dreams may have significant potential for generating clinical material in a number of ways.

Doing dream interpretation as a group may render the technique even more helpful. Kadis, Krasner, Winick, and Foulkes (1963) emphasized the utilization of other members' associations to the images as a way for clients to overcome their resistance to symbolic material. For example, group members may hear (or the therapist may summarize for them) common themes that rapidly emerge. As therapists model openness to dreams and techniques for recalling and associating to the images, clients may feel empowered as they observe themselves better able to interpret their own dreams and to help other members.

Natterson (1980) believed that dream groups may help elucidate concerns which are not yet conscious, particularly shared emotions among the group members. By hearing each other's conflictual dream images, each member is moved to examine present relationships and unresolved issues with the ex-spouse. Dream interpretation should thus expedite the establishment of universality in a group of recently divorced women:

Furthermore, a number of researchers (Hughes, 1988; Leslie & Grady, 1988; Hetherington, et. al., 1977) report that social support is one of the most crucial correlates of psychological health for the newly separated and divorced. The people that would normally provide support to the divorcee (in-laws, for instance) may no longer be in a position to provide that

support after marital dissolution. Thus a group intervention could be the most responsive approach to symptom relief for this population. Although group members represent diverse viewpoints and will likely associate differently to the dream images, the universality effected by their common process of divorce underlies the work and should reinforce group cohesion.

Dream interpretation groups with a recently divorced population is a logical next step to the numerous studies that have demonstrated generally positive effects of dream work. Female, single-parent households are the fastest-growing nuclear family arrangement in America, appearing at a rate more than double that of traditional husband-wife families (Ross and Sawhill, 1975). In addition, recently divorced women have higher rates of anxiety and depression than any other marital status group (Radloff & Rae, 1979; McLanahan, Wedemeyer & Adelberg, 1981). Accordingly, the dramatic increase in medical utilization among this group during marital separation is accounted for chiefly by mental health services (Wertlieb, Budman, Demby & Randall, 1982).

Clearly, marital dissolution is a prominent mental health issue in our culture. This transition has been linked to diverse emotional and physiological reactions, including anxiety, depression, loss of self-esteem and diminished coping skills (Bloom, Asher & White, 1978). Coping skills are particularly compromised the first 2-3 years after the decision to divorce,

(Hetherington, Cox & Cox, 1976) when role strain is most pronounced and support systems are in transition, making this an important period for therapeutic intervention.

Traditional treatments for the recently divorced include divorce adjustment groups, psychoeducation seminars, conciliation counseling and couples counseling. Much of the work that has been done originates within the marital and family literature and appears to concentrate fairly heavily upon clinical reports with social support as an important variable. A large body of literature also seeks to link the divorce transition with various psychological variables, such as anxiety and depression, but few of these studies investigate treatment outcomes and fewer still do so empirically. Although traditional psychotherapy can certainly be effective with this population, the need for research on treatments that extend current treatment boundaries exists. It is curious that given our emphasis upon crises and transitions in the normal developmental life span (Whitely, 1980), counseling psychologists have been largely absent in the progress of this area.

Divorce therapy and dream interpretation have not been considered together in the literature. The conceptual complexity of group process, coupled with inherently low sample sizes often discourages empirical study of group therapy. At present, the group literature provides extensive evidence that group treatments work, but does not adequately explain the

process mechanisms by which they work (Kaul & Bednar, 1986).

This study examined the effects of dream interpretation groups upon the anxiety, depression, coping and self-esteem of 34 divorcing women. Four 8-week groups were co-lead by female, doctoral students. Process measures of client involvement and group climate were completed each week. 22 experimental subjects and 12 wait-list controls completed pre- and post-treatment outcome measures. Trained undergraduate judges rated each of the four groups on cohesiveness.

Chapter 2 Review of the Literature

DREAM INTERPRETATION IN PSYCHOTHERAPY

Historical perspectives

Dream interpretation has been advocated across a broad spectrum of approaches, including psychoanalytic therapy (Freud, 1900), existential therapy (Frankl, 1967) phenomenological therapies (Boss, 1977) and personal construct theory (Kelly, 1969). The section that follows will cover a brief history, and will present general findings regarding our present understanding of what dreams are and what purposes dream interpretation may serve.

From the time of Aristotle to early in the 20th century, dreams were generally thought to result from stimulation external to the mind. Wilhelm Wundt, for example, believed dreams were caused by the inhibition of brain activity "in the areas of volition and apperception," and by the excitation of sensory centers in the brain during sleep. The "Heavy Supper Theory" was the popular notion that digestion draws blood away from the brain, which stimulates dreaming. It was not until Freud's efforts in the late 19th and early 20th century that a direct relationship between mental events and the physiology of dreaming was established, although the notion of an unconscious and its ability to block our recognition of undesirable elements was not his design, originally. Scottish physician Robert MacNish actually wrote in *The Philosophy of Sleep* , which

predates Freud's *The Interpretation of Dreams*, that dreams arise when logical control of consciousness is relaxed, allowing deeper, less orderly feelings to emerge.

Freudian theorists hold that dreams represent infantile wishes or Oedipal drives too discrepant or painful to be admitted to conscious thought processes (Freud, 1959). Dreams are the product of the unconscious mind using recent waking experiences to disguise those repressed impulses in a form that is more palatable to the waking mind. So while Freud was not the first to speculate that dreams are purposeful, contain an element of wish fulfillment, are driven by unconscious sexual longings, and contain material from recent daily experiences, he certainly popularized the notion that insight into dream symbolism can be therapeutic.

The Gestalt view of dreams is a significant departure from Freudian conceptualization. Perls saw the function of dreaming as the integration of the fragmented personality (Weiss, 1986). He did not espouse dream interpretation as a joint task between client and therapist; rather, he stressed the client's re-experiencing the dream in reality. Need fulfillment and integration of "polar" aspects of one's personality traits are main tenets of the Gestalt approach to dream interpretation. Projection of impulses is viewed as both an expression of pathology and as a creative process that is the basis for empathy.

Jung's work represents a third major dream theory. The

hallmarks of the Jungian approach to group dream analysis are the avoidance of predetermined meanings for dream images and the flexible assumption that each dream is unique to the dreamer. Jungian emphases upon "the here and now," a client-centered approach, and the therapeutic value of processing the immediacy of an exchange are all remarkably similar to some of the tenets of effective group psychotherapy (Shuttleworth-Jordan, Saayman & Faber, 1988). Though he agreed with Freud that dreams have a strong retrospective function and may be used to better understand early experience and maladjustment, he believed, as well, that dreams pertain to present events. According to Jung, dreams may anticipate the future and may suggest a variety of problem-solving strategies with specific relevance to the dreamer, as well as providing the impetus for behavioral change. Of special interest to the clinical/counseling psychologist is Jung's position that dream interpretation is "...an invaluable aid in the assessment of a client's problems, strengths, and weaknesses...." (p. 476) (Jung, 1934).

Jung's theory of the archetypes of the collective unconscious is especially pertinent to dream interpretation in the group context (Shuttleworth-Jordan, et. al., 1988). He believed that successful psychological development requires satisfactory negotiation of critical phases of life. Maladjustment occurs, then, when "archetypal developmental blueprints" are frustrated or impeded, as would be the case among the recently

divorced, who have veered from their expected course as "married people." He felt that at such transitions, the "archetypal dream" assumes particular importance. These are vivid, emotionally-charged dreams that reflect developmental problems of universal relevance. The evocation of such collective imagery creates a group dynamic. This suggests that group interpretation for individuals at such a point in their lives, when their "archetypal developmental blueprints" have been abandoned, would be especially interesting and potentially therapeutic.

Summary of dream interpretation history

Initially, dreams were believed to result solely from physiologic events rather than as products of our mind and thus of our emotional lives. Today, the connection between dreaming and waking life is well established, beginning with Freud and MacNish at the turn of the century. Dream work has been espoused by a variety of theoretical approaches: Freud (1959) viewed dreams as distortions of our repressed impulses. Perls believed dreams functioned to help integrate the fragmented personality. Jung maintained that processing recent events should take precedence over using dreams as a retrospective look at personality formation. Most relevant to the present study, Jung's notion of an archetypal dream lends credence to the potential usefulness of dream interpretation in the group setting.

Dream function

Three assumptions are common to dream theorists: (a) That dreams are orderly, non-random events, (b) that dreams are meaningful and can be related to waking life, and (c) that dreams serve some important psychological function, and contribute to the adaptive capacity of the individual (Kramer, et. al., 1976). There is, of course, much variability in the theoretical positions offered:

Breger (1969) maintained that dreaming serves the distinctive function of processing emotional information. The type of fantasy processes seen most vividly in dreams, he said, are adaptive and cathartic, particularly following a stressful life experience. To the extent that stressful stimuli are those that cannot be easily resolved, then the repetition of these terrifying experiences, in our dreams, represent attempts at solutions. Though these may be purely magical or defensive solutions (e.g., rationalized), they represent a positive step towards self-understanding and problem resolution.

Kramer, Hlasny, Jacobs and Roth (1976) asserted that dreams express the unique situation of the dreamer and thus their content is distinctive of the current emotional state and personality traits of the dreamer. In a study of five normal and five schizophrenic subjects, judges were not only able to sort dream reports by which individual was the dreamer, but also were able to discriminate the correct night for multiple dreams.

They concluded that dream interpretation should be a valued component of therapy, as it may help access unconscious information about the current state and the more stable personality traits of the dreamer.

Cartwright, Tipton, and Wicklund (1980) described a positive outcome associated with the interpretation of dreams. The impetus for the study was the assumption that clients who terminate prematurely often do so because they lack the tools to access their "inner life material," or to identify meaningful thoughts and feelings spontaneously. Cartwright, et. al. found that subjects were less likely to terminate individual treatment prematurely if they were encouraged to be curious about dreams and their meanings in their waking lives.

Forty-eight subjects selected as potential early dropouts from insight-oriented psychotherapy were offered a two-week program to prepare them for treatment. Thirty-two were sleep monitored for eight nights; half of these were provided access to their dreams by awakening them during REM sleep periods, and the other half were awakened an equal number of times, but only during non-REM sleep stages, during which it is much more difficult to recall dream content. A third, comparison group went directly into therapy. The thirty-two laboratory subjects were asked each morning to recall and discuss the reports they had given during the night.

Cartwright, et. al. found that having subjects discuss their

dreams in this manner had direct, positive effects not only upon retention rate in the first ten sessions, but also in the development of treatment-appropriate behaviors. Those subjects who successfully retrieved and discussed dreams (primarily the REM group) as opposed to other content (primarily the non-REM group) stayed in therapy at a significantly higher rate and used therapy more productively.

Cartwright et. al. concluded that the subjects who were given access to their dreams by being awakened during REM periods, and were given the opportunity to practice talking about them by reporting to a researcher were in effect taught insight-related skills. The implications of such a study are twofold: (a) Subjects who are not particularly psychologically-minded may be better able to access meaningful, unconscious material if taught to access dream material and (b) subjects who gain this skill may be more likely to invest in the process of self-exploration necessary for long-term work in psychotherapy.

The Cartwright, et. al. study appears strong theoretically; that individuals can be taught to attend to their dreams and that practice describing dream content might lead to increased introspection and comfort with therapy makes intuitive sense. However, it unclear how the researchers deduced methodologically that the between-group differences in premature termination could be related to gains in insight-related skills. Furthermore, it is unclear whether the skills

learned by laboratory subjects could be considered specific to dream interpretation. That is, were subjects given any cues or reinforcement that might allow them to discriminate when they had provided richer or more insightful accounts of their dreams? If not, these findings may be more a reflection of subjects becoming accustomed to the process of self-disclosure (thus promoting longer, more meaningful therapeutic treatment) than an indication of dream interpretation as an important link to treatment effectiveness.

Summary of theories of dream function

Dreams are meaningful, non-random events that have been shown directly related to the themes in our waking lives. A number of theorists have argued for the adaptive capacity of dreaming, as well. Breger (1969) explained dreams as means to process emotional information; by "reliving" experiences in our dreams, we attempt new solutions. Kramer et. al. (1976) posited that dreams should be a component of psychotherapy since they reflect the client's current emotional state. Cartwright, et. al. (1980) argued that dream work may teach clients insight-related skills and thus reduce premature termination, but they were not convincing in drawing the connection between the insight component of dream work and the reduction of premature termination exhibited by their sample.

DREAM INTERPRETATION GROUPS

Arons (1978) noted that the interpretation of dreams is often used in psychoanalytic group psychotherapy to explore common group tensions and individual internal conflicts. He believed that the first dream a member reports in a group reveals their basic conflicts and defensive style. Although clients are often not ready to hear interpretations at this point, he recommended that therapists keep these in mind, at times referring back to the themes expressed in the dream as the same issues appear in a more accessible form. According to Arons, subsequent dreams the members share help in this process of exploration, but he acknowledged that these later dream reports may be more limited in depth. He postulated that the "dream censor" was more relaxed for the first reported dream but tightens as the person becomes more involved in the group. Arons also advised special attention to the first dream because the type of images the person chooses to share (e.g., guarded, sexual, anxious) is a good indication of how safe group climate is at that time. The tone of subsequent dreams by that person can help the therapist to chart how the person is feeling about group process. For instance, if a client's dream reveals dependency issues or aggressive competition, it may be helpful to ask if they feel nurtured in the group, how they feel about the number of the people in the group, and so forth.

Several authors have found a positive, spiritual component to using dream interpretation in groups. Greenleaf (1973) proposed that groups are appropriate for dream work because new behaviors the dreamer tries may be pursued according to shared values. That is, the dream group seems to be effective in part because the "solutions" for coping with anxiety-producing can be learned vicariously by all group members.

In the Senoi tradition (a Malaysian people), Greenleaf focused upon the group's ability to help the dreamer by directing fantasies, regardless of sophistication. Unlike most other intimate communications, he argued, dreams are unlikely to meet with criticism or ridicule, even in the group setting.

Narayanan, Keshavan & Padi (1986) found in a dream interpretation group with Indian women that the dream work revealed repressed sexual conflicts, and that the interpretations helped the therapeutic process by breaking down resistance, promoting emotional insight, and by indicating progress in therapy.

Mahrer (1990) emphasized that the individual can bring about personal life changes by the systematic use of dreams. He proposed that the following seven steps could be used to enable one's self to experience behavioral changes, to train others in dream interpretation, or to incorporate dream interpretation in therapy with clients: (a) Select a dream that is recent and involved intense feelings, (b) record the dream in great detail,

especially "peak moments," (c) link the dream to recent events, (d) identify motivations/drives the dream symbols expressed, (e) identify a critical recent life event related to the frustration of the motivation/drive, (f) experience the motivation by putting yourself back in the dream context and immersing yourself in conflicted moments, and (g) facilitate new behaviors.

Contemporary models of dream interpretation groups

For the present study, Hill and Cogar's (1990) manual for dream interpretation in psychotherapy will serve as the basis for the semi-structured group treatment. Hill & Cogar's model is eclectic, drawing upon elements of Freudian, Jungian, client-centered, Gestalt and experiential approaches to dream interpretation.

Hill & Cogar discussed 8 basic steps in the interpretation of dreams: (a) recording the dream, (b) retelling the dream, (c) associating to the images in the dream, (d) exploring the symbolism in the dream, (e) working with the conflicts in the dream, (f) linking the dream to relevant events from the past few days, (g) interpreting the dream and (h) taking action based on the dream. The dream work is done with three therapeutic goals in mind: (a) re-experiencing the affect, (b) insight into client behaviors, attitudes and feelings, and (c) taking action based upon this improved self-understanding.

Recording the dream

Clients should first be encouraged to instruct themselves

to remember their dream before going to sleep, and to write down dreams as soon as they awaken. Vivid dreams, because they often carry strong emotional impact (Hill & Cogar, 1990) are especially amenable to interpretation.

Re-telling the dream

Dreams should be retold in the present tense, to make accounts more immediate and real. Dreams from the past few days are favored because they are typically recalled more vividly and are less likely to be distorted by recent developments in the dreamer's life.

Next, asking the client how they feel about the dream and then reflecting those feelings begins the process of introspection. The therapist might also ask for initial interpretations of the dream, to encourage client participation. These preliminary client interpretations can then be built upon and expanded.

Associating to images in the dream

Here the object is to have the dreamer free associate to various elements in the dream, so that the images can be understood in a personally meaningful way. The therapist should ask for more information about the associative material. (S)he might ask the client to define the image or to explain what the image means to them. In cases where the client is unable to associate to a particular image that was prominent in the dream, the therapist might say what the image would mean if it were his

or hers, as a means of providing a variety of possibilities.

Although Hill and Cogar generally suggest flexibility in going through the dream interpretation steps, they emphasize the importance of generating associations to the dream images before moving on to interpretation. This encourages clients to entertain numerous responses before foreclosing on superficial conclusions about the meanings of their dreams.

Exploring the symbolism in the dream

Symbols may be unique to an individual, may be universal within a particular culture, or may be universal across cultures. As opposed to Faraday (1974) who asserted that people develop personal "glossaries" of the meanings of symbols in their dreams, Hill and Cogar proposed that symbols may mean different things at different times in people's lives, and thus each new dream must be examined for contextual explanations of the images that appear. In this stage, one technique is to start with client explanations of symbols, and for the therapist(s) to help expand their awareness by explaining the symbol from a traditional Freudian or Jungian perspective.

Working with conflicts in the dream

Because many dreams reveal underlying conflicts from our waking lives, the therapist may find it useful to utilize experiential techniques in this stage to allow the dreamer to experience the affect more fully (Mahrer, 1990). By experiencing the feelings expressed in their dreams, clients

may become more able to accept them as part of their emotional lives. Another approach would be to have clients enact the various parts of the dream or to dialogue with different images or characters.

Identifying relevant events from the past few days

Typically, clients are more apt to self-disclose about disturbing issues when they begin by telling the dream and then explain the events several days prior to the dream (Hill & Cogar, 1990). Dreams often open up areas of conflict of which the dreamer was not consciously aware.

Interpreting the dream

According to this model, there are two levels of meaning the dream may have to the client. The first is reality-based, which suggests that the dream informs the dreamer of some real-life situation. Faraday (1974) gave the example of dreaming her car's brakes were failing, and interpreting this as a signal to check her brakes, literally. The second level of meaning is what Johnson (1986) referred to as "inner world," whereby all parts of the dream are actually parts of one's self. For instance, a woman who dreams that her husband is unfaithful may herself be having impulses for extramarital affairs. As Freud (1900/1966) pointed out, we often project our unacceptable impulses or feelings onto other people.

Hill and Cogar maintained that most dreams are at this second, inner level. Once client and therapist have collaborated

upon some understanding of the dream, it may be useful to have the client summarize the dream meaning in several sentences, to solidify what (s)he has learned. "Accuracy" of interpretation is regarded less important than the therapeutic utility of this exercise and the process issues stimulated.

Taking action based on the dream

Planning a ritual based on the metaphors in the dream is one way the client can feel empowered to act upon what they have learned. Pictures of an ex-spouse, for example, might be buried to ritualize the working through of old feelings. Johnson (1986) stressed that the ritual should be something concrete and feasible; Hill and Cogar were less rigid on this matter, suggesting that it may be a good way to reach resolution on some issues, but acknowledging that sometimes the dreamer is not ready or able to ritualize painful feelings or conflicts that have been uncovered. A useful intervention for enabling clients to act on their dreams may be to ask them how they would change the outcome of the dream, if they could. This re-doing of outcomes can instill a sense of mastery over both waking and dreaming aspects of life. Moreover, clients may feel less like passive recipients in life, and may thus decide to take more responsibility for their lives.

Ullman and Zimmerman (1979) emphasized the importance of the dreamer having ultimate control over the process of the group interpretation. The dreamer should be able

to stop the process at any time, and confidentiality is most important. The authors described a three stage process that usually unfolds in working with dream groups. Unlike Hill and Cogar, the theory is purely descriptive as opposed to being prescriptive in the sense of suggesting particular interventions.

In the first stage, members are asked if anyone would like to share a short, recent dream. Group members recognize that they have been entrusted with very personal disclosures and the dreamer feels their support. Members take notes as the dreamer describes the dream. Members may then ask for clarification of content from the dreamer, but may not ask the dreamer for or volunteer any interpretations themselves yet. As the group becomes more experienced, they note nuances in the way the dreamer qualifies their introduction of the dream. For instance, beginning by saying "I had the silliest dream last night" might connote a desire to distance from the dream and to discourage the group from actively pursuing meaningful interpretation of it. In stage two, the dreamer is inactive and group members and leader describe what feelings they had as listened to the dream and what it might mean if it were theirs. The objective in this stage of Ullman & Zimmerman's approach is to generate a large number of possible meanings for the imagery. The dreamer is inactive in this phase so that his or her responses, which are likely to be defensive at this point, will not track what members subsequently say. Every detail of the

dream should be attended to. The leader may facilitate by summarizing what has been covered and what has not been. Hill & Cogar, too, incorporated exercises wherein group members project onto the dream, but they did not require the dreamer to be inactive in this phase. In stage three, the dreamer reveals which of the interpretations offered struck a chord, and relates recent events that might account for why the dream occurred at this particular time. At this point, members may pose rhetorical questions, and the leader becomes more active, highlighting the feelings that group members have detected in the dreamer. Only those interpretations validated by the dreamer should be considered "relevant to the dream;" respect for the dreamer's limits is considered important and questions must be posed in a non-threatening and open-ended manner, which the leader may model.

The primary difference between Ullman & Zimmerman's model and Hill & Cogar's is that the former's notion of a dream group does not call for a mental health professional, whereas the latter's notion of dream work is within the context of psychotherapy with a trained professional. In light of this discrepancy, the two approaches cannot really be considered parallel forms of dream work.

Taylor (1983) outlined "twenty-one basic hints for group dream work." Unlike Hill & Cogar, his approach was to offer the reader a number of heuristics, rather than to design a structured

intervention. Core concepts of Taylor's work are as follows: Every member of a dream group should have the opportunity to share a dream or part of one, at least briefly, in every session. He recommended a "touch in" exercise where members comment briefly on their emotional state. Taylor suggested that without such an exercise, members may in effect feel injured and experience a "drying up" of dream memory. Hill and Cogar, on the other hand, maintained that meetings may be structured with either everyone sharing each time, or with one member having his or her dream attended to in depth by members and leader. Theoretically, with the proper exercises to facilitate the interpretation process (for example, having members project what the dream would mean if it were theirs) members should still feel involved in the work even when it is not "their week" to have a dream worked on in the group. Like Hill & Cogar, Taylor believed that dream should be recounted in the present tense, acknowledged that images are personal and idiosyncratic to the dreamer, that dreams have multiple meanings, and that feelings should be attended to. Taylor extended this last point by recommending Gestalt and Active Imagination exercises "...as a way of clarifying feeling responses, intuition, and ideas about meaning and metaphor...." (p. 97) His basic hints also include several unique points: (a) Learn to develop a language that allows the group to discuss spooky, morbid and supernatural aspects of their dreams. He believes people often screen out or minimize

these parts of their dreams when in a group because they feel aberrant. Group members should understand, he said, that these types of images frequently occur in our dreams, and should not experience them as frightening or tabooed; and (b) the group needs to understand that the possible interpretations for a dream are infinite, and the group must decide upon a method for making a collective decision when the interpretation brainstorm phase is done.

Shuttleworth-Jordan, Saayman & Faber (1988) offered a more theory-driven approach to group dream interpretation. They presented a systematized, four-step method that draws upon Jungian and behavior modification approaches, as well as the research in the areas of group psychotherapy and dream imagery.

Stage one of their model is induction into the procedure. Group norms are established for the dreamer have control of the process. Individuals can decide if and when to present a dream. As with Hill & Cogar, the analysis of one dream may take an entire 1 1/2 - 2 hour session, although occasionally two or three members may present. Stage two is called negotiating a contract. This is usually occurs in the first session, as well. The number of sessions is specified, a decision regarding whether the group will be open or closed is made, and confidentiality is emphasized. Stage three, the dream work procedure, involves five steps: (a) Relaxation, (b) statement of dream content, (c)

amplification, (d) interpretation and validation, and (e) termination.

In the relaxation phase, the therapist may use relaxation techniques or may simply instruct members to relax for five minutes. Relaxation is used extensively in imagery work, since it is related to vividness of images (Cautela and McCullough, 1978; Leuner, 1978). This phase is unique to the Shuttleworth-Jordan treatment plan.

Statement of dream content occurs when a member indicates (s)he wants to share a dream. The dream is recounted, concentrating on details rather than summary. The group may ask for clarification only when the dreamer is finished telling the dream. Content only, and not associative or interpretive material should be discussed at this point.

Shuttleworth-Jordan, et. al. (1988) criticized Ullman & Zimmerman's (1979) treatment, charging that its purely interpretive method lacks an solid theoretical position. Their second stage, during which group members project onto the dream while the dreamer remains passive, is of particular concern to them. Shuttleworth-Jordan, et. al. believed that such an exercise runs the risk of exposing the dreamer to unconscious material prematurely, which may stimulate defensive reactions.

According to Shuttleworth-Jordan, et. al., amplification is defined as "enlarging the store of information related to the

dream" (p. 481). Links between dream imagery and life context are sought. Group members offer hypotheses, and the dreamer may accept, reject or modify them. The leader is particularly important here in keeping the dreamer unstuck and maintaining trust in the group. The next step is to isolate themes in the dream that may lead to identification of a problem. Details of the dream are examined for theme, and group input is vital; the leader continues to contain the group from offering any broad interpretations and to encourage tentative and respectful associations. This stage lasts until the dreamer tires of it or until the group feels their hypotheses have been exhausted.

Finally, in the interpretation and validation phase, the leader summarizes the emergent themes and presents them in collaboration with the dreamer as a comprehensive interpretation. The leader attends to the predominant mood of the dream, time perspective in the dream, and to a "dramatic structure" as outlined by Jung: exposition, development of plot, culmination and result. This emphasis upon leader interpretation is quite unlike the method articulated by Hill & Cogar, which does not explicitly call for synthesis and presentation of dream themes by the therapist(s) to the dreamer.

Termination is handled in the last session, as members and leaders discuss process and what has been gained. Leaders highlight the potential importance of continued attention to

dreams and corresponding possibilities for identifying problem areas in life.

Natterson (1980) had a more negative view of dream interpretation in groups. He distinguished individual dream interpretation from that done in groups by the diminished tendency to free associate in the group format. He felt that in groups, interpretations about either the dream or the group process come without adequate consideration of associative material. Moreover, he noted that group members are likely to be "mobilizing" for the next maneuver, rather than really reflecting on the dream material. Therapist(s) must therefore be quite skillful in their decision of which images to pursue and how to summarize and focus the group's work.

On the other hand, Natterson maintained, as well, that dreams brought to group therapy tend to be less disguised because there is less anxiety about transference in a group than there is in individual therapy. Consequently, he said, there is less repression of dream material in a group.

Summary of contemporary dream interpretation models

Contemporary theorists are in agreement, for the most part, that dreams may be done productively in groups. Arons (1978) saw special promise in the first dream a member reports in a group, because he believed it reveals the client's defensive style and it helps the therapist to gauge the safety of the group climate. Greenleaf (1973) and Narayanan, et. al. (1986)

appreciated the spiritual aspects of dream work, for instance as a way to have the group collaborate on guided fantasy for the dreamer. Mahrer (1990) felt that systematic dream interpretation could be used to catalyze life changes if the dreamer could identify frustrated motives in their dreams and re-experience that drive in therapy.

Hill & Cogar (1990), whose model was used for the present investigation, utilized an eclectic approach, with three goals central to the work: (a) Re-experiencing the affect (b) gaining insight into client behavior and feelings, and (c) taking action upon the dream. Ullman & Zimmerman (1987) were somewhat controversial in their view that dream interpretation groups need not be led by mental health practitioners. They emphasized the importance of the dreamer maintaining control over the process and of their own comfort level with the associations being offered. Taylor (1983) was the only theorist reviewed who urged that every member be able to share a dream (or part of one) during each session. His theory was also unique in that he advised dreamers (and group leaders) to develop a language that makes discussing the "...spooky, morbid and supernatural..." aspects of dreams less threatening. Shuttleworth-Jordan et. al. (1988) incorporated relaxation techniques in the early stages of the group interpretation, and encouraged therapists to present a comprehensive summary of the themes offered by the group as part of the

interpretation/validation stage.

In general, dream interpretation groups appear to hold therapeutic promise. Only Natterson (1980) dismissed dream work in the group setting, pointing out that free association would be diminished in a group and that members would concentrate on their own needs rather than reflecting on the material of the dreamer.

interpretation/validation stage.

In general, dream interpretation groups appear to hold therapeutic promise. Only Natterson (1980) dismissed dream interpretation work in the group setting, pointing out that free association would be diminished in a group and that members would concentrate on their own needs rather than reflecting on the material of the dreamer.

GROUPS AS THE TREATMENT OF CHOICE FOR DREAM WORK

Klein-Lipschutz (1953) believed that understanding dream symbols is greatly facilitated by group process, and that group allows for less distorted, more abundant dream material. If an individual's dream is blatantly revealing and evokes excessive anxiety for him or her, the group may share responsibility and "protect" the dreamer.

Kadis, Krasner, Winick, and Foulkes (1963) emphasized the utilization of other members' associations to the images, in session, to overcome the dreamer's resistance to symbolic material. They believed that dream groups lessen the disparity between manifest and latent content.

Greenleaf (1973) proposed that groups are appropriate for dream work because new behaviors the dreamer tries may be pursued according to shared values, although a common symbolic understanding of the dream images may not be possible. In the Senoi tradition, (a Malaysian people) Greenleaf focused upon the group's ability to help the dreamer by directing

fantasies, regardless of sophistication. Unlike most other intimate communications, he argued, dreams are unlikely to meet with criticism or ridicule, even in the group setting. The dream group is in part effective because the "solutions" for coping with with anxiety-producing can be learned vicariously by all group members.

Shuttleworth-Jordan, et. al. (1988) argued that the group context has emerged as a particularly favorable medium for the analysis of dreams. Group members provide valuable additional reflections, and the supportive context is ideal for the immediate reality testing of problems reflected in dreams. The traditional experiential group uses intragroup relationships as the primary therapeutic focus. Because intensive, personalized dream interpretation is not indicated in the traditional experiential group (Yalom, 1975), in which the primary focus is on interactive processes, the specialized dream group provides an alternative approach wherein an in-depth investigation of the dream problem itself forms the entire focus of the therapeutic intervention. Specifically, dream groups may provide an opportunity for clients to hears others' dreams, which may lessen their sense of isolation (Yalom, 1985). A further advantage to the group format is that multiple perspectives are generated, which lessens the possibility that client and therapist will settle upon a focus for the interpretation of dream symbols

prematurely.

Therapeutic factors

Dies (1983) reviewed the literature on group leadership and reported that therapist modelling and cognitive contributions are significantly related to client outcome in group psychotherapy, suggesting that the format of the manualized dream interpretation intervention may be a highly effective treatment mode.

Yalom (1985) referred to eleven therapeutic factors in group psychotherapy, including several that seem especially germane to the task of dream interpretation therapy with the divorcing client: (a) Instillation of hope about which he says having patients in varying stages of improvement is helpful to all. "...I have often heard patients remark at the end of their therapy how important it was for them to have observed the improvement of others...." (p.6); (b) Universality ...especially in the early stages, the disconfirmation of their feelings of uniqueness is a powerful source of relief...." (p. 7); (c) Cohesiveness "...Revealing embarrassing things about myself and still being accepted by the group...belonging to a group of people who understood and accepted me..." (p. 78); (d) Altruism "...patients receive through the intrinsic act of giving...it is a refreshing, self-esteem boosting experience to find that they can be of importance to others...(p. 13). Of particular relevance to the present study is the construct of cohesion. Cohesion is considered an important process variable in groups, and is regarded a necessary precondition for effective therapy.

Cohesion is thought to effect client change by allowing an environment where greater self-awareness can occur through interpersonal learning. The key is that members are not only supported and challenged by the therapist, who is acting in a professional capacity, but by fellow members, as well (Yalom, 1985). Cohesive groups provide a safe environment for the expression of hostility and conflict. We would expect that group members who feel a such a sense of connectedness or "groupness" should benefit most from any group intervention. Cohesion is a difficult construct to capture within the confines of quantitative research (Kaul and Bednar, 1986). For the present study, both a self-measure of group climate and an observer rating of group cohesiveness were used in an effort to access this construct.

The following sections present research supporting qualities of dreams of people under stress as particularly amenable to dream interpretation groups, and the rationale for the selection of divorcing women as subjects in the present investigation.

Summary of advantages to dream work in group mode

Arguments for dream interpretation in the group mode primarily concern the importance of generating many possible meanings of symbols before foreclosing on an interpretation. Klein-Lipschutz (1953) felt that the variety of interpretations generated by a group could produce less distorted

interpretations than in individual therapy. Kadis et. al. (1963) believed that the group setting discouraged client resistance to symbolic material in general. Shuttleworth-Jordan et. al. (1988) added that the group could help the dreamer test the reality of the problems that emerged in their dreams.

Several aspects of what makes group psychotherapy effective can also enhance the process of dream interpretation. Dies (1983) pointed out that therapist modelling and cognitive contributions, which are common to the contemporary models presented, are significantly related to client outcome in groups. Yalom (1985) has referred to the instillation of hope and universality as therapeutic factors in group therapy, both of which would theoretically be enhanced by structured dream interpretation. The cohesion of the group is thought to take place in instances where client self-awareness can come about through interpersonal learning; one would expect that collaboration upon dream themes would inspire such a quality.

Dream quality and emotional state

A number of studies have reported that dreaming is affected during major mood disturbance (Vogel, Vogel, McAbee and Thurmond, 1980). Hartmann (1973) and Cartwright (1979) have both reported heightened recall of dreams during times of increased emotional stress and depressed mood. Also, following stressful events and upset moods, people tend to be more aware of dreaming (Cartwright, 1979), thus the timing may be

appropriate for a dream interpretation group. Cohen (1974) found that negative pre-sleep mood increased probability of recall, and Hall (1953) suggested that characters in our dreams are usually people with whom we are emotionally involved, often conflictually.

Beck and Ward (1961) evaluated the dreams of depressed patients for recurring masochistic themes. Following up on Beck and Hurvich's (1959) earlier observation that depressed patients frequently reported a class of dreams in which the dreamer was portrayed as being the recipient of a painful experience such as being disappointed, rejected or injured, Beck and Ward analyzed the one most recent dream for 218 depressed patients non-depressed outpatients. 133 subjects (61%) were male and 85 (39%) were female. Ages ranged from 15 - 60. 142 (65%) were White and 76 (35%) were Black. 89 (41%) of the subjects were diagnosed with psychotic disorders, 94 (43%) with neurotic disorders and 35 (16%) with personality disorders. All were routine admissions to the psychiatric outpatient department of a university hospital.

Depression was determined by trained interviewers who administered an inventory for measuring depth of depression (a working version of what is now the BDI), which consisted of 21 categories of symptoms or attitudes and a series of graded, self-evaluative statements. The interviewer then asked the patient to tell their most recent dream.

To measure masochistic themes in the dream reports, each was scored by trained raters as either positive or negative for masochism. Positively scored dreams contained one or more of the following content areas: (a) deprived, disappointed or mistreated, (b) thwarted, (c) exploited or disgraced, (d) rejected or deserted, (e) blamed, criticized or ridiculed, (f) punished, (g) physical discomfort or injury, (h) distortion of body image, (i) being lost or (j) losing something. Raters scored dreams independently and differences were resolved by conference method.

Analyses revealed that the incidence of masochistic dreams was significantly greater among depressed subjects than it was among non-depressed subjects. Approaching the data from another angle, Beck and Ward found that 84% of all the dreams rated "positive" for masochistic traits were obtained from subjects whose depression inventory scores placed them in the mild to moderate depression range.

Beck and Ward's findings were landmark in their ability to link depression as an emotional state with corresponding functions, such as dreaming, that are depressed while in this state. As Cartwright, et. al. (1984) would re-assert a number of years later, it is not only that the dreams of depressed patients reflect their waking conflicts and sense of mistreatment, but also that severe depression tends to result in less vivid imagery (masochistic or otherwise). However, given that 41% of their

sample was diagnosed with a psychotic disorder, the construct of masochistic dream content might not generalize well to a normal, neurotic population. That is, the masochistic dreams of recently divorced, depressed (non-psychiatric) women may be more a reflection of current life stressors and themes than those of a group of outpatient psychotics. For these patients, masochistic themes may be confounded with delusional material or other manifestations of their condition.

Secondly, Beck and Ward's scoring procedure allowed only for a dichotomous rating of dream content as either masochistic or non-masochistic. With this method, a great deal of data is lost, as neither quantitative nor qualitative aspects of between-subjects differences may be discriminated. It would be interesting to learn whether masochistic themes are more intense and/or frequent for patients with psychotic disorders versus those with neurotic disorders; this information would certainly make their findings more directly relevant to a population of normals undergoing a life crisis.

Similarly, Beck and Ward (1963) later found that patients who scored high on a depression inventory (acknowledged that they were pessimistic, regarded themselves as inferior and expressed notions of failure) showed a much higher proportion of dreams in which they were "losers" than did a matched group of non-depressed psychiatric patients, lending support to the notion that night dreams reflect waking life issues and self-

concept.

Gentil & Lader (1978) found a significant relationship between the dream content of anxious women and their daytime attitudes. They studied 20 adult female outpatients suffering from chronic anxiety and compared them with two control groups, low anxious normals (LAN) and high anxious normals (HAN).

All patients slept in a dream laboratory and were asked to report their dreams after the completion of each REM sleep period. Gentil & Lader performed a content analysis of ten dream categories, including friendly interactions, aggressive interactions, apprehension, success, death/dead characters and body parts. Clients were then asked to place each of these themes as a point on one of eight emotion scales, which included dimensions of accepting-rejecting, relaxed-tense, seductive-repulsive, powerful-powerless and safe-dangerous. The researchers were interested in the frequency with which these themes appeared the dreams of the clinical anxiety sample as compared with the LAN and HAN controls.

The Kendall rank correlation coefficient with correction for ties was used by trained raters to test the degree of association the emotion scales and the frequency of corresponding elements in the dream reports.

In terms of content, the clinical sample reported significantly more dreams involving social interactions, however

aggression towards the dreamer was the most common theme among these, with the degree of aggression increasing in correspondingly with subject anxiety level. Anxious subjects made more references to social interactions in their dreams and made fewer references to friendly interactions. They also reported more instances in which there were aggressive interactions (including the dreamer being rejected or abandoned by known males) than both LAN and HAN control subjects. Dreams of success were more frequent among control subjects. No differences were found between the groups in themes of sexual interactions.

The Gentil & Lader study is an important reminder of the moderating effects of anxiety in psychological research. In this study, patients who were very high or very low anxiety experienced more difficulty remembering their dreams and thus had shorter dream reports, suggesting that a dream (or any) intervention might be most helpful to the moderately anxious client. Furthermore, the non-clinical sample reported significantly more success in their dreams, which corresponded with subjects' daytime views of themselves, suggesting that the highly anxious client, or the one who reports little symptomatology might not derive the full problem-solving benefits from their dreams.

In terms of methodology, Gentil & Lader could perhaps have better grounded their study in theory by providing the

rationale for their selection of the emotion scales. Also, a more detailed account of rater training and protocol for collecting dream reports would have been helpful for purposes of replication. Nevertheless, collecting data such as this requires great resourcefulness and represents an important link to our understanding of the ways dream life reflects waking life.

Cartwright, Lloyd, Knight and Trenholme (1984) explored the differences in dream content between mildly and moderately depressed divorcing women (BDI range = 15-36; \bar{M} = 22.89) and non-depressed divorcing women (BDI range = 2-10; \bar{M} = 5.33) . Subjects were 29 women aged 30-55, who were either currently in the process of separating or filing for divorce, or had completed a divorce hearing not more than three months previously. A small comparison sample of nine happily married, non-depressed women were carefully matched to the experimental sample in terms of age, education and race. Cartwright, et. al. were interested in how adaptation to a stressful emotional event such as divorce might manifested itself in dream content, and the moderating effects of subjects' level of depression.

Cartwright, et. al. predicted that an adaptive response to divorce would result in longer dreams that are more "dreamlike" in quality, express more negative affect, include a wide range of time references (past, present and future) and which reflect some work on the change in self-identity from from married to

single status.

Subjects consented to interviews concentrating on the history of their marriage, completed a self-administered battery, including the Adjective Checklist, the Beck Depression Inventory and a role inventory developed by the first author (Who Are You; WAY), which consists of a listing of 54 roles. Subjects were asked to indicate which of the roles she needed to express her own sense of identity.

Experimental subjects spent six nights in a sleep laboratory. An equal number of REM and non-REM sleep periods were interrupted on a fixed time schedule, and subjects were asked to report any mentation they had had. Married control subjects were monitored for only four nights.

The BDI was used to stratify the experimental group on self-reported depression. There were 19 who were mildly to moderately depressed (BDI = 15-36, \underline{M} = 22.89) and 10 who were not depressed (BDI = 2-10, \underline{M} = 5.33.) All REM reports were transcribed and edited to remove identifying material. Dream reports were then rated by a pair of trained raters on the following dimensions: (a) length of report, (b) dreamlike quality, (c) mood tone, and (d) variance in time dimension.

Findings indicated that the dreams of those divorcing without major mood upset were longer, dealt with a wider time frame, and dealt realistically with marital role issues. Conversely, the dreams of the depressed women were more

barren in visual imagery and less story like, failed to display any identification with the marital role or its loss in the dreams, were shorter in length, and were more locked into a narrow, past-oriented time frame. They also found that the divorcing women dreamed about divorce, whereas the non-divorcing women did not.

Cartwright et. al. appear to have succeeded in linking depressed states to variations in dream quality, which is helpful to the clinician especially in understanding the variables that may intervene with the dream interpretation or otherwise fantasy-based intervention. That is, it may be that the client is not resistant or unimaginative but rather inhibited in some other way. The study is weak in several aspects of its design, though. With a comparison group of only nine married, non-depressed women, contrasts between the two groups become less generalizable.

In a corollary study, Trenholme, Cartwright & Greenberg (1984) examined the manifest dream content of these same divorcing women. They were interested in conducting a systematic investigation of manifest dream content of REM sleep, concentrating on a small number of basic thematic dimensions predicted to be affected by a life event (such as divorce) assessed by means of standard scales.

29 women were the experimental sample, 19 of them mildly to moderately depressed and 10 not depressed. Nine

stably married cohorts comprised the control group. All subjects spent the first two consecutive nights in the sleep laboratory with no awakenings. On the third night, subjects were awakened on a fixed time schedule, 5 minutes after onset of the first REM period, 10 minutes after onset of the second, and so on. Dream reports were elicited using a standard protocol. The Gottschalk and Glesner anxiety scale (1969) was used to assess presence of anxiety in dream reports. The Experimental Relatedness Scale (Wood, 1979) measured the degree to which dream content reflected the experimental (laboratory) situation. Framo's (1962) Threat Scale and Beck's (1967) Masochism Scale were used to detect themes of threat and masochism in the dream reports. This procedure yielded a total of 176 scorable REM reports.

Trenholme, et. al. found significant between-group differences in dream content. Stably married women tended to dream more about the laboratory conditions than did the women undergoing divorce, indicating an absence of more salient stress in their lives. Divorcing women, on the other hand, dreamed very little of the experiment itself and more of threatening situations in which the self was seen as inadequate. As expected, the women undergoing a life transition had more salient role crises to work through in their dreams, making the laboratory conditions rather unobtrusive.

The number of dreams with manifest threat was

significantly higher for divorcing than non-divorcing women, but differences between depressed and non-depressed subjects were not significant, thus feeling threatened by these unexpected life changes appears to be an emotional reaction common to divorcing women, regardless of mood state. Married women exhibited predominantly affiliation themes, or a desire for meaningful interactions, as opposed to the need for harm avoidance expressed by the divorcing sample.

Of the divorcing women, those who were coping less well with the divorce (who were more depressed) reported dreams that increased in masochistic content over the course of the study, while those women who were coping better reported dreams that increased in anxiety. This finding was interpreted as evidence that dreaming not only reflects present conflicts and stressful life events but their adaptiveness varies predictably with the mood of the dreamer.

Trenholme, et. al.'s work lends a good deal of internal validity to the study of relationship between conflicts in waking life and working through in dreams, and thus provides sustenance to the broader area of dream interpretation. Opting for standard measures of dream content rather than relying upon the clinical intuition of raters makes this study distinct in the literature, and implies that a wide variety of other standardized measures might be included in such a battery and studied in relation to other life stresses. Although divorce was

simply a sample of convenience for this study, other issues (for example, survivors of incest or other forms of abuse) could certainly be studied in relation to predicted emotional reactions.

What the investigators seem to have failed to account for is to test for within-subject differences at the various points in the REM cycle that subjects were awakened. It is possible (though admittedly unlikely) that gathering dream reports and different points in the REM state could confound findings. For instance, were dreams more likely to reflect anxious themes when dreamers were awakened later in the cycle? It is certainly likely, for example, that earlier dreams would be most likely to exhibit awareness of the laboratory situation, as early dreams are more likely to reflect the day's residue.

Summary of relation of dream quality to emotional life

Many studies have shown that dreaming is affected during disturbing life events. Taken together, these studies point to overall symptomatology (or at the very least, depression) as important variables in the assessment of any dream-related intervention. Evidently, some dream characteristics, such as richness of imagery and flexibility of past, present and future themes are enhanced during a life transition such as divorce, however this process is moderated by depression. Subjects who are clinically depressed may not benefit as much from dream interpretation not only because they lack the energy and cognitive flexibility to extrapolate from dream images, but

because, apparently, they may be generating fewer vivid images to associate to.

Depressed individuals tend to experience masochistic dreams and anxious individuals often dream of aggression and/or need for social interaction. As opposed to stably married women, whose dreams exhibit a significant need for meaningful interactions, divorcing women's dreams express a more urgent need for harm avoidance. On the positive side, people tend to be more aware of their dreaming following stressful events, and since the characters in our dreams are usually those we have emotional conflicts with, divorcing women should certainly be amenable to this treatment.

Personality correlates of dreaming

Hill (1974) utilized the Sixteen Personality Factor Questionnaire (16-PF) to attempt to discriminate traits of (self-reported) frequent dream recallers from infrequent recallers. Hill found, through a discriminate analysis with 50 college students, that two distinct groups did indeed emerge, with six primary traits (C, G, H, I, O, and Q₁) contributing most. High scores on three of these traits, superego strength (G), guilt proneness (O) and radicalism (Q₁) were most directly related to difficulty recalling dreams. Hill interpreted these results as evidence that the frequent dream recaller experiences less intrapsychic conflict than the infrequent recaller.

Other personality variables have been linked to dreaming,

as well. Spanos, Stam, Radke & Nightingale (1980) reported that absorption (client degree of involvement in such activities such as daydreaming) was the most important predictor of dream recall in females. In males, non-traditional gender-role orientation (high femininity) was related to frequency of dream recall. Rim (1986) reviewed several studies of dream content and daytime coping styles and found that "neurotic" dreamers tend to dream more often and to relive negatively-toned emotions and neurotic fears in their dreams. This finding suggests that neuroticism, or daytime affective coping style is central to the dream experience. Surprisingly, though, he found that problem-solving function in dreams was correlated with detached personality styles, which would refute the expectation that those more involved in a dream interpretation treatment would find it most helpful.

The recently divorced as the population of interest

Cartwright (1986), drawing upon Breger's (1969) assumption that dreaming is necessary for handling psychologically important events and is an adaptive, emotional problem-solving process, reasoned that this concept might be best tested under the conditions of a naturally occurring event with high emotional impact. She was interested in whether the effectiveness of this problem-solving function might vary with the intensity of affect involved. Cartwright used the same data gathered previously on the dreams of divorced women (e.g., Cartwright, et. al., 1984; Trenholme, et. al., 1984). She believed divorced women to be appropriate for investigation of this hypothesis for several reasons: (a) Divorce is a real-life event that evokes varying degrees of affect that is very relevant to self-concept; and (b) she proposed that reorganization of the affective material would most likely take place if the old schemata could no longer accommodate current experience. Theoretically, the sudden, unanticipated role changes such as loss of a partner and failure of a marriage would require extensive changes in emotional information schemata.

Nineteen recently divorced women who were depressed on the BDI (range = 15 - 36) and ten who were not depressed (range = 2 - 10) spent six nights in a sleep laboratory. Nine married, non-depressed women served as a comparison group. As with the previous study, for experimental subjects, an equal number of REM and non-REM sleep periods were interrupted

on a fixed time schedule, and subjects were asked to report any mentation they had had. The dream reports were transcribed and rated on the following dimensions: (a) length of report, (b) dreamlike quality, (c) mood tone, and (d) variance in time dimension.

Cartwright's findings supported Breger's work assertion that the problem-solving (information processing) function of dreams varies systematically with client depression. Cartwright discovered that there was a significant relationship ($r = -.45$) between BDI scores and REM latency, suggesting that the most severely depressed subjects were deriving less of the benefits of REM sleep.

Cartwright also found several structural dream differences that were in the predicted direction. The dream reports of the non-depressed, divorcing women were nearly twice the mean length of both depressed experimental subjects and married cohorts. This was interpreted as support for the hypothesis that life transitions may increase client readiness for interpretation and that severe depression may interfere with this problem-solving function. In addition, the time orientation of the dream reports showed significant between-group differences. The married subjects' dreams were almost exclusively set in the present, and the depressed subjects favored the past, but only the non-depressed subjects used the full range of past, present and future time orientation.

This work suggests that, as proposed by Breger, dreaming does in fact reflect an emotional working-through in particular for individuals undergoing a stressful period. Interestingly, Cartwright even looked into whether the situational stress of sleeping in a laboratory would confound exploration of divorce themes in the dreams. She found that the married, control subjects had a significantly higher proportion of dreams with experimental or laboratory content (28%) than did the divorcing subjects (12%), reasoning that when there is a large degree of life stress, these themes appear to override the stress of sleeping under experimental conditions.

Cartwright's work has helped greatly to clarify the connection between client mood state and the possible benefits that may be derived from dream interpretation. The combination of clinical and psychometric techniques make results plausible, even within an area of psychology as seemingly intractable as relation between waking life and dream content. As previously stated, Cartwright's studies often lack for sample size; an understandable limitation given the commitment asked of both participants and researchers in such sleep lab investigations.

Although Cartwright's work concentrated more on the specific functions and qualities of dreams, and the present study focuses upon dream interpretation as a treatment program with respect to therapeutic outcome, recently divorced women will

be the population of interest for much the same reason: (a) women undergoing a major life transition such as divorce are likely to be anxious, and thus to be dreaming vividly and (b) are likely to be working through the corresponding role shifts and grief in their dreams.

Women as the population of interest

A number of researchers have demonstrated gender differences in dream content and interest in interpretation, and it is part for this reason that the present study will be limited to the post-divorce adjustment of women. Women tend to dream more often (Kramer, 1982), to dream more vividly (Hall, 1966) and to have heightened recall abilities (Winget, et. al., 1972). Moreover, those women who do recall their dreams tend to be more attuned to their inner processes (Cann & Donderi, 1986). Winget, Kramer and Whitman (1972) discovered that women's dreams contain more people, involve friendlier interactions, and are more likely to reflect family concerns.

Robbins and Tanck (1988) were interested in whether there were gender differences in dream recall and interest in dream interpretation. 123 college undergraduates (61 men, 62 women) at a mid-sized eastern university were recruited from psychology courses. Subjects first completed a questionnaire intended to measure interest in dreams. Items included asking students to respond to whether they had speculated about the meanings of their dreams, if they had ever discussed a dream

with someone else and whether or not they had any personal theory about the meaning of dreams.

Second, each recorded dream reports over a ten day period. Subjects were asked to respond each morning to whether they (a) Did not recall dreaming at all during the night (b) recalled dreaming but could not remember details, or (c) recalled a dream. If they responded they latter, they were asked to describe the dream. 98 of the 123 students recruited turned in completed dream diaries.

Tanck & Robbins were not interested in the content of the dreams but rather in the relationship between interest and ability to recall dreams. They found that women speculated about their dreams significantly more often than men, and that women had discussed their dreams with other people significantly more than men had. There were no gender-based differences in ability to recall dreams ($M = 3.2$ dreams recalled).

With regard to relationship between interest in dreams and recall ability, for both men and women there was a significant positive relationship between speculating about dreams and actual recall. Overall, then, it appears that anyone who is interested in the meaning of their dreams will be more likely to remember their dreams (perhaps because they can remember them?) but it is women who are more likely to engage in such speculation and to discuss their dreams.

Methodologically, this study is weak in design; a priori

hypotheses were not forwarded and follow-up data was not gathered to ascertain whether participation in the experiment impacted subsequent ability to recall dreams or desire to explore their content. Robbins & Tanck's primary contribution may have been unintended. That women are more likely to disclose their dreams should come as no surprise. However, the finding that men and women are equally capable of recalling their dreams implies that women are not necessarily more amenable to a dream interpretation intervention, rather only that they might initially find it more attractive as a treatment plan.

Summary of recently divorced women as population of interest

Cartwright's (1986) fascination with the problem-solving function of dreams led her to seek a population with which she could test the hypothesis that this effectiveness of this function varies with the intensity of affect the client experiences. The divorce transition appealed to her because she reasoned that a real life event relevant that brought about unanticipated role changes would require different information processing among the individuals involved. As anticipated, Cartwright found that life transitions increase readiness for interpretation. For the present study, the specific function of dreaming is less a concern than the likelihood that women undergoing this transition will likely be anxious and thus both dreaming vividly and working through the corresponding role shifts.

Women were chosen because they have been shown to dream more often, to have heightened recall abilities, and to be more likely to dream about family concerns than men. Robbins & Tanck (1988) added the finding that women speculate about and discuss their dreams more often than men, making them an appropriate sample for the present study.

WOMEN AND DIVORCE

Theories of adjustment to divorce

Bohannon (1970) identified six distinct categories of divorce-related stresses: (1) Legal divorce; (2) emotional divorce, which results from the loss of a love object; (3) economic divorce, whereby community property has to be divided; (4) co-parental divorce if children are involved; (5) community divorce, involving the attitudes of and relationships with friends and relatives; and (6) psychic divorce, the process of becoming an autonomous individual. Clearly the period of post-divorce adjustment involves more than simply mourning the loss of the partnership; other aspects of the adjustment, such as economic recovery, may continue for some time after there has been legal resolution.

Wallerstein & Kelly (1980) also emphasized that divorce is not a single event but rather a series of legal, social, psychological, economic and sexual changes, sometimes over an extend period of time. They provided six-week counseling service to 60 families in which the couples were separated, and

at least one partner had filed for divorce. They found that most issues, particularly feelings of anger, humiliation and rejection were largely unresolved in 18 months time.

Their observation was that the anxiety typically began with the escalating distress of the marriage, peaked at the separation and legal filing, and continued for several years before a sense of continuity and confidence in new roles was attained.

Separation and divorce appear to be profoundly stressful life events. Bloom, Asher & White (1978) statistically linked separation and divorce to a wide variety of mental and physical health variables, including alcoholism, vulnerability to motor vehicle accidents, death by homicide, and suicide.

Hetherington, et. al. (1976) found that divorced parents felt more anxious, depressed, angry, rejected and incompetent than married people, with or without children. Divorced women in particular reported feeling unattractive, helpless, and having lost their identity as married people. Leslie (1986) reported that divorced women are more likely to form relationships based on dependency needs, and are more likely to engage in unprotected sex than never-married or married women are.

Summary

The process of divorce is complex, and individuals appear to be compromised emotionally in many ways. Most commonly, researchers have operationalized divorce adjustment using depressed mood (e.g., Dasteel, 1982; Wallerstein & Kelly, 1980)

anxiety (e.g., Pett, 1982) perceived coping with the event (e.g. Berman, 1988) and with self-esteem (e.g. Gray, 1978). The following section presents these constructs, which will be measures of outcome for the present investigation, as mental health correlates of divorce.

Depression among the recently divorced

Wallerstein & Kelly (1980), in a study of 60 divorcing families, found the most salient emotion reported by women subjects was chronic depression, often attributed to long-standing sexual deprivation and loneliness. In a study of over 200 divorced or separated individuals, Hunt (1966) found that many of the divorced experienced deep depression and disorientation. Dasteel (1982) administered a symptom checklist and the Minnesota Multiphasic Personality Inventory (MMPI), and gathered further data from group discussions and interviews with 17 of the subjects, and therapy sessions with five (who were therapeutic clients). Subjects were 161 adults aged 23-58, attending a course on divorce. She determined that depression was the most frequently reported symptom reported by respondents. 91% of the total population stated they were experiencing an unusual degree of stress. 68% indicated they were bothered "quite a bit" or "almost all the time" by feelings of unhappiness. In addition, the divorced sample had an average T score of 65 for the depression scale. Almost half the respondents scored as high as a group of hospitalized depressed

patients studied by Dempsey (1964).

Dasteel's study was plagued with methodological problems. First, the subjects' current stage in the divorce process was not controlled for either in data collection or in statistical analyses. The experience and precipitants of depression may have varied considerably through the various stages of separation and divorce. Second, given that the researcher had dual relationships with with her subjects as course instructor and in some cases as psychotherapist, data may be confounded by demand characteristics. Moreover, Dasteel reports that subjects' scores were comparable to those of an inpatient psychiatric population, but typically a T-score of 65 on MMPI scale 2 does not represent a major elevation (although it would on the MMPI-2). As she did not have a control group, the effects due to group cannot be interpreted with confidence. Finally, she provided no theoretical underpinnings for for the 12 categories of stress reactions she used to classify interview material. The categories do not appear to have been piloted for internal consistency as a unitary measure of "components of stress reactions to divorce" or the like. more rigorous methodological investigations of the depressive experiences of the recently divorce may be in order. Dasteel does succeed, though, in illustrating how feelings of depression are commonplace among the divorced.

Anxiety among the recently divorced

Pett (1982) investigated the six factors she believed to influence post-divorce adjustment most profoundly: (a) Circumstances surrounding the divorce, (b) quality of the family's relationship with the non-custodial parent, (c) personal characteristics of the custodial parent, (d) quality and quantity of the custodial parent's social network, (e) economic factors, and (f) children's adjustment.

Subjects were 206 custodial parents who had at least one child aged 2-18 living at home, and who had been divorced no more than two years. 50% of the subjects were of the Mormon faith. Pett found that the single strongest predictor of adjustment was subjects' overall sense of well-being and absence of distress, as measured by the General Well-Being Schedule. The implication is that despite arguments for environmental conditions or demographic particulars as predictors, the best adjustment to divorce was found to be an absence of generalized anxiety. Pett's work is a notable contribution in the sense that it may draw future researchers away from purely demographically-oriented investigations of this coping process, however the possibility of limited generalizability among a 59% Mormon population sampled is a limitation.

Coping: Aspects of post-divorce adjustment

Berman (1988) tested the hypothesis that continuing positive feelings from the ex-spouse following divorce are related

to increased distress and less effective coping. Weiss (1975) had labelled these recurrent thoughts or images of the ex-spouse "separation distress."

The sample consisted of 60 women who had been married at least two years prior to contact, had at least one minor child living at home, were between the ages of 22-55, and had been separated for less than 36 months prior to contact. Subjects completed a battery of instruments and were administered an interview-based measure of preoccupation with ex-spouse.

The experimental manipulation involved randomly assigning subjects to one of three conditions that differed as to the kind of memory the subject was asked to recall: a memory of a positive interaction with their ex-spouse, a memory of a conflictual interaction, or a memory of a close male or female friend in a positive interaction. Subjects then participated in a thought sampling procedure, in which they were instructed to let their thoughts wander for 15-20 minutes, and were disturbed over an intercom at random 45-75 second intervals. At these points, subjects were asked to describe their current feeling in a sentence or two.

Results indicated that a continued positive image of the ex-spouse (on the pencil and paper measures) was in fact correlated with more frequent thoughts about the spouse in a thought sampling task. Berman concluded that continued attachment to the ex-spouse indicated less adaptive post-divorce

coping in recently divorced women. He also interpreted these findings as evidence that the intensity of an individual's preoccupation with an event or stimulus reflects the stressfulness of that stimulus, which corroborates similar findings by Horowitz et. al. (1979) and Lazarus (1977). A continued attachment to the ex-spouse elicits more intrusive thoughts. This finding lends support to Horowitz's (1979) Impact of Event Scale, which includes intrusive thoughts as one of three subscales indicative of ability to cope with stressful life events.

Berman's work contributes in that he appears to have resolved fairly clearly a long standing debate with regard to whether post-divorce attachment is in fact related to poorer adjustment. His original measure of ex-spouse attachment demonstrated strong internal validity and may be potentially very helpful to counseling psychologists in particular who typically work with clients in developmental life crises such as divorce. Furthermore, given the counseling psychologist's predisposition to share test results with their clients, it may be that this measure of intrusive, positive feelings towards the ex-spouse may provide rich material for an in-session collaboration and discussion of the unhealthy attachment.

The study's primary shortcoming was the low (36%) response rate of women invited to participate. It may be that the amount of self-disclosure required of the subjects, and the

unusual method of sampling their private thoughts resulted in those who were most distressed of least psychologically-minded self-selecting out. In short, it is difficult to interpret whether Berman's sample possessed some trait(s) that moderated the effects of the treatment.

Sampling concerns notwithstanding, Berman's findings appear to have particular relevance to the present study in several ways: (a) The notion that a totally positive view of one's ex-spouse as less adaptive suggests that dream interpretation groups may be very helpful to the extent that they challenge client avoidance and denial of negative memories. Perhaps encouragement of more masochistic dreams or recall of dreams that require a report of both the positive and negative feelings in the group may facilitate better coping with the separation distress; (b) the direct relationships between (1) positive affect towards ex-spouse and intrusive thoughts and (2) intrusive thoughts and poorer coping reported here lend further credibility to the Impact of Event Scale as an indicator of coping with the divorce, given its intrusive thoughts subscale.

Self-esteem and the recently divorced

Spanier & Castro (1979) in an oft-cited analysis of 50 case studies of adjustment to separation and divorce, postulated that individuals divorcing have two separate (but overlapping) central adjustments to confront: (a) adjustment to the dissolution of the marriage and (b) adjustment to setting up a new lifestyle. They

found among that the individuals who complained of having trouble setting up a new lifestyle were suffering primarily from reactive depression and from diminished self-esteem.

Gray (1978) too has argued that divorced and separated individuals suffer from feelings of inadequacy and low self-esteem. She was interested in describing the extent of distress experienced by separated and divorced individuals. Subjects were 126 men and women aged 22 - 58 who were members of a self-help organization that provides support and guidance to divorcing individuals. Gray was particularly interested in learning whether her sample suffered from low self-esteem to a greater extent than other non-divorcing individuals and whether there were gender-based differences in the overall degree of distress experienced.

The Personal Orientation Inventory (POI; Shostrom, 1966), which is based on Maslow's (1970) concept of self-actualization, was used to assess degree of "positive mental health." The self-regard and self-acceptance subscales of the POI were used to measure subject self-esteem. A second instrument, designed by the author, was used to gather a recent histories regarding changes in behavior of health status that might indicate psychological distress, such as increased alcohol intake, weight loss or gain, contemplation of suicide, or seeking of therapy.

These scores were compared to the normative data

established by Shostrom (1966). Gray found that the divorcing men in her sample did not have significantly lower self-regard than the normative sample, ($M = 12$) but that the women had significantly lower self-esteem during this transition ($M = 11.50$). For self-acceptance, the divorcing sample had significantly lower scores ($M = 15.44$) than the POI normative mean ($M = 17.1$). There were no significant effects by age or gender.

With regard to health status, the divorcing individuals reported significant increases in use of alcohol and cigarettes, marked changes in weight, and significant decreases in job effectiveness. Additionally, although these numbers were not statistically significant, Gray found that 44% of male respondents and 38% of female respondents had contemplated suicide since their separation. 28% of the males and 54% of the females also experienced a decline in general health.

Gray's study lacks rigor in several respects. External validity would have been much improved by administering the instruments to a group of non-divorcing cohorts than by making comparisons with normative data gathered at least 12 years previous. Degree of psychological distress might have been a more reliable construct had an existing measure, such as Holmes and Rahe's (1966) been utilized. Instead of the homemade questionnaire utilized for this study. The impact of divorce might have been more tractable had she quantified degree of

distress and operated upon categories of distress (e.g., mental anguish, physical health, etc.) On the other hand, she does answer the questions proposed; the study was intended only to provide a description of psychological distress for this population and we do now know more about the constellation of behavior changes that might be expected with divorcing clients. Still, none of these should come as a great surprise to the practitioner.

Summary

Each of the four constructs reviewed above (anxiety, depression, coping with the divorce, self-esteem) have been shown central to the recovery process. Wallerstein & Kelly (1980) found that their women subjects reported depression more than any other emotional reaction. Pett identified client overall sense of well being (operationalized as an absence of distress and anxiety) as the single best predictor of adjustment to divorce. Berman provided evidence that subjects who had the most intrusive thoughts of interactions with their ex-spouse, particularly in a positive light, were coping less well with the loss of the marriage. Spanier & Castro (1979) pointed out that their divorced subjects who complained most of difficulty establishing a new lifestyle suffered primarily from diminished self-esteem. These four variables emerge in the literature as most important to the overall adjustment to divorce.

DIVORCE TREATMENTS

Granvold & Welch (1977) provided a detailed outline of a post-divorce seminar they conducted three hours weekly for seven weeks. Of 96 participants, women outnumbered men 4:1. The seminar included discussions of the following topics: The emotional impact of divorce, relationship with ex-spouse, impact of separation on family and relationship with children, work and dating, and sexual adjustment. Granvold & Welch considered their program an exploration of cognitive-behavioral techniques outside the usual setting of psychotherapy ("...new [treatment] formats cannot be based primarily on an intense, one-to-one therapeutic relationship where the development of insight and gross personality change is expected....") (p. 91)

Kessler (1978) compared the effectiveness of structured divorce adjustment groups to unstructured and wait-list control groups. Eleven men and 19 women aged 21 - 61 who had volunteered for a group entitled "Beyond Divorce: Coping Skills for Adults" at a large southern university were subjects. There was no upper limit on the amount of time elapsed since separation or divorce. The Tennessee Self-Concept Scale (Fitts, 1964) was used to assess total self-concept, identity and self satisfaction. The Self-Description Inventory (Ghiselli, 1971) measures subjects' self-reported initiative, self-assurance and maturity.

The 30 subjects were randomly assigned to one of the

three conditions: (a) a structured divorce adjustment group, (b) an unstructured divorce adjustment group, or (c) a wait-list control group, which received no treatment during the eight weeks the other two groups ran. In the structured group, about one-half the session was spent responding to individual client concerns, current stresses, emotional support, etc. The other half was spent by showing a vignette designed to stimulate discussion and illustrating alternate ways of handling the difficult interpersonal situation presented. Skill-building exercises, often role-plays, were practiced in group as new responses to the vignette. Instruments were administered again to all participants at the end of the eight-week treatment period.

Kessler's results indicated that subjects in the structured divorce adjustment groups made significantly better gains on the Tennessee Self-Concept and the Self-Description Questionnaire than did members of unstructured divorce adjustment groups or wait-list controls. Subjects showed significantly more positive change than did wait-list controls. Clients' level of satisfaction was also greater for the structured than for the unstructured group.

Kessler attributed these difference in composite outcome to the skill-building aspects of the structured groups, such as assertiveness training and values clarification exercises. Kessler felt that such structured activities best address the purpose of a divorce adjustment group, which she defined as "...to help

members regain a sense of confidence and emotional autonomy and learn self-mastery skills...." This interpretation is consistent with Levin & Kurtz' (1973) finding that structured group experiences lead to more favorable participant perception of the group experience. However, no attempt was made to link group process to outcome in this study, so it is not clear whether or not clients perceived the groups to be helpful primarily because of the structured activities. It may be that women in this group differed on some dimension (for instance, their need for structure versus spontaneity) or the therapists of these groups may have been more effective. Also, the therapist was the same for both groups, so she may have indirectly communicated her bias of the benefits of a structured format to participants. Finally, with only one group in each treatment cell, these findings may be somewhat idiosyncratic.

Thiessen, Avery and Joanning (1980) explored the usefulness of a purely skill-building treatment. They administered 15 hours of communication skills training (Relationship Enhancement) to 13 divorced women who had been separated from their husbands 1 - 9 months. These skills include learning to listen empathically, to express one's feelings without engendering defensiveness in the partner, and conflict negotiation that strives for a solution that is fully satisfying to both partners. After the training, women in the experimental condition showed increased overall adjustment to their divorce

and demonstrated increased empathy skills as compared with a matched control group. These women also showed some increase in self-esteem, although findings were not conclusive. Despite the gains made by subjects in Thiessen et. al.'s study, an important component is the fact that no significant difference in perceived social support were found between control and experimental subjects, thus the skill-building approach may be of limited help to subjects who are in distress.

Kressel (1982) advocated divorce adjustment treatment for couples that emphasizes an active, concrete, practically-focused form of assistance. He believed that the therapist can be most helpful to the couple by offering direct guidance with their decision to divorce, by addressing economic and legal concerns, and by avoiding diagnosis, which he feels is greatly confounded by the divorce-related dysphoria. Specifically, he suggested that the therapist work to engage the couple in discussions of the pros and cons of each decision in order to slow the process of deliberation, which can be impulsive. He believes that it is useful to disabuse clients of the idea that there are clear-cut guidelines for fair and reasonable divorce settlements. Kressel recommended the divorce counselor be familiar with divorce law and lawyers, so that (s)he may prevent the couple from assuming a completely passive stance with attorneys.

Turner (1983) regarded divorce therapy an opportunity to apply the principles of social psychology. His treatment focuses

on the dynamics of "decision therapy," which states that clients often choose to divorce under high levels of stress and thus may display "premature closure" as a way of terminating the decisional dilemma. When this occurs, the decision to divorce may be accepted without having generated all possible alternatives. Turner's intervention is composed of introducing the client to the five stages of arriving at a stable decision, adopted from Janis (1977): (a) appraising the challenge ("...How serious are the risks of change?"), (b) surveying alternatives, (c) weighing alternatives ("...If the best alternative is unsatisfactory, could one of the others be modified to meet my criteria?"), (d) deliberating about commitment ("...What are the obstacles to my implementing my decision?"), and (e) adhering despite negative feedback. Turner did not report data on the effectiveness of his approach to divorce therapy.

Davidoff and Schiller (1983) proposed a feminist, crisis-intervention model for helping women explore the realities of divorce. Their treatment outline involved professional women as volunteers, providing informational workshops on a variety of topics, including new single identity, handling children, finances, legal aspects of divorce, and growth through mastery of the crisis.

Salts (1983) cautioned that divorce adjustment groups are not an appropriate treatment for all clients. In particular, she believed that clients at lower socioeconomic levels and those

with more children were not best served by the insight-oriented adjustment groups. In her study of factors related to attrition from divorce adjustment groups, she found these two variables to be the most powerful predictors of dropout behavior. She reasoned that for subjects whose need hierarchy is centered more on physiological and safety needs, the introspective focus of the groups would not be the most appropriate intervention.

Cebellero, Cruise & Stollak (1986) advocated concurrent groups for mothers and children experiencing the long-term negative effects of divorce. Two interventions were found to be particularly helpful: (a) all siblings aged 4-12 of divorced parents were included in the children's group, regardless of who was the "identified patient," and (b) mothers served as co-therapists in the children's group. The primary benefit of this approach was the feeling of cohesiveness among the mothers facilitating the children's groups. Adult subjects reported that the feelings of increased social support and decreased isolation were as helpful to them as their own therapy group was.

Mandell (1988) suggested that Rational-Emotive Therapy (R.E.T.) would aid post-divorce adjustment. Since the individual is faced with resolving both emotional and practical issues following a divorce, he reasoned that a rational emotive framework may help to separate the two types of issues and to explore dysfunctional patterns.

Malouff, Lanyon & Schutte (1988) did an empirical study

of the effectiveness of a brief R.E.T. treatment group for separated and divorced men and women. Six hours of group therapy was offered, with 7-9 members per group. The R.E.T. treatment consisted of techniques suggested by Ellis (1962). Subjects were taught to subjectively challenge negative thoughts according to their "correctfulness" and "usefulness." The therapist helped to identify specific challenging thoughts. Subjects were also given homework assignments for which they recorded any situation in which they felt depressed, what their thoughts were at the time, and what ended them. Malouff, et. al. found that recently divorced subjects in R.E.T. groups improved on measures of dysphoria (the Beck Depression Inventory, the Profile of Mood States, and the Behavioral Depression Rating Scale) as compared with those in problem-solving groups and with controls. This study is one of the few on divorce groups that is empirical. Unfortunately, results are difficult to interpret, as none of the differences between the R.E.T. groups, the problem-solving groups and the controls were significantly different from each other. Thus it is difficult to decipher whether the treatments had general or specific effects.

A variety of other perspectives have been submitted, as well, though not described in as much detail as those above. Kitabchi, Murrell & Crawford's position (1979) was that attention to career and life planning should be an important component counseling with recently divorced women. Taibbi

(1979) recommended guided imagery, using open-ended scenarios with significant others as a technique for helping clients "localize change." The Los Angeles Superior Court system has implemented a post-divorce counseling service in their conciliation court. The aim is to help open lines of communication, to identify unhealthy attachment to ex-spouse, to make parents more aware of their emotional modelling on children, etc. and offers counseling referrals (Elkin, 1977).

Summary

What emerges in terms of divorce treatment effectiveness is an erratic pattern; some approaches are theory-driven, but most are not. Some have been evaluated empirically, but many of those that have were not rigorous methodologically. Nevertheless, several authors report success ameliorating symptoms of diminished self-esteem (Thiessen et. al., 1980; Kessler, 1978), depression (Malouff, et. al., 1988) and enhancing feelings of social support (Cebellero, et. al., 1986). However, none of these treatments appear to alleviate these symptoms, in particular anxious reactions, at a very enduring level. With the limited success of traditional treatments in mind, the sections that follow present the therapeutic effects of dream interpretation and outline possibilities for applications of a group intervention.

Leonard & Collins (1979) recommended that counselors consider alternate forms of therapy for female clients with

specific problems. These alternate treatments should be based upon a core of knowledge about the psychology of women. Apparently, though, it is not counseling psychologists who are forwarding work in the area of women and divorce. one suspects that the approaches detailed above are not, by and large, informed by knowledge of the psychology of women.

Argument for the group treatment mode

A number of researchers (Hughes, 1988; Leslie & Grady, 1988; Hetherington, et. al., 1977) report that social support is one of the most crucial correlates of psychological health for the newly separated and divorced. ironically, the people that would normally provide support to the divorcee (in-laws, for instance) may no longer be in a position to provide that support after marital dissolution.

Power (1985) suggests that group work may be of special help in stabilizing the recently separated or divorced spouse who did not initiate the breakup. Salts & Zongker (1983) concluded from a study of 59 females and 21 males who were divorcing or were recently divorced that structured counseling group treatment expedited adjustment to divorce.

Dream groups may help elucidate concerns which are not yet conscious, particularly shared emotions among the group members (Natterson, 1980). By hearing each other's conflictual dream images, each member is moved to examine present relationships and unresolved issues with the ex-spouse

(Natterson, 1980). Dream interpretation should therefore expedite the establishment of universality in a group of recently divorced women.

Moderator variable

Private self-consciousness (Psychological-mindedness)

Self-consciousness theory states that people differ on the extent to which they tend to focus attention on the self (Fenigstein, Schier & Buss, 1975; Buss, 1980). The theory distinguishes private self-consciousness, which is characterized by endorsement of such items as "I'm generally attentive to my inner feelings," and "I'm aware of the way my mind works when I work through a problem," from public self-consciousness, which refers to awareness of one's self as a social object (Heaton, 1990).

Farber (1989) confirmed that the concept of private self-consciousness is very similar to the definition of psychological-mindedness. Specifically, private self-consciousness is defined "the habitual attendance to one's thoughts, motives and feelings. hence, psychological-mindedness will be measured by means of the private self-consciousness subscale of Fenigstein, Scheier & Buss' (1975) Self Consciousness Scale.

Psychologically-minded individuals are thought better able to entertain connections between affect and personal insights, and to appreciate the emotional significance of events in their lives than are non-psychologically-minded individuals

(Applebaum, 1973). Thus, an uncovering, insight-oriented treatment such as dream interpretation might be of less import to the less psychologically-minded. Further, since dreams derive from and are expressions of our emotional lives, it follows that psychologically-minded individuals would have more awareness of and interest in their dreams (Cogar, 1990). These people could be expected to engage more fully in dream interpretation and to benefit from this attempt at increased self-understanding. Weiss (1986) also pointed out that dream interpretation might be of special benefit to highly intellectualized clients, who have more access to cognitive explanations for their behavior and who are less able to work with affective elements of life stresses. McCallum & Piper (1990) found client psychological-mindedness to be highly predictive of attrition from short-term group psychotherapy.

Summary

The most salient adjustment needs of recently divorced women (anxiety, depression, coping, self-esteem) do not appear to be adequately addressed by traditional treatments; integrating divorce adjustment and dream interpretation group treatment is suggested as an alternative to more traditional interventions, which are fairly uniform and their efficacy has not been adequately researched. It is proposed that the symbolic representation of conflicts in our dreams may provide clues to adaptive problem-solving for the dreamer in her waking life.

The re-telling of the dream is thought to stimulate insight and catharsis, both of which should be therapeutic. The fact that people in transition tend to dream vividly of important, conflicted figures and to recall their dreams well reinforces the clinical utility of dream material with recently divorced clients. Moreover, in the group mode, clients receive social support, additional (and perhaps more challenging) dream interpretation perspectives, may benefit from the modeling of members and leaders, and may derive satisfaction from helping others in a similar situation to better understand themselves. What follows is a series of suggestions for future investigations of dream interpretation group treatment for divorcing clients.

Chapter 3 Statement of Problem

Several types of group treatment, including divorce adjustment groups and rational-emotive therapy groups have been presented as alternatives to traditional individual counseling for recently divorced women. Group therapy is an accepted mode of treatment for this population, although few empirical investigations have been done. Groups are also an accepted format for the interpretation of dreams, although how dream groups work is less well understood than how individual therapy works. Dream interpretation groups have not been thoroughly investigated, but they should be effective for women going through the transition of divorce. The present study was conceptualized as an investigation of this dream interpretation group treatment with a sample who were in acute pain from some particular life stress or transition, in this case, divorcing women.

During stressful life events, women in particular seem to dream vividly and to recall their dreams (Kramer, 1982). Furthermore, a number of authors have found dream interpretation to be an effective intervention with clients in transition (Leuner, 1978; Malouff, Lanyon & Schutte, 1988; Trenholme, Cartwright & Greenberg, 1984).

It was expected that dream interpretation should facilitate catharsis, increased insight, and problem-solving ability. Given the evidence linking divorce to such dysphoric reactions as

anxiety, depression, and diminished self-esteem, the potential for catharsis and self-understanding with dream interpretation seemed like a good intervention. Moreover, in the group format, there is the additional benefit of such therapeutic factors such as universality and cohesion.

Overall, dream interpretation groups make intuitive sense as an alternative treatment for recently divorced women. To date, however, there had not been a study that merged what we know of the utility of groups for divorced clients with what we know of the helpfulness of dream interpretation for recently divorced women. The first overall hypothesis of the present study was:

Hypothesis 1

DREAM INTERPRETATION GROUPS, AS MODERATED BY PSYCHOLOGICAL-MINDEDNESS, WILL RESULT IN SIGNIFICANTLY MORE OVERALL CHANGES ON MEASURES OF ANXIETY, DEPRESSION, COPING AND SELF-ESTEEM THAN WILL A NO-TREATMENT CONTROL GROUP.

Dream interpretation groups should have helped members access unconscious material reflecting their waking lives and encouraged them to understand their dreams. This should have lead to a more positive self-concept for its members. The first corollary hypothesis was:

Hypothesis 1a

CLIENTS WHO PARTICIPATE IN A DREAM INTERPRETATION GROUP WILL INCREASE SIGNIFICANTLY MORE ON A MEASURE OF SELF-ESTEEM THAN WILL A NO-TREATMENT CONTROL GROUP.

A number of theorists have argued that dream interpretation is a means of emotional problem-solving (Cartwright, 1986). Clients who experience such a group should be better able to cope with the impact of stressful life events, such as their recent separation or divorce. Hence, the second corollary hypothesis stated:

Hypothesis 1b

CLIENTS WHO PARTICIPATE IN A DREAM INTERPRETATION GROUP WILL INCREASE SIGNIFICANTLY MORE ON A MEASURE OF COPING WITH STRESSFUL EVENTS THAN WILL A NO-TREATMENT CONTROL GROUP.

Divorce and separation have been discussed as crises involving increased anxiety as one of its most salient features (Chiriboga, 1982; Kressel, et. al., 1980). To the extent that catharsis may lead to a decrease in anxiety, dream interpretation groups may have real utility for such clients. Therefore the third corollary hypothesis was:

Hypothesis 1c

CLIENTS WHO PARTICIPATE IN A DREAM INTERPRETATION GROUP WILL DECREASE SIGNIFICANTLY MORE ON A MEASURE OF ANXIETY THAN WILL A NO-TREATMENT CONTROL GROUP.

Depression is an emotional reaction that has been associated with separation and divorce in numerous empirical and theoretical studies (Beyers, 1988; Granvold et. al., 1979). Dream interpretation groups may help to abate depression to the extent that they provide a sense of enhanced problem-solving and self-understanding. The fourth corollary hypothesis was:

Hypothesis 1d: CLIENTS WHO PARTICIPATE IN A DREAM INTERPRETATION GROUP WILL DECREASE SIGNIFICANTLY MORE ON A MEASURE OF DEPRESSION THAN WILL A NO-TREATMENT CONTROL GROUP.

It also seemed important to study an outcome variable that was specific to the effects of a dream interpretation group. One would expect that a major change for clients in these groups would be their ability to interpret their own dreams. The second hypothesis was:

Hypothesis 2. CLIENTS WHO PARTICIPATE IN A DREAM INTERPRETATION GROUP WILL CHANGE SIGNIFICANTLY MORE IN THEIR ABILITY TO INTERPRET A DREAM THAN WILL A NO-TREATMENT CONTROL GROUP.

Given the task of distinguishing pre- from post-test dream interpretations, trained raters should indicate more confidence in their ability to successfully complete this with the interpretations written by group participants than with those written by women who received no dream interpretation treatment. Hypothesis 2a states:

Hypothesis 2a

TRAINED RATERS WILL INDICATE SIGNIFICANTLY MORE CONFIDENCE IN THEIR ABILITY TO PREDICT THE PRE-TEST DREAM INTERPRETATIONS OF SUBJECTS WHO HAVE PARTICIPATED IN A DREAM INTERPRETATION GROUP THAN IN THOSE OF WAIT LIST CONTROLS

In addition to indicating confidence in their judgments of dream insightfulness, trained raters should actually achieve better accuracy in this endeavor. Raters should be able to distinguish pre-treatment dreams interpretations from post-treatment interpretations with more accuracy for experimental subjects than for controls. Hypothesis 2b is as follows:

Hypothesis 2b

TRAINED RATERS WILL BE ABLE TO DETECT THE PRE-TEST DREAM INTERPRETATIONS OF SUBJECTS WHO HAVE PARTICIPATED IN A DREAM INTERPRETATION GROUP WITH MORE ACCURACY THAN THEY WILL FOR THOSE OF WAIT-LIST CONTROLS

Farber (1989) referred to psychological-mindedness as "...a

disposition and ability to reflect on the meaning and motivation of behavior, thoughts and feelings in one's self and in others...." (p. 211) Psychological-mindedness was operationalized as awareness of the private self, which is "...anything that is not readily observable by others, and includes internal states, feelings, motives, and self-reflections...." (Buss, 1980). Psychological mindedness should therefore have been an important moderator of treatment effectiveness.

Women who are less intrinsically interested in or who have less capacity for self-reflection might benefit less from a dream interpretation intervention. The dream interpretation groups should have been most helpful to those clients who were able to recognize the elements of their dreams related to the transition. Also, we would expect more introspective clients to better understand and integrate the group's interpretations of connections between waking life and dream content. The third hypothesis was:

Hypothesis 3. PSYCHOLOGICAL-MINDEDNESS WILL MODERATE THE EFFECTIVENESS OF TREATMENT.

To better understand the unique effects of dream interpretation groups on outcome, group process was studied. A sociometric measure a group climate instrument and a group cohesion instrument were used to assess process. In this way, improvement on the outcome measures could be linked more clearly to either the effects due to group treatment mode or to

the process of the dream interpretation treatment.

Women who were involved in their dream group should have shown significantly more improvement on the outcome measures. Similarly, those women who perceived their group to have a positive working climate should have benefitted more from the dream interpretation groups. Examining these constructs together with relation to actual client change should provide some index of the degree to which process and outcome were related in the present study. The fourth hypothesis was:

Hypothesis 4

PROCESS MEASURES OF CLIENT INVOLVEMENT AND GROUP CLIMATE WILL PREDICT COMPOSITE OUTCOME.

Process data were gathered from various levels of analysis. Both client and therapist perceptions of group climate (Group Climate Questionnaire; GCQ) were assessed. Both client and therapist sociometric votes for client involvement were gathered. In addition, trained observers rated the cohesiveness of each of the four groups across the three middle sessions of treatment, using the Harvard Community Health Plan Group Cohesion Scale, Revised. To understand the individual contribution of each of these process measures to client outcome (and their relationships with each other) seven corollary hypotheses were conducted.

Though they assess differing aspects of the dream group experience, the GCQ and the sociometric instrument were both

designed to give the investigator some indication of the interpersonal processes within the group from week to week. These group process measures should theoretically be related to one another. Hypothesis 4a reads:

Hypothesis 4a

GROUP PROCESS MEASURES WILL BE RELATED TO EACH OTHER.

Since observed ratings of group cohesion were not continuous scores, but rather one overall score for each of the four groups, this ordinal data had to be considered in relation to other ranked data. One would expect the groups ranked highest on observed cohesion to be ranked correspondingly high on group climate by its members. Hypothesis 4b states:

Hypothesis 4b

RANKED ORDER OF GROUP COHESIVENESS BASED ON OBSERVER RATINGS WILL BE SIGNIFICANTLY RELATED TO RANKED ORDER OF GROUPS BASED ON CLIENT AND THERAPIST RATINGS OF GROUP CLIMATE.

Groups ranked highest on cohesiveness should be those in which the most therapeutic work was accomplished.

Accordingly, clients in the groups ranked most cohesive should have demonstrated the most change on outcome measures.

Hypothesis 4c is as follows:

Hypothesis 4c

RANKED ORDER OF GROUPS JUDGED HIGHEST ON COHESION

BY TRAINED OBSERVERS WILL BE RELATED TO RANKED
ORDER OF GROUPS BASED ON COMPOSITE OUTCOME

Clients who regarded their group to have a positive working climate (in terms of engagement, avoidance and conflict) should be most satisfied in their group and thus most likely to derive benefit from the dream interpretation treatment. We would expect women who rated their groups as highest in group climate to make the most overall change on measures of anxiety, coping, depression and self-esteem. Hypothesis 4d is stated:

Hypothesis 4d

CLIENTS' RATINGS OF GROUP CLIMATE WILL BE
SIGNIFICANTLY RELATED TO COMPOSITE OUTCOMES.

Correspondingly, therapist perceptions of quality of group climate should predict client outcome. Clients in the groups rated highest in working climate by their therapists should experience the most gains on outcome measures. Thus:

Hypothesis 4e

THERAPISTS' RATINGS OF GROUP CLIMATE WILL BE
SIGNIFICANTLY RELATED TO COMPOSITE OUTCOMES.

The degree to which group members were involved in the treatment should be an indication of how hard they were working in session, and thus how much benefit they might derive from treatment. Clients who were voted by themselves and their fellow members as most involved in session should be

those who made the most gains on outcome measures.

Hypothesis 4f

CLIENT SOCIOMETRIC RATINGS WILL BE RELATED TO
COMPOSITE OUTCOMES.

Similarly, clients who were regarded most involved by their therapists on these same dimensions (verbal, helpful, insightful) should be those women who evinced the most change on outcome measures. Hypothesis 4g reads:

Hypothesis 4g

THERAPISTS' SOCIOMETRIC RATINGS WILL BE RELATED TO
COMPOSITE OUTCOMES.

Chapter 4**Method**Research Design

The effectiveness of dream interpretation groups for recently divorced women was investigated. 70 women were recruited for this study. A subset of the data gathered was utilized for a separate study (conducted by another investigator) concerning the nature of narcissistic injury. Subjects were randomly assigned to a group treatment or to a control condition. 22 were assigned to one of four groups for a brief (8 session) treatment that focused upon the interpretation of dreams. Twelve were assigned to a control group, which underwent no treatment but received a day-long workshop on dream interpretation at the completion of the data collection period. All participants were informed that they would be asked to complete the same battery of post-test measures three months later. This follow-up data will be collected, but is not reported upon in the present study.

Two of the four dream interpretation groups had six members and two had five members; all had two co-leaders and were videotaped each week. For the purposes of ethical treatment of human subjects, clients were told both on the phone and reminded again on their consent form that they could be assigned to either condition, and that if assigned to a group, they would be videotaped for research purposes. Each participant completed a battery of instruments (Beck Anxiety

Inventory, Beck Depression Inventory, Impact of Event Scale, Rosenberg Self Esteem Scale, Private Self-Consciousness Scale, Symptom Checklist-90-Revised) and reported and interpreted a recent dream, one week prior to and one week following the 8 week treatment period. Names of the instruments were masked, and folders were assembled in random order to prevent order effects. In addition, group members and co-therapists both completed two process measures after each session: A sociometric form and the Group Climate Questionnaire (GCQ).

Client psychological-mindedness was examined as a moderator variable, to determine whether the usefulness of dream interpretation groups varied according to particular client characteristics.

Therapists. Therapists were eight advanced, female doctoral students in clinical/community and counseling psychology who had completed at least one doctoral-level practicum in individual therapy and at least one in group psychotherapy. All therapists were trained to implement Hill & Cogar's (1991) model of dream interpretation. Female therapists were used because a group of women in the process of divorce might have strong negative transference reactions to a male therapist.

Therapists ranged in age from 26-39 ($M = 31.37$, $SD = 4.92$). Four of the therapists were married and four were single; none had been divorced. On 5 point Likert-type scales

(1 = low, 5 = high), therapists rated themselves as adhering about equally to cognitive-behavioral ($M = 3.12$, $SD = .83$), humanistic/experiential ($M = 3.12$, $SD = 1.35$), psychodynamic ($M = 3.12$, $SD = .96$) orientations, and systems ($M = 2.75$, $SD = .96$) perspectives.

Clients.

Clients were recruited through newspaper, radio and television advertisements. Recruiting materials appear in appendices A - I. The study was advertised as an opportunity for women aged 22-55 to learn to cope with the stress of recent divorce in a program sponsored by the University of Maryland Department of Psychology. The focus of these groups was to work on understanding dreams that were unclear, troubling, or recurrent. The telephone interview script and selection protocol are Appendices J - K. The rationale for each of the selection criteria was as follows:

Age. Subjects must have been between 22-57 years old. Subjects above age 57 were excluded because there may be different motivations for divorce at that age, and because the socioeconomic and social support stresses for an older woman may be significantly greater than they are for younger women (Brubaker, 1983). Women under the age of 22 were excluded because the study was intended to be an investigation of an intervention with an adult population, and subjects under 22 may have been experiencing different developmental transitions.

Time elapsed since divorce. To be considered for the study, prospective subjects must have been physically separated from their spouse, but needn't have filed for divorce. If divorced, they could not have filed more than 2 years previous. Researchers have debated whether the initial crisis reaction to divorce is primarily a 2 or a 3 year process. (Spivey & Scherman, 1980; Hetherington, Cox & Cox, 1976). In Maryland, there is a one year waiting period before the state will grant a legal divorce. Therefore, someone who has been divorced for two years sought legal action three years ago and probably began considering divorce for some time prior to that. This study was designed such that 2 years beyond filing for divorce was the outer limit for consideration as a subject.

Substance abuse history. Women who disclosed a dependency on alcohol (as assessed by three items from the Michigan Alcohol Screening Test (MAST), or who were using psychoactive drugs and had not stabilized were not be selected for the study. The abuse of alcohol would very likely have impacted dream content, recall, and perhaps, cognitive functioning within the group setting.

No other recent trauma. Prospective subjects could not have experienced any other trauma (e.g., rape, death of parent, etc.) since marital separation. Such traumatic events would likely have complicated recovery from the divorce, and would have confounded interpretation of outcomes.

Psychotic features. Women who appeared superficially to display psychotic features in the telephone interview (who exhibited loose associations or incoherence, were delusional or hallucinatory, or were grossly disorganized or perseverant) were not selected for the study, because they may have displayed inappropriate affect or social behaviors in the group, and because this treatment was designed for a non-psychiatric population and may not have met the needs of those with more persistent mental illnesses.

Concurrent treatment. Women currently in individual or group psychotherapy were not selected if they had been in treatment any less than eight weeks, because effects of the dream interpretation treatment would be confounded with the effects of any additional therapy the subject may have been undergoing. It has been shown that the most dramatic gains in therapy are often made during the first eight weeks (McNeilly & Howard, 1986).

Dream recall ability and willingness to disclose. An additional, more informal criterion for selection was that prospective subjects indicate an interest in their dreams and a willingness to share them in a group setting. Only those women who could remember 1-2 dreams per week were selected.

The literature suggests a number of additional variables that may be important to the process of divorce adjustment, such as which spouse initiated the separation and number of

minor children. Though this information was gathered, it was not utilized for selection. Findings regarding the extent to which these variables impact post-divorce adjustment are equivocal. For example, it is not clear whether the spouse who initiates separation is at a psychological advantage. Some researchers have asserted that (s)he who initiates has contemplated the change more thoroughly and thus has had more time to adjust prior to separation (McLanahan et. al., 1981); others (Spanier & Castro, 1979) point out that in a distressed marriage, the other spouse has very likely fantasized about divorce as well, and that which partner initiated is not a reliable predictor of ability to cope.

Client demographics. The demographic form completed by all participants is Appendix L. Women selected for the study ranged in age from 23-57 ($M = 38.58$, $SD = 8.54$) with modal age 39 years. 25 of the 34 women (73.5%) identified themselves as White or Euro-American, 7 (20.6%) as African-American of Black, and 2 (5.9%) as Hispanic or Latin-American.

In terms of level of education, 2 (5.9%) had completed some high school, 8 (23.5%) had completed some college, 2 (5.9%) had earned a two-year college degree, 6 (17.6%) had earned a degree from a four-year college, 3 (8.8%) had completed some graduate school, and 13 (38.2%) had earned a Master of Arts degree or its equivalent.

Clients had been separated from their spouses between

1-42 months ($M = 16.30$, $SD = 11$) with the most frequent separation periods being 1 month ($N = 3$) and 3 months ($N = 3$). A greater proportion of clients had initiated the marital separation (21; 61.8%) than had not (13; 38.2%). Half of the women (17; 50%) were legally divorced and half were not. Of the 17 who were divorced, time elapsed ranged from 2-23 months, ($M = 10.88$, $SD = 6.02$), thus none had been divorced more than two years. Length of marriage ranged from 1-31 years ($M = 10$ years, 8 months; $SD = 8$ years, 6 months) with a modal length of 5 years.

The majority of subjects (25; 73.5%) had been married only once; 7 (20.6%) had been married twice and 2 (5.9%) had been married three times. 23 of the women (67.6%) reported that they maintained contact with the most recent ex-spouse, and 11 (32.4%) reported that they did not. 16 of the subjects (47.1%) had children with the most recent spouse and 18 (52.9%) did not. Of the 16 who did have children, number of offspring ranged from 1-5 ($M = 1.94$, $SD = 1.25$). 12 subjects (35.3%) were involved in romantic relationships at the time of the study and 22 (64.7%) were not.

Selection Measure

The Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1977) (Appendix M) is a clinical rating scale measuring self-reported symptomatic behavior on nine primary dimensions: Somatization, depression, phobic anxiety, obsessive-compulsive,

anxiety, paranoid ideation, interpersonal sensitivity, hostility, and psychoticism. The SCL-90-R is designed to reflect psychological symptom status among a broad spectrum of both psychiatric and non-psychiatric individuals. Respondents indicate their level of distress to 90 items on a 5-point scale, where 0 = "not at all" and 4 = "extremely." Examples of items (symptoms) are "sleep that is restless or disturbed," and "thoughts and images of a frightening nature."

The Global Severity Index (GSI), which served as a selection criterion for this study, (and was administered again at post-test) combines data regarding both number and intensity of symptoms endorsed, yielding a global index of psychological distress for the individual. Prospective subjects must have scored between T scores of 36 - 60 on the outpatient norms on the GSI to be eligible for the study. Scores below 36 on the GSI indicate less distressed respondents, who would be less likely to experience change in the group treatment. A T- score of 60 represents the 84th percentile for outpatient norms. Scores over 60 suggest higher levels of distress than would be advisable for groups of this nature without concurrent individual therapy.

Derogatis (1977) reports internal consistency (coefficient alphas) that range from .77 for the psychoticism subscale to .90 for the depression subscale. Test-retest reliabilities range from .80 (anxiety subscale) to .90 (phobic anxiety subscale).

Convergent validity has been established through a comparison

of the SCL-90-R scales with the MMPI (Derogatis, Rickels & Rock, 1976). The study revealed that the nine dimensions of the SCL-90-R all had their highest correlation with a similar construct on the MMPI (correlation coefficients ranged from .50 to .75) with the exception of the SCL-90-R obsessive-compulsive scale, which correlated more highly with the MMPI schizophrenia scale (.57) than it did with the psychasthenia scale (.54). Boleloucky & Horvath (1974) also confirmed the concurrent validity of the SCL-90-R in a comparison with the Middlesex Hospital Questionnaire (MHQ). Derogatis & Cleary (1977) established construct validity using both procrustes and varimax rotation factor analysis procedures; empirical analyses matched theoretical structure quite well on most dimensions.

Because it has been found, through factor analysis, that the SCL-90-R has high intercorrelations among its subscales (Hoffman & Overall, 1978), the instrument is usually thought most effective as an index of general psychological distress, rather than as a collection of independent dimensions of psychopathology.

Self-Report Outcome Measures

The Beck Anxiety Inventory (BAI; Beck & Steer, 1987) (Appendix N) The BAI is a 21-item self-report inventory for measuring the severity of anxiety. The 21 descriptive statements of anxiety symptoms are rated on a 4-point scale with the following correspondence: "Not at all" (0 points);

"Mildly; it did not bother me much" (1); "Moderately; it was very unpleasant but I could stand it" (2); and "Severely; I could barely stand it" (3). Descriptors are largely somatic (e.g., "Feeling hot," "Hands trembling") and feelings of terror (e.g., "Fear of dying," "Fear of the worst happening.")

An initial item pool of 86 was drawn from three pre-existing scales: The Anxiety Checklist, the Physician's Desk Reference Checklist, and the Situational Anxiety Checklist (Beck, Epstein, Brown & Steer, 1988). After a series of pilots, the items were reduced to the current pool of 21, with high internal consistency ($\alpha = .92$) and test-retest reliability of .75 over a one-week interval. With a psychiatric population, the BAI was able to discriminate anxious diagnostic groups (panic disorder, generalized anxiety disorder) from nonanxious diagnostic groups (major depression, dysthymic disorder). Additional evidence of discriminant validity is a mild correlation (.25) between the BAI and the revised Hamilton Anxiety Rating Scale (Beck, et. al., 1988). As the BAI was developed with adult psychiatric outpatients, it should be used cautiously with other clinical populations such as the sample of normal adult women used in the present study.

For the present study, BAI scores may be understood as a measure of the client's general level of anxiety at the time of administration. The BAI cannot be considered a pure measure of reaction to the divorce, since respondents are not instructed to

respond to the items with only their divorce or separation in mind. Hence, the Impact of Event Scale (IES), which does prompt respondents to think about this particular event, may be regarded a measure of client anxiety specific to the divorce, and the BAI may be regarded a measure of generalized anxiety.

The Beck Depression Inventory (BDI; Beck, Rush, Shaw & Emery, 1979) (Appendix O) The BDI is a 21-item self-report measure intended to assess cognitive, affective, motivational and physiological aspects of depression. The BDI was derived through the clinical observation of depressed patients. 21 symptoms were observed, each represented by an item on the BDI. Respondents rate their intensity (0-3) on each of the 21 symptoms; scores are summed to produce an index of global depression. In general, scores below 10 indicate an absence of depressive symptoms or minimal depression, scores of 10-18 indicate mild to moderate depression, scores of 19-29 indicate moderate to severe depression, and scores of 30-63 indicate severe depression (Beck et. al., 1988).

Internal consistency estimates for the BDI are .86 for psychiatric patients and .81 for non-psychiatric subjects. Test-retest reliability estimates range from .48 - .86 for a psychiatric population and from .60 - .83 for non-psychiatric subjects. Content analysis of the BDI has revealed that the instrument adequately assesses at least six of the nine criteria on which the depressive diagnosis is based in the Diagnostic and Statistical

Manual of Mental Disorders, 3rd edition (DSM-III), and partially addresses an additional two of the nine (Lambert, Hatch, Kingston & Edwards, 1986). This data compares favorably to other self-report measures of depression, and suggests the BDI may yield an accurate index of treatment outcome.

The Impact of Event Scale (IES; Horowitz, Wilner & Alvarez, 1979) (Appendix P) is a 15-item instrument that is intended to assess subjective, post-traumatic stress associated with any specific life event and its context. For the present study, it was intended as a measure of the extent to which subjects are coping with the stress of the recent divorce. The IES measures two categories of experience in response to stressful events: 1) Intrusive experience, such as ideas, feelings or bad dreams and 2) avoidance of certain feelings, ideas, and situations. Because the IES has been shown to be sensitive to change, it is appropriate for monitoring client progress in treatment. Respondents indicate the frequency during the past week (1 = rarely, 5 = often) that they've felt 15 common, consciously experienced stress responses. Scores are obtained by summing the seven intrusion items and the eight avoidance items.

Based on two separate samples, the IES subscales have very good internal validities, with alpha coefficients ranging from .79 to .92, and an average of .86 for the intrusive subscale and .90 for the avoidance subscale. (Tennen & Herzberger, 1985).

The two subscales correlate at .42, which suggests related but separate types of responses to stressful events. Test-retest reliability for the measure is .89 for the intrusion subscale, .79 for the avoidance subscale (Tennen & Herzberger, 1985) and .87 for the total stress scale (Horowitz, et. al., 1979). The IES has been used with excellent consistency across populations as varied as bereaved adults and veterans of the Vietnam War, suggesting the scale captures "...a universal pattern of responses in reaction to stressful events..." (Tennen & Herzberger, 1985, p. 358). Studies demonstrating the IES' low susceptibility to distortion (proving its high face validity), its sensitivity to intrusion and avoidance even in highly stressed populations, and significant reductions in client IES scores following therapy all support the validity of the instrument (Zilberg, Weiss & Horowitz, 1982).

In addition, Horowitz, et. al. (1979) reported that total scores on the instrument were not significantly different for men and women. There are, however, two items on the avoidance scale that are endorsed with more frequency and more intensity by women than by men, (a) "I knew that a lot of unresolved feelings were still there, but I kept them under wraps," and (b) "I avoided letting myself get emotional when I thought about it or was reminded of it."

The Rosenberg Self Esteem Scale (RSE; Rosenberg, 1965) (Appendix Q) is a 10-item self-report questionnaire that

measures self-esteem. Hensley & Roberts (1976) concluded in a study with 479 college students that the RSE is a unidimensional measure. More recently, O'Brien (1985) concurred, finding the RSE to be a global, unidimensional measure of self-esteem for both men and women. Subjects respond to items such as "I feel I do not have much to be proud of" and "I feel that I have a number of good qualities," on a 4-point scale (1 = strongly disagree; 4 = strongly agree). Ratings on the negatively-phrased items are reversed, and higher total scores indicate higher levels of self-esteem, with a score of 40 being the highest possible. Silber & Tippett (1965) report test-retest reliability for a two-week interval to be .85.

Dream interpretation ratings. An additional measure of treatment outcome involved the rating of subjects' interpretation of their dreams (Appendix R). At both pre- and post-treatment administrations, all subjects wrote a description of a recent dream (i.e., preferably one that had occurred in the past week) and then interpreted it. All were instructed to interpret a different dream for each administration, and experimental subjects were asked at post-test to choose a dream other than the one interpreted by their group. The question to be addressed was whether subjects in the dream interpretation condition would be able to interpret their dreams with more insight and sophistication than control subjects, after treatment. If raters could correctly identify dream interpretations that had

been written post-treatment for experimental subjects, while judgments for control subjects were more randomly distributed, group participants could be considered to have changed in their ability to interpret dreams, compared with controls.

A linked judgments procedure (Howard & Maxwell, 1982; Howard, Wright & Snyder, 1983) was utilized to minimize instrumentation decay and thus to provide a more powerful index of treatment effectiveness. Howard & Maxwell (1982) argued that the traditional method of ascertaining change by randomizing the materials to be rated and separating pre-test from post-test instruments suffers from instrumentation effects. Instead, they proposed that if pre- and post-test ratings could be made simultaneously, instrumentation effects would have only a negligible effect, because the mean pre- and post-test ratings for treatment and control groups would be equally influenced by instrument decay in rater judgments. This alternative method of presentation should thus have produced a less confounded estimate of the treatment effect.

Rater insight training

Trained raters were provided an insight scale designed by the researcher. This training began with a definition of clinical insight, taken from the Hill Counselor Verbal Response Category System (1978): "Insight: Client expresses an understanding of something about him or herself and can articulate patterns or reasons for behaviors, thoughts, or feelings. Insight usually

involves an 'aha' experience, in which the client perceives himself/herself or his/her world in a new way. The client takes appropriate responsibility rather than blaming others, using 'shoulds' imposed from the outside world, or rationalizing...." (p. 466).

After reading this passage, the researcher asked the two raters to discuss their understanding of insight, such that both conceptualized the construct in a similar fashion, and could articulate examples of recent insights in their own lives. Next, raters and researcher discussed a number of criteria by which insightfulness might be manifested in a dream interpretation. The following criteria were discussed as means for raters to anchor their decisions. The dreamer might (a) relate the dream content to her waking life, (b) demonstrate the ability to think abstractly, (c) reveal some realization about the meaning of self or actions, (d) demonstrate an ability to offer several interpretations of the same symbol, to be flexible, tentative, (e) derive emotional meaning from a diverse dream material (i.e., events, people, objects), (f) maintain a focus on the self, avoid externalized attributions, or (g) demonstrate ability to generate affective, behavioral, or cognitive changes they need to implement, based on the message(s) of the dream. These criteria were discussed as possible bases for rater decision-making on a 1-9 insightfulness scale, but were not intended to be anchored points on a Likert-type scale.

Raters were given both the pre- and post-test dream interpretations written by each woman (the linked judgments procedure). Order of presentation was randomized across subjects, and judges were unaware of (a) whether the interpretation was written pre- or post-treatment, and (b) whether the subject was in the experimental or the control condition. The raters' task was threefold: (a) to rate each dream interpretation for insightfulness on a 1 - 9 scale (9 = high); (b) to predict which interpretation was written pre-treatment, and (c) to indicate the degree of confidence in their judgment on a 1 (very unsure; a guess) to 9 (very confident) scale. Both raters completed this task for the entire data set (34 subjects x 2 dream interpretations = 68 dreams total).

Moderator variable

Psychological-mindedness

The Self-Consciousness Scale (Fenigstein, Scheier & Buss, 1975) (Appendix S) includes public, private, and social anxiety subscales. The Private Self-Consciousness (PSC) subscale contains 23 items each rated on a 5-point scale from 0 ("extremely uncharacteristic") to 4 ("extremely characteristic.") At one end of the spectrum, as conceived of by Fenigstein, et. al., is a tendency to scrutinize behavior quite intensely; at the other end is a relative absence of access to or understanding of one's own motives.

Fenigstein, et. al. (1975) report a test-retest reliability of

.79 for the PSC scale. Construct validity has been established by means of significant correlations with the Guilford-Zimmerman Thoughtfulness Scale (.48) and with the Paivio Imagery Scale (.30). Discriminant validity for the PSC was demonstrated by a nonsignificant correlation with the Marlowe-Crowne Social Desirability Scale and by a low correlation (.24) with the Self-Monitoring Scale (Turner, Scheier, Carver & Ickes, 1977.) Additionally, the absence of correlations of the PSC with IQ, need for achievement, and impulsivity (Carver & Glass, 1976) provide further evidence of the discriminant validity of the scale.

Process measures

Sociometric instrument

A short battery of sociometric items (Appendix T) was completed by subjects, therapists, and observers after each session. Subjects were asked how much they learned, how useful they felt the work has been for problem-solving, and to what extent they got in touch with their feelings. They were also asked to nominate the three members who were most helpful, most verbal and most insightful each week, and rated themselves on these same dimensions. At the end of the treatment period, each woman's involvement score was derived by calculating the ratio of total possible votes received (given her attendance and number of people present those weeks) to actual number of votes received. This method yielded a continuous ranking of subject involvement.

The anchors for the sociometric scale were the same as those used by MacKenzie (1983) for the Group Climate Questionnaire. The measure was designed as it is for several reasons: (a) The aspects of client "involvement" intended here (helpful, verbal, insightful) are related to (but not exactly the same as) the dimensions of MacKenzie's (1983) engagement scale. He lists "Members were involved in what was happening this session" as an item illustrative of the scale, although it is really intended to parallel group cohesion; (b) the items are parallel for client self-reports and other-ratings on these three dimensions, (c) the items relating to how much clients learned about themselves, could use what they learned, and got in touch with feelings represent the aspects of a dream interpretation group that seem most curative, intuitively. Thus, these items were of most interest for the present investigation.

The Group Climate Questionnaire-Short Form (GCQ-S) (MacKenzie, 1983) (Appendix U) was used to assess individual members' perceptions of cohesion in the group. The GCQ-S consists of eight scales (engagement, disclosure, support, conflict, challenge, practicality, cognition, and control) that load on three subscales: (a) engagement in group, (b) group conflict and (c) avoidance. The short form was derived by selecting high-loading items and collapsing the "work" scales for disclosure, cognition and challenge. (MacKenzie, 1981.) The scale consists of twelve items that are worded simply and refer

to specific behavioral observations. Respondents are asked to endorse such items as "The members revealed sensitive personal information or feelings" on a 7-point rating scale ranging from 0 ("not at all") to 6 ("extremely.") Scoring is a simple summation along the three subscale dimensions. MacKenzie, et. al. (1987) found in a study of 53 psychodynamic process groups and topic-centered (specific interest) groups that engagement was the most powerful variable in its ability to distinguish the most successful groups from the least successful ones, and that it was highly predictive of individual client outcome.

The average item-scale correlation for the long form of the GCQ ranged from .54 -.79. Low intercorrelations among the eight scales, ranging from -.21 (support scale with control scale) to .53 (engagement scale with support scale) indicate essentially independent scales. A factor analysis utilizing a varimax rotation procedure revealed that engagement, conflict, and avoidance emerged as valid dimensions, lending support to the hypothesized scale structure. MacKenzie (1981) also noted that the GCQ-S engagement scale is parallel to the construct of "cohesion," and corresponds to the dimensions of Moos' (1974) Group Environment Scale.

Group cohesiveness

The Harvard Community Health Plan Group Cohesiveness Scale-Revised (HCHP-GCS-R) (AppendixV) is a process scale

intended to measure cohesiveness in group psychotherapy. Budman, et. al. (1987) found, in a study of eight 15-session groups led by experienced therapists with non-psychotic outpatients that the HCHP-GCS-R was highly predictive of client ratings of group cohesion. The scale is rated by trained observers, who view 30-minute segments. Budman, et. al. (1989) discovered that among 12 time-limited therapy groups, the first 30 minute segment was a better predictor of outcome than were the second or third 30-minute segments. Trained observers rate group process on the following six dimensions: (a) Bonding, (b) Cohesiveness, (c) Facilitative Behavior, (d) Focus, (e) Interest, and (f) Trust. It is a 9 point, Likert-type scale, where 1 = "very slight", 5 = "moderate" and 9 = "very strong" evidence of behaviors characteristic of each individual scale. The 9-point HCHP-GCS-R represents a revision of an earlier scale that asked judges to rate groups on six bipolar dimensions.

Budman's pairs of trained observers achieved interclass correlations of .77 for global cohesion, and correlations ranging from .85 (focus) to .68 (trust) for the remaining five scales. Behavioral descriptions are provided at the odd points along the scale. All six scales are reported to have strong face validity.

When Budman, et. al. (1987) had group members rate how beneficial the group had been to them on a 1-5 scale, where 1 = "a great deal of benefit" and 5 = "no benefit at all," correlations between these simple outcome scores and group cohesion, as

measured by the global cohesion scale, was .76. Even in the groups regarded "most successful" according to the HCHP-GCS, though, there were several clients who rated their group as much less beneficial than their fellow group members. Budman suggested that MacKenzie, et. al's self-report measure of group climate (GCQ, above) might be an answer to understanding such discrepancies. By coupling a self-report cohesion measure with an observer-rated one, the process-outcome researcher may be better informed of the experiences of each group member.

Procedures

Recruitment. Recruitment of recently separated and divorced women for the study was attempted in a wide variety of media. Advertisements were placed in both metropolitan and community newspapers, on radio stations, on car windshields, and announcements were made in adult education classes. Table 1 details the number of women who responded to each advertising venue. The most effective advertisement was a free space in the weekly "Health Calendar" supplement to The Washington Post, which ran for two weeks.

Phone Interview. Advertisements called for women aged 22-57 who had filed for divorce or were legally divorced up to two years, and who could recall 1 - 2 dreams per week. When women responded to the advertisements, they were first

Table 1 Response to study by each advertising venue

Washington Post Health Section: 40

Flyers: 10 total Placed on car windshields: 5

Agency referral (flyers mailed): 4

Posted on campus: 1

University College classrooms: 0

Montgomery County Journal: 6

Word-of-mouth: 4

Columbia Flier Newspaper : 3

UMCP Outlook Newspaper: 2

Washington Post "Ann's Readers Exchange": 2

Washington Post paid advertisement: 2

Prince George's County Journal: 2

Washington City Paper: 1

Laurel Leader: 1

Class announcements in PSYC 100: 1

Radio: 0 WMMX-FM (Easy listening format)

 WHUR-FM (Soul/Rhythm & Blues format)

 WAVA-FM (Classic rock format)

 WTOP-AM (News format)

Parents Without Partners newsletter: 0

Washington Afro-American: 0

thanked for their interest in the project, and were then given an overview of the telephone interview, ("...Let me give you some information...then I will ask you some questions....").

Women were told that the screening process would consist of two steps: A 10-minute phone interview, and, if they fit the particular psychological profile we were looking for, a two-hour session completing questionnaires at the university. It was emphasized that filling out these measures did not guarantee an offer to participate in the study, as further screening would take place based on the scores of the measures they filled out on that day. Prospective subjects were told that researchers were looking for a particular personality profile, not types of people or behaviors that are "good" or "bad."

Callers were apprised of the confidentiality of any information they would provide, and were told that if selected, they would be randomly assigned to either an 8-week group or to a day-long workshop, after waiting eight weeks. The interviewer then ascertained whether the caller felt eight weeks would be too long to wait for treatment, and whether she would be equally willing to participate regardless of assignment. If the caller responded affirmatively, she was told that groups would include seven women and two female co-therapists, was asked if she could recall 1 - 2 dreams each week, and if she was willing to discuss her dreams in a group.

The interviewer checked to see if the caller

understood the procedure, and if she was still interested in the study. If not, the caller was thanked and referrals were offered. If still interested, the interviewer asked permission to ask a series of questions, including some relating to personal functioning, drug and alcohol use, and psychotherapy experiences. If consent was granted, the interviewer noted responses to the following items: (a) age, (b) marital status and number of months since filing for divorce (or since legal divorce), (c) alcohol and drug use history, and (d) any current therapy. If prospective subjects indicated that they were not 22 - 57, did not meet the stipulations for length of divorce action, had an ongoing substance abuse problem, were using recreational drugs or psychoactive medication and were not stabilized, or had been in any form of psychotherapy less than eight weeks, the interviewer explained that they could not participate in the study because of possible confounding effects of the dream interpretation.

A total of 79 women responded to advertisements by telephoning for more information about the study. Investigators were able to make return contact with 75 of the 79 women who responded. Of the 75 women with whom we spoke, 61 qualified for pre-testing at the telephone interview, based upon the above selection criteria. Women who did not meet the selection criteria were offered referrals and were thanked for their time and interest in the project. Those women who passed the

telephone screening were scheduled for two hours of pre-test screening. Of the 61 who qualified initially, 45 came to the university to complete pre-test batteries and 16 did not. Of the 16 women who qualified at the phone interview but did not complete pre-tests, six disqualified themselves after considering the time commitment involved, and ten did not appear for their scheduled pre-test appointments. When called by the investigator, all ten reported that they had changed their minds about participating in the study.

Pre-test screening. Pre-test screening was scheduled 1-2 weeks prior to the start of treatment. Prospective subjects were reminded that completing the questionnaires did not guarantee participation in the study. All subjects completed a demographic form, a consent form, (Appendix W) the Symptom Checklist 90-Revised, the Beck Anxiety Inventory, the Beck Depression Inventory, the Impact of Events Scale, the Rosenberg Self-Esteem Scale, the Private Self-Consciousness Scale, and were asked to recall a recent dream and write an interpretation. They also completed several instruments at pre-test to be used for a separate study of narcissistic injury conducted by another investigator. Client symptomatology, as measured by scores on the Global Severity Index of the SCL-90-R served as the final selection criterion. This measure was scored first so that prospective subjects could be informed promptly of their status. Women whose T-score

was less than 36 or more than 60 on the GSI were excluded from the study. Of the 45 women who completed pre-tests, 42 qualified for the study based on their scoring T score ≥ 36 on the GSI. 28 of these women were randomly assigned (given flexibility of scheduling) to one of five dream interpretation groups, and 14 were randomly assigned to a wait-list control condition. As selection progressed, it became clear that the original design, which called for 70 participants (35 experimental and 35 control) could not be met. The decision was made to create treatment and control conditions of uneven sizes. Ultimately, 2/3 of the women who qualified were assigned to a group and 1/3 were assigned to the wait-list control condition.

Those women who completed the screening measures and were not selected due to their GSI scores, or who declined to participate after learning more about the study, were offered counseling referrals.

Randomization procedure. Random assignment of subjects to control and treatment conditions was accomplished using a table of random digits, with "odds" being designated no-treatment control subjects and "evens" being assigned to the dream interpretation group treatment. Of the 28 subjects assigned to group treatment, six dropped out of the study, four before the start of their respective groups and two after attending one session. Thus, the sample size for the

experimental group was $N = 22$. It should be noted that two of the 28 women assigned to group treatment were placed in a fifth group which never filled and ultimately disbanded. Of the four groups that did run, only one subject dropped out after having attended a session.

Of the 14 women assigned to the control condition, two dropped out. Thus, the sample size for the control group was $N = 12$. A total of 34 subjects thus participated in all phases of the study, including completion of post-test measures.

Group attendance. Although there were several women who dropped out of the study after having been assigned to a group treatment, for those subjects who did elect to participate fully in the study, absenteeism was quite low. The overall range of sessions attended was 5 - 8 ($M = 6.59$, $SD = .53$) for the eight-session treatment. Table 2 shows the attendance record for each of the four dream interpretation groups.

Confidentiality. Confidentiality was maintained in several ways: (a) When prospective subjects called for an interview, if they reached the answering machine, they were told that they could leave only a first name if they preferred; (b) during the telephone interview, callers were not asked for their name until they passed the screening and qualified to complete pre-test screening at the university. In this way, for women who could not be included due to a history of substance abuse or any

Table 2 Attendance in dream interpretation treatment by group

	<u>M</u>	<u>SD</u>	<u>Range</u>
Group 1	7.16	.40	7 - 8
Group 2	6.80	.44	6 - 7
Group 3	6.60	1.36	5 - 7
Group 4	5.80	.83	5 - 7
TOTAL	6.59	.53	5 - 8

other material that may feel embarrassing to them, the interviewer would not have known their name; (c) those women who completed pre-test measures were instructed on their demographic form to give themselves a code name or number that they would remember and could use when completing all subsequent materials, and (d) subjects' real names and corresponding code names were kept separate from the data so that research assistants would not routinely see client names.

Therapist training. Therapists were trained by Dr. Clara Hill, the co-author of the manual on which the group treatment was based. Prior to training, therapists were given a collection of readings that represent chapters from some of the best-regarded contemporary approaches to group dream interpretation (e.g., Ullman, 1987; Johnson, 1986, Shuttleworth-Jordan et. al., 1988).

Training was eight hours, two weeks prior to the start of the first treatment group. Therapists were made aware of the time commitment involved in both the training and service delivery aspects of the project, and signed consent forms, which appear as Appendix X. Training consisted primarily of practicing the Hill & Cogar model with dreams of the trainees. First the trainer demonstrated the model on a dream and then allowed trainees to practice. Explanation of scale steps were given as necessary when issues arose.

In their manual, Hill and Cogar (1990) maintained that the

eight basic steps for dream interpretation are not fixed points, but rather guidelines. Therapists need not apply these steps in rigid succession to achieve therapeutic gains. However, the model was presented didactically to the eight therapists to ensure that the primary therapeutic technique in the experimental condition would be dream interpretation. An abbreviated version of this model, which was distributed to therapists as a set of guidelines, is presented in Appendix Y.

Supervision. Co-therapy teams were observed in vivo by the investigator to assure relative uniformity of treatment. After each session, the investigator provided 30 minutes of peer supervision in the form of process feedback. For primary supervision, all eight therapists met as a group one hour per week with Dr. Clara Hill to discuss group dynamics, to receive guidance on dealing with difficult clients, and to exchange dream interpretation experiences with the other co-therapy teams.

Treatment procedures for dream interpretation groups.

The dream interpretation groups consisted of eight two-hour sessions. The first session was devoted to members and therapists getting acquainted, establishing group norms, and having members describe their present situation with regard to their divorce as well as past experiences with dreaming. Members were also provided some ideas for recalling their dreams and had the opportunity to ask questions about the

group and the research procedures.

In each of the following seven sessions, one woman had a dream interpreted. Techniques for accomplishing this included:

(a) Having the client re-experience the affect by telling it in the present tense (b) having the dreamer associate to the images in the dream, (c) having group members share what the dream would mean if it were theirs and (d) exploring ways to incorporate dream material into relationships in waking life. In cases where all those in attendance had already reported upon a dream, each woman was given the opportunity to report a single dream image or small part of a recent dream, to which the entire group free-associated. Therapists emphasized throughout that the dream work should be in the service of understanding and not analyzing, thus the dreamer always had the ultimate prerogative to stop the process, and to decide which suggestions were meaningful for her and which she felt applied less well to her life.

The eighth (final) group session dealt briefly with generalizing the learning that occurred in the group (recall and interpretation techniques) and with termination issues. All clients were offered referrals at the end of the contracted sessions for individual and group treatment. Agencies and practitioners that represent a range of backgrounds, specializations, locations, and fees were provided. Clients were also given a short reading list for more information on dream

work.

Post-testing. All subjects, both treatment and control, completed the same battery of tests (excluding the Private Self-Consciousness Scale and the demographic form) the week following the conclusion of the eight-week groups. It was determined that for experimental subjects' data to be usable, clients must have been the "main actress" (had a dream interpreted in the group) and have completed post-test measures. All 22 women in the experimental condition met both these criteria.

Dream insight ratings. Two advanced undergraduate raters who were receiving academic credit for their work were trained to read the dream interpretations written by all subjects and rate their insightfulness. These two insight raters were distinct from the ten honors students who observed group cohesion (judges). Raters were given the pre-and post-treatment dream interpretations written by each subject. Order of presentation was randomized across subjects, and judges were unaware of whether the interpretation was written pre- or post-treatment, as well as whether the subject was in the experimental or the control group. The raters' task was to determine if the interpretation was written pre- or post-treatment, and to indicate degree of confidence in their judgment on a 1 (very unsure; a guess) to 9 (very confident) scale.

Cohesion training. Using rating protocols developed by Budman, et. al. (1990), undergraduate judges enrolled in an honors course in psychotherapy research were trained by Dr. Clara Hill in three 90-minute sessions prior to data collection. Judges first discussed the concept of cohesion and their understanding of the descriptive anchors for each scale. Three 30-minute segments from the middle of treatment (after the dream was presented, so the group could be observed being interactive) were ultimately judged, using the HCHP-GCS-R.

Control group. After completing post-tests, women who were assigned to the control condition received a six-hour workshop focusing on recalling and better understanding their dreams. The workshop adhered to the same format as the dream interpretation groups. The outline for this workshop is Appendix Z. The first hour was a didactic presentation of dream recall and dream interpretation. Groups of 2 - 3 participants were then formed to give the women an opportunity to have a dream interpreted in a small group setting. Each small group was facilitated by either a licensed psychologist (Dr. Hill), an advanced doctoral student (the investigator) or a doctoral student in clinical or counseling psychology enrolled in an advanced seminar on dream interpretation under Dr. Hill. Participants were instructed to retell a brief, recent dream and small group members worked together on its interpretation.

Chapter 5**Results**Preliminary analyses

Power analysis. A power analysis was run to determine the probability of correctly rejecting the null hypotheses. The power of any statistical test rests upon four variables: (a) That the alternative hypothesis is assumed true if the null hypothesis is rejected; (b) the value of alpha, (c) sample size; and (d) the magnitude of the effect in the population, or degree of departure from the null hypothesis ("effect size"). In general, with alpha set at .05, the experimenter is much more likely to fail to reject the null hypothesis when it should be rejected (a Type II error) than (s)he is to reject the null when it should have been accepted (a Type I error).

For the present study, the actual sample size was $N = 22$ in the experimental (dream group) condition and $N = 12$ in the wait-list control condition. Given these figures, the power of the statistical test with alpha set at .05 would be .28 for a (moderate) effect size of .30 and .69 with a (large) effect size of .50. Currently, .30 and .50 are accepted as conventional definitions of moderate and large effect sizes, respectively (Cohen & Cohen, 1983). This power analysis indicates that the analyses would be able to detect significance only in the case of quite large effect sizes (69% probability of correctly rejecting the null hypothesis). More modest findings, with effect sizes in the range of .30, would much less likely to be detected (only a 28% chance of

correctly rejecting the null.)

The power analysis suggests that a sample of this size, statistical tests are not very sensitive to more subtle trends in the data. Hence, prior to examining statistical analyses, alpha was set at .10. The danger in such a decision is that the experimenter increases the probability that (s)he will falsely reject the null hypothesis (find significance in the sample where it does not in fact exist in the population of interest; Type I error). Nevertheless, given the difficulty in gathering naturalistic data of this type, it was deemed appropriate to err on the side of reporting significant relationships or trends that might not be detected with the region of rejection set at .05.

With alpha = .10, the power of the statistical test was .44 with a (moderate) effect size of .30 and .79 with a (large) effect size of .50.

Normative data. Means and standard deviations of pre- and post-test scores are presented in Table 3 for both experimental and control subjects. However, an examination of the mean difference scores (average amount clients changed) on each measure reveals a clearer pattern of the nature of treatment outcomes. Table 4 displays means, standard deviations and ranges for difference scores (post- minus pre-test scores) on the GSI, BAI, BDI, IES, and RSE. To better understand the nature of the client changes discussed herein,

Table 8 Correlation matrix for moderator variable (psychological-mindedness) with difference scores for dependent variables

	BAI	BDI	IES	RSE
PSCon	-.18	.05	.01	.11

Table 7 Cohesion ratings for all four groups across three middle sessions

	<u>Session</u>			<u>Average</u>
	<u>4</u>	<u>5</u>	<u>6</u>	
Group 1	7.03	6.56	6.42	6.67
Group 2	6.53	4.86	6.92	6.10
Group 3	5.97	5.83	6.75	6.18
Group 4	5.81	6.64	4.75	5.73
Overall mean	6.33	5.97	6.21	6.17

present data may be compared to normative data for adult outpatients on all outcome measures.

Using adult, female outpatient norms for the Symptom Checklist-90-Revised (SCL-90-R), a T score of ≥ 63 is generally considered the criterion for a clinical diagnosis. Derogatis (1983) reported that the average Global Severity Index (GSI) score for a normal, non-patient population was $T = 31$, and for a psychiatric outpatient sample was $T = 62$. For the present study, experimental ($M = 40.72$) and control subjects ($M = 39.25$) were both at the lower end of mild-moderate levels psychological distress as measured by the GSI. This implies strong homogeneity of sample (or equivalency of subjects in each condition), which is a positive feature of the study. However, mild-moderate distress at pre-test does not allow for a great deal of improvement on symptomatology, regardless of treatment efficacy.

For the Beck Anxiety and Depression Inventories, total scores from 0 - 9 are considered a normal level of anxiety or minimal depression, scores of 10 - 18 indicate mild-moderate anxiety/depression, scores of 19-29 reflect moderate-severe anxiety/depression and scores of 30 - 63 indicate severe anxiety/depression.

The mean BAI score for a normative sample of generalized anxiety disorder clients was 18.83 ($SD = 9.08$) (Beck, et. al., 1988). For the present study, the mean BAI pre-test score for

group participants was 6.31, so most subjects began the study self-reporting what could be regarded a normal, healthy level of anxiety. Group participants began treatment at a mild-moderate level of depression, as indicated by a mean BDI score of 12.45 ($SD = 8.69$) while controls began at a level of minimal depression ($M = 8.50$, $SD = 5.41$).

Normative data for the Impact of Events Scale are reported as a mean overall IES score for adult outpatient helpseekers coping with the recent death of a parent as 41.82 ($SD = 9.05$). Women in the present investigation appeared to enter treatment coping slightly better with the impact of their marital dissolution than the normative sample. Keeping in mind that higher scores indicate more avoidant behavior and more intrusive thoughts of the stressful event, dream group participants averaged 31.77 ($SD = 9.99$) at pre-test, and control subjects averaged 35.66 ($SD = 10.53$).

Rosenberg did not provide normative data, per se, for the Rosenberg Self-Esteem (RSE). The 10-item instrument asks respondents to indicate their degree of agreement on a 4-point Likert-type scale, thus there 40 possible points. Scores at the upper end should indicate a high degree of self-esteem, a sense of self-worth. Scores at the lower end (perhaps below the median, or ≤ 20 points) would indicate poor self-esteem, lower levels of self-regard or comfort with self. In the present study, both experimental ($M = 31.68$, $SD = 4.83$) and control subjects

($M = 32.08$, $SD = 5.66$) reported moderately high self-esteem.

Correlation matrix. Correlation coefficients for all outcome measures were run. The degree to which these predictors were inter-related determined the purity of the overall multivariate analysis of variance that was conducted as an index of composite outcome. Outcome measures that are significantly correlated with each other are said to possess multicollinearity. In such cases, the measures that are inter-correlated do not provide sufficiently unique prediction of outcome (they are so similar to each other in what they measure that they are "redundant"). Table 5 shows the correlation matrix for the difference (post-minus pre-test) scores of the four outcome variables: Beck Anxiety Inventory, Beck Depression Inventory, Impact of Event Scale, and Rosenberg Self-Esteem. None of the measures were related at a level greater than .70, a level that has been indicated for multicollinearity (Tabachnik & Fidel, 1989).

Cohesion ratings. The inter-rater reliability (alphas) for each of the six scales were as follows: Bonding .76; Cohesiveness .72; Facilitative Behavior .76; Focus .48; Interest .82; Trust .79. Thus, focus was unacceptably low. Table 6 displays the inter-scale correlations among these six subscales of HCHP-GCS-R when all raters were combined. Of the six scales that comprise this measure, two ("focus" and "facilitative behavior") were dropped because they were not highly related to the other four scales and seemed less appropriate for a structured dream

Table 6 Inter-scale correlations for the HCHP-R measure of group cohesion

	Foc	Int	Trst	Fac	Bond	Coh
Int	.12	-				
Trst	.18	.89***	-			
Fac	-.28	.69**	.55	-		
Bond	.25	.87***	.74**	.56	-	
Coh	.10	.91***	.91***	.73**	.78**	-

* = .05; ** .01; *** = .001

Note. Foc = Focus; Int = Interest; Trst = Trust; Fac = Facilitative Behavior; Bond = Bonding; Coh = Cohesiveness

Table 5 Correlation Matrix for Outcome Measures

	BAI	BDI	IES-T	IES-A	IES-I
BDI	.44**				
IES-T	.23	.50**			
IES-A	.28	.36*	.85**		
IES-I	.11	.48**	.84**	.45**	
RSE	.28	-.69**	-.32	-.30	-.25

* = $p < .05$; ** = $p < .01$.

group. With the remaining four scales combined (bonding, cohesiveness, interest and trust), inter-rater reliability (coefficient alpha) was .78.

Table 7 displays the cohesion ratings for all four groups across the three middle sessions of treatment. Although group 3 appears to have received the highest observed cohesion ratings (and group 4 the lowest), there was minimal overall variability among the four groups.

Tests of Hypotheses

Hypothesis 1

DREAM INTERPRETATION GROUPS WILL RESULT IN SIGNIFICANTLY MORE OVERALL CHANGES ON MEASURES OF ANXIETY, DEPRESSION, COPING AND SELF-ESTEEM THAN WILL A NO-TREATMENT CONTROL GROUP.

This analysis of overall treatment effectiveness was tested by means of a multivariate analysis of variance (MANOVA). Although the initial research design called for a multivariate analysis of covariance (MANCOVA) with client psychological-mindedness as a covariate, the Private Self-Consciousness Scale used to assess this construct was not related significantly to any of the five predictors. Given that psychological-mindedness did not appear to lend any unique information, it was dropped as a covariate. This finding is explained fully under Hypothesis 3.

As a preliminary analysis, a MANOVA comparing the four

treatment groups to each other (as opposed to comparing them to the control group) proved nonsignificant, $F(1, 4) = .84$, $p = .61$. This suggests that the four dream interpretation groups did not vary significantly from one another. Because of the small sample size, group was thus not entered into subsequent analyses.

A multivariate analysis of variance (MANOVA) was utilized to determine overall effectiveness of the group treatment as compared with a wait-list control condition, with the main effect of condition (treatment group vs. wait-list control) and dependent variables of difference scores on the Beck Anxiety Inventory, the Beck Depression Inventory, the Impact of Event Scale and the Rosenberg Self-Esteem Scale.

The MANOVA demonstrated that difference scores did vary systematically by treatment, $F(21, 36) = 1.87$, $p = .04$. This finding suggests that women in the dream interpretation groups made significantly more gains than did women in the wait-list control condition. Overall, dream interpretation groups seemed to lead to more positive outcomes than no treatment.

Post-hoc univariate tests were conducted, with Bonferroni adjustment to alpha of .025 (.10/4 pairs of means = .025) to ensure that the probability of Type I error could not exceed .10. Four corollary hypotheses follow:

Hypothesis 1a

CLIENTS WHO PARTICIPATE IN AN 8-WEEK DREAM INTERPRETATION GROUP WILL INCREASE SIGNIFICANTLY MORE ON A MEASURE OF SELF-ESTEEM THAN WILL A NO-TREATMENT CONTROL GROUP.

The ANOVA revealed a nonsignificant effect for dream interpretation treatment on client gains on the Rosenberg Self-Esteem, $F(1, 32) = 4.39, p = .04$. (Due to the Bonferroni adjustment to alpha, the value of p had to be $\leq .025$.) The data thus suggest that the intervention did not lead to enhanced self-esteem among group members.

Hypothesis 1b

CLIENTS WHO PARTICIPATE IN AN 8-WEEK DREAM INTERPRETATION GROUP WILL INCREASE SIGNIFICANTLY MORE ON A MEASURE OF COPING WITH STRESSFUL EVENTS THAN WILL A NO-TREATMENT CONTROL GROUP.

As measured by the Impact of Events Scale, this relationship was nonsignificant, $F(1, 32) = .32, p = .57$. This finding suggests that the dream interpretation did not lead to a greater ability to cope with divorce.

Hypothesis 1c

CLIENTS WHO PARTICIPATE IN AN 8-WEEK DREAM INTERPRETATION GROUP WILL DECREASE SIGNIFICANTLY MORE ON A MEASURE OF ANXIETY THAN WILL A NO-TREATMENT CONTROL GROUP.

The ANOVA revealed a nonsignificant effect for client anxiety, $F(1, 32) = 3.48, p = .07$. Women in the dream interpretation groups did not experience more reduction of anxiety than did control group women.

Hypothesis 1d

CLIENTS WHO PARTICIPATE IN AN 8-WEEK DREAM INTERPRETATION GROUP WILL DECREASE SIGNIFICANTLY MORE ON A MEASURE OF DEPRESSION THAN WILL A NO-TREATMENT CONTROL GROUP.

As measured by the Beck Depression Inventory, the group treatment was not found significantly related to decreases in client depression, $F(1, 32) = .26, p = .61$. This finding suggests that dream interpretation group treatment did not result in the abatement of client depression.

Hypothesis 2

CLIENTS WHO PARTICIPATE IN AN 8-WEEK DREAM INTERPRETATION GROUP WILL CHANGE SIGNIFICANTLY MORE IN THEIR ABILITY TO INTERPRET A DREAM INSIGHTFULLY THAN WILL A NO-TREATMENT CONTROL GROUP

The question to be addressed was whether subjects in the experimental condition would be able to interpret their dreams with more insight than control subjects. Inter-rater reliability (alpha) between the two raters on the 9-point insight scale was .93, indicating that they were able to apply the scale reliably.

The mean pre-test insight ratings was 5.31 ($SD = 2.31$) for experimental subjects and was 5.33 ($SD = 2.61$) for control subjects.

Difference scores (post- minus pre-test insight ratings) were calculated for each subject. The mean difference scores for the experimental and control groups were then figured. A positive value would indicate client change in the desired direction (for example, lower scores on anxiety and higher scores on coping); negative values would indicate client change in the undesired direction (for example, lower scores on self-esteem or higher scores on depression). Mean post-test insight for experimental subjects was 6.79 ($SD = 1.23$) and for control subjects was 5.37 ($SD = 2.13$). In terms of difference scores for insight, mean change on the 9-point insight scale was $M = 1.52$ ($SD = 2.03$; range = -2.0 - 5.50) for experimental subjects and -3.75 ($SD = 1.38$, range = -2.0 - 3.0) for controls. On the whole, women in the dream interpretation groups gained about 1.5 points in the desired direction on outcome measures after the eight-week period while control subjects fell over 3.5 points after that same period.

A t-test of two independent means was run to determine if experimental subjects made significantly more gains in their ability to interpret their own dreams than did controls. Results of the t-test were significant, $t(22, 12) = 2.86$, $p < .01$. Women in the dream interpretation groups learned significantly more

about interpreting their dreams insightfully than wait-list controls. Hence, there is some evidence that skill-acquisition took place in the treatment groups.

Hypothesis 2a

TRAINED RATERS WILL INDICATE SIGNIFICANTLY MORE CONFIDENCE IN THEIR ABILITY TO PREDICT THE PRE-TEST DREAM INTERPRETATIONS OF SUBJECTS WHO HAVE PARTICIPATED IN A DREAM INTERPRETATION GROUP THAN IN THOSE OF WAIT-LIST CONTROLS

For each pair of dream interpretations they rated on insightfulness, raters were asked to indicate how confident they felt, on a 1-9 Likert-type scale, that they had correctly identified the dream that had been written "pre-treatment." A t- test of independent means was then computed for these confidence ratings to determine whether judges perceived marked contrasts in the pre-test and post-test interpretations. It was expected that experimental subjects would show more dramatic change in their interpretations and thus that the raters would feel more confident in their ability to distinguish pre- from post-treatment interpretations for those women.

To reflect the accuracy of prediction, confidence ratings were scored as a positive value when a rater correctly predicted which dream in the pair had been written pre-treatment, and was scored as a negative value when raters did not predict correctly. To convert these scores for the t-test analysis, 10 was

added to all values, thus the means presented are not within the range (1-9) of original values. Means and standard deviations of confidence ratings for both raters combined were $M = 13.61$ ($SD = 6.15$) for experimental subjects and $M = 9.73$ ($SD = 5.60$) for control subjects. Raters were significantly more confident of their judgment of pre-post states of the dream interpretations of experimental subjects than they were of those of control subjects, $t(64) = 2.50, p < .01$.

Hypothesis 2b

TRAINED RATERS WILL BE ABLE TO PREDICT THE PRE-TEST DREAM INTERPRETATIONS OF SUBJECTS WHO HAVE PARTICIPATED IN A DREAM INTERPRETATION GROUP WITH MORE ACCURACY THAN THEY WILL THOSE OF WAIT-LIST CONTROLS

Data were coded as a dichotomous variable (0 = judged incorrectly, 1 = judged correctly) and were analyzed as a test of proportion for two independent samples (Bruning and Kintz, 1968). Raters were correct 73% of the time for experimental subjects and 49% of the time for control subjects. The one-tailed analysis of proportion showed that raters were not significantly better able to distinguish the pre-versus post-tests dreams of experimental subjects than they were of control subjects, $z(1, 68) = 1.58, NS$. Findings were in the predicted direction, but differences between groups did not prove

significant.

Hypothesis 3

PSYCHOLOGICAL-MINDEDNESS WILL MODERATE THE EFFECTIVENESS OF DREAM INTERPRETATION GROUP TREATMENT.

Psychological-mindedness did not covary systematically with any of the four predictors at a statistically significant level. Table 8 shows the correlations between client psychological-mindedness scores and self-reports of anxiety, coping, depression and self-esteem. These data suggest that the addition of psychological-mindedness did not provide a unique contribution to the assessment of overall treatment effectiveness. Variables that do not account for variance expend degrees of freedom, which limits the researcher's ability to detect relationships among the remaining variables of interest. Thus, psychological-mindedness was dropped as a covariate.

Table 4 Means and standard deviations of difference scores for selection measure (GSI) and outcome measures (BAI, BDI, IES, RSE)

	<u>Experimental</u>		<u>Control</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
BAIdiff	3.08	2.93	-.095	.45
BDIdiff	3.40	7.36	2.16	5.42
IESTdiff	2.63	7.91	4.08	5.10
RSEdiff	2.72	4.06	-2.25	3.70
GSI ₁ diff	5.40	7.23	3.50	4.79

Hypothesis 4

PROCESS MEASURES OF CLIENT INVOLVEMENT AND GROUP CLIMATE WILL PREDICT COMPOSITE OUTCOME.

Scores for the sociometric instrument, which assessed client involvement, and the Group Climate Questionnaire (GCQ), which assessed quality of group climate were examined collectively to determine the relationship of process to outcome in the dream interpretation groups. Both client and therapist votes for client involvement were considered here, however only client GCQ scores (and not therapists') were included.

To determine the degree of client involvement, as assessed by the sociometric instrument that was completed after each session, a ratio of number of votes received to number of possible votes was calculated. Since each member present could potentially vote for any one member (including themselves) three times ("...Who was most helpful tonight?... most verbal?... had best insights?...."), the number of people present multiplied by three was equivalent to the maximum possible votes any one client could receive in a given session. Since attendance varied among the members, involvement scores were calculated as ratios unique to potential votes possible for each individual client.

A multiple regression was conducted, with client and therapist sociometric ratings, client group climate ratings, and observer ratings of group cohesion as predictors, and composite

outcome as the dependent variable. There was no significant relationship between these three process variables collapsed and composite outcome, $F(1, 20) = .12$, $p = .83$. Thus, one could not state broadly that group process, as assessed by these measures, had a direct relationship to client outcome. However, much information is lost in an analysis for which such varied data sources are collapsed. To examine the individual contribution of each of these process measures, seven corollary hypotheses were run:

Hypothesis 4a

MEASURES OF GROUP PROCESS WILL BE RELATED TO EACH OTHER.

To investigate group process, it should be important to understand the degree to which the process measures completed by participants (group climate and client involvement) assessed the same aspects of the groups. Pearson's product-moment correlation coefficients were computed to investigate the degree to which these measures were inter-related. Observed cohesion scores could not be examined in this context as they represent ordinal data. The role of (observed) group cohesion is addressed in Hypotheses 4b and 4c, below.

A correlation between client and therapist ratings of group climate (GCQ) was nonsignificant, $r(2) = .31$, NS. Hence, client overall ratings of the working climate of their group were not related to their therapists' perceptions of these same groups.

With only four pairs of matched data in this analysis (and thus only two degrees of freedom), the low power of this particular test made it difficult to find significance.

A correlation between client ratings of group climate (GCQ) and client involvement scores (sociometric) also proved nonsignificant, $r(20) = .18$, NS. No relationship was found between how involved clients were in session and how highly they regarded the working climate of their group.

Lastly, a correlation between client and therapist involvement scores (sociometric) was nonsignificant, $r(20) = .21$, NS. This suggests that clients and their therapists were not in agreement with regard to which members were most involved (verbal, helpful, insightful) in the dream interpretation groups.

These findings may be stated in several ways: (a) that there is some disparity between client and therapist experiences of group process. One would expect a stronger degree of association between client and therapist perceptions of both group climate and which participants were most involved, and (b) that group climate and client involvement, as measured by the Group Climate Questionnaire and a sociometric instrument, respectively, should not be assumed to be assessments of the same qualities of group process.

Hypothesis 4b

RANKED ORDER OF GROUP COHESIVENESS BASED ON
OBSERVER RATINGS WILL BE SIGNIFICANTLY RELATED TO

RANKED ORDER OF GROUPS BASED ON CLIENT AND
THERAPIST RATINGS OF GROUP CLIMATE.

Table 9 presents the contrast in ordinal rankings for the four groups based upon (a) observed cohesiveness, (b) client ratings of group climate and (c) therapist ratings of group climate, as well as composite outcome, which is addressed in Hypothesis 4c.

The Spearman correlation computed for relationship between group cohesion rankings (1, 3, 2, 4), based on the HCHP-GCS-R, and client perception of group climate summed within groups (2, 1, 4, 3) was not significant, $\rho = .00$, $z = .00$, NS. These data suggest that observers rating cohesion and group members did not agree at a significant level upon the cohesiveness or engagement of groups.

For group cohesion rankings (1, 3, 2, 4) and therapist rank order of group climate (2, 1, 3, 4) the value of $\rho = .00$, $z = .00$, NS. Observer ratings of cohesion and therapist perceptions of group climate were unrelated.

Client rank order on the Group Climate Questionnaire (2, 1, 3, 4) and therapist rank order on the GCQ (2, 1, 3, 4) were identical. Accordingly, the Spearman's correlation for

Table 3 Means and standard deviations of pre- and post-test scores of selection measure (GSI) and outcome measures (BAI, BDI, IES, RSE)

	Experimental				Control			
	Pre-test		Post-test		Pre-test		Post-test	
	M	SD	M	SD	M	SD	M	SD
GSI	40.72	5.74	35.31	8.56	39.25	5.10	35.75	5.86
BAI	6.31	4.12	3.16	6.84	6.08	3.60	6.00	3.16
BDI	12.45	8.69	9.04	6.15	8.50	5.41	6.33	6.16
IES	31.77	9.99	29.13	9.90	35.66	10.53	32.58	7.97
RSE*	31.68	4.83	35.33	5.59	32.08	5.66	30.05	6.09

Note. GSI = Global Severity Index; BAI = Beck Anxiety Inventory; BDI = Beck Depression Inventory; IES = Impact of Event Scale; RSE = Rosenberg Self-Esteem

* Higher scores on this measure represent positive change

these two data sources proved significant, $\rho = .984$, $z(1, 4) = 11.00$, $p < .001$. Hence, clients and therapists were in agreement regarding the climate of their respective groups. This suggests that client and therapist perceptions of engagement, avoidance and conflict in their respective groups (the three GCQ subscales) were quite similar.

Hypothesis 4c

RANKED ORDER OF GROUPS JUDGED HIGHEST ON GLOBAL COHESION BY TRAINED OBSERVERS WILL BE RELATED TO RANKED ORDER OF GROUPS BASED ON COMPOSITE OUTCOME

For this analysis, the relationship between ranked mean cohesion ratings and rankings of averaged composite outcome for each of the four dream interpretation groups was investigated. Table 9 (previous page) displays actual scores and ordinal rankings for both of these variables.

A Spearman rank-order correlation (ρ) was not significant at $\alpha = .05$, $\rho = -.38$, $z = -.64$, NS. Findings suggest that client outcome based on observed cohesion was not related to outcome based on actual changes in pre- versus post-test scores.

Although several of these findings point to a lack of association between observer and participant sources, it should be noted that it is rare for less than ten pairs of ranked data to be considered; for the preceding analyses there were only four

pairs. Since the computation of rho involves difference scores as the numerator and the number of pairs of scores as the denominator, when few pairs are considered it is unlikely the numerator will be greater than the denominator, which means it is less likely that the ratio will exceed the critical z value.

Hypothesis 4d

CLIENTS' RATINGS OF GROUP CLIMATE WILL BE SIGNIFICANTLY RELATED TO COMPOSITE OUTCOMES.

This analysis revealed a nonsignificant relationship between individual client ratings of group climate (GCQ) and composite outcome, $r(22) = .19$, $p = .73$. This suggests that clients' own perceptions of how engaging their group climate was (as measured by the Group Climate Questionnaire) was not related to how much change they actually experienced in the dream interpretation groups.

Hypothesis 4e

THERAPISTS' RATINGS OF GROUP CLIMATE WILL BE SIGNIFICANTLY RELATED TO COMPOSITE OUTCOMES.

The relationship between therapist ratings of group climate (GCQ) and outcome was nonsignificant $r(22) = .06$, $p = .82$. Therapist perceptions of group climate did not appear to be related to how much change clients experienced in the dream interpretation groups.

Hypothesis 4f

CLIENT SOCIOMETRIC RATINGS WILL BE RELATED TO

COMPOSITE OUTCOMES.

To test the hypothesis that subjects who were regarded as most involved in the dream interpretation groups would derive the most benefit from treatment, a correlation coefficient between clients sociometric scores and composite outcome was computed. The relationship between these two variables proved nonsignificant, $r(20) = -.11$, NS. The data suggest that there is not a direct relationship between the women regarded as most involved in the groups and the women who changed most on outcome measures.

Hypothesis 4g

THERAPISTS' SOCIOMETRIC RATINGS WILL BE RELATED TO COMPOSITE OUTCOMES.

This analysis showed a nonsignificant relationship between therapist ratings of client involvement (sociometric data) and composite outcome, $r(22) = -.14$, $p = .22$. Therapist perceptions of client involvement did not appear to be related to actual client changes on measures of anxiety, coping, depression and self-esteem.

Chapter 6**Discussion**

The purpose of this study was two-fold: 1) To investigate the utility of dream interpretation groups as a therapeutic intervention for women experiencing the divorce transition, and 2) to link to the process or cohesiveness of the groups to therapeutic outcome. In terms of outcome findings, it was anticipated that women who had participated in one of four 8-week dream interpretation groups would experience some abatement in their levels of anxiety and depression, that they would show enhanced ability to cope with the divorce and enhanced self-esteem, and finally that they would have learned to interpret their own dreams with increased insight. With regard to process findings, it was hypothesized that subjects in the most cohesive groups (as judged by clients and therapists and observers) would derive significantly more benefit from the treatment. Hypothesis 1: Overall treatment effectiveness

An overall MANOVA confirmed that women who participated in dream interpretation groups did make significantly more gains than control group participants. This was the expected outcome, given evidence in the literature that dream interpretation in the group format might work well (e.g., Kadis et. al., 1963; Hetherington et. al., 1977; Natterson, 1980; Shuttleworth-Jordan, et. al., 1988) and that dreaming might be most amenable to interpretation during a stressful period (Cohen, 1974; Cartwright, 1979; Vogel et. al., 1980; Trenholme

et. al., 1984). Since dream interpretation had not been considered in the divorce adjustment literature previous to this investigation, this general finding should provide a springboard for those interested both in the therapeutic uses of dreams and in providing direct service to clients in this transition.

Changes did not accrue for any of the four outcome measures as post-hoc, univariate analyses. This result is probably due to the relatively low power of the analysis with alpha reduced to $.10/4$, or $.025$. Notably, effects for both the BAI ($p < .10$) and the RSE ($p < .05$) were significant prior to the Bonferroni adjustment of alpha. This trend suggests that had a larger sample been studied, perhaps effects anxiety and self-esteem would have been discovered. A second explanation for nonsignificance of the univariate analyses is that the treatment have have been too short in duration for clients to be able to fully focus upon themselves. Even a 16-week treatment, in which each client could be main actress twice, may give clients more opportunity to practice relating dream symbols to their waking lives. Possibly the 8-week group was too truncated to allow for much change in their ability to cope with the transition.

Hypothesis 2: Client ability to interpret dreams more insightfully

Members of dream interpretation groups did show more significant gains (difference scores) in their ability to interpret their own dreams insightfully. As assessed by trained raters

using a 9-point scale, women who had been in the treatment groups were judged to have learned to relate dream images to waking-life conflicts with more sophistication. We had argued that skill acquisition, in this case how to better understand one's own dreams or unconscious motives, was a positive outcome. Granvold & Welch (1977) and Kessler (1978) are both proponents of skills-acquisition for the recently divorced. Granvold & Welch found positive outcomes with topical post-divorce seminars and Kessler with divorce adjustment groups that incorporated learning social skills through modelling and rehearsal; the latter sounds similar the dream interpretation intervention. The present study may be seen as further evidence for the utility of some skill-acquisition components of clinical work with a divorcing population.

Important backdrop to this discussion is the knowledge that independent raters were able to work with the construct of insight with a high degree of reliability ($\alpha = .93$).

Hypothesis 2a and 2b: Rater confidence and accuracy of prediction of pre-test dreams

As expected, raters were more confident of their insight ratings (on a 1 - 9 scale) for the dream interpretations written by women in the experimental condition. Interestingly, although they were confident of these ratings, they were not significantly more accurate in designating which client dream interpretations were written pre- versus post-test.

Raters were correct in their prediction of which dream interpretation was written prior to treatment in 73% of cases for experimental subjects and in 49% of cases for controls. Although these data show a trend in the predicted direction, with a sample size of 34, the difference in these proportions did not prove statistically significant. Typically, tests of proportions require vast differences in observed percentages for differences to be significant.

One explanation for this may be that control subjects may have begun to focus more upon their dreams, despite not having participated in ongoing treatment. Having been selected for the study and anticipating some help with understanding their feelings of stress as a result of the workshop, they may have begun to attend to and integrate dream images more, even in the absence of structured treatment.

Hypothesis 3: Psychological-mindedness as a moderator of outcome

Client psychological-mindedness did not moderate treatment effectiveness. Correlation coefficients between the private self-consciousness scale and the four outcome measures (anxiety, coping, depression, self-esteem) were not statistically significant. This finding led to the decision to drop psychological-mindedness as a moderator variable, since it did not provide any unique information regarding what types of clients might benefit from a dream interpretation treatment.

It was expected that the women who were more introspective would gain more from the dream interpretation intervention. In theory, private self-consciousness should capture the respondent's capacity for and interest in introspection, which is a logical component of the ability to draw meaningful connections between the contents of one's dreams and themes in waking life. In the case of the Self-Consciousness Scale however, and perhaps for many self-report measures of this kind, it appears that self-perception of psychological-mindedness and not "actual" capacity for introspection is assessed. From a purely anecdotal perspective, the researcher observed that in many cases, those women who appeared in group sessions to be less psychologically-minded in fact self-reported higher private self-consciousness scores than those women who appeared to be more clinically astute. In short, the self-consciousness scale may not yield an accurate reflection of client psychological-mindedness. Similarly, Cogar (1990) did not find the PSC to moderate individual dream interpretation treatment. Perhaps a different measure would capture psychological-mindedness better.

From a methodological stance, it may simply be that the these women, who self-selected for the study, were interested enough in dream interpretation to agree to an eight week commitment and hence were open enough to the intervention to benefit from it to some small degree regardless of their

capacity for introspection. We may underestimate the extent to which the social support and universality of the groups account for positive change in mental health status for individuals in crisis, and overestimate the importance of connecting past conflicts to present dream symbols.

Hypothesis 4: Climate, cohesion, involvement and client outcomes

Contrary to expectation, measures of group climate, group cohesion and client involvement (sociometric data) did not predict composite outcome. Tempting as it is to venture tying process to outcome as Kaul & Bednar (1986), Dies (1983), and other researchers have implored, there was an absence of this basic relationship between process and outcome in the present investigation. This finding may simply reflect the small sample size; it may also be regarded as evidence for Natterson's (1980) point that members of dream interpretation groups may be readying themselves for each "go-round" (when they are asked to associate to the dream symbols or to relate what the dream would mean if it were theirs) rather than being fully present and interactive. Perhaps if the task of generating associations and relating material to one's own life brought about dissociative reactions, the usual therapeutic effects of group membership, such as universality and altruism (Yalom, 1985) would be somehow diluted. However, given the researcher's observation that clients seemed engaged in and enthusiastic about group

process, the latter explanation seems less likely.

For both clients and therapists, group climate (GCQ) scores were not related to observed cohesion (HCHP-GCS-R). Participants in the groups that judges rated most cohesive did not necessarily view their own group as having the best working climate. One might say that the HCHP and the GCQ, whatever it is they measured here, did not assess the same aspect of group process. The GCQ subscales (engagement, conflict, avoidance) may be more informative in tying process to outcome than the overall GCQ used as a measure of cohesion.

In fairness to the verity of the hypothesis, though, both observed cohesion ratings and GCQ scores showed minimal variability, making correlational analyses difficult.

Another unexpected finding was that client and therapist assessments of group climate were not related to client change across the eight-week treatment. Therapists in particular would be expected to provide a realistic appraisal of group climate. Furthermore, therapist votes for the most involved clients were not associated with client outcome, either. This result was unexpected, as therapists should theoretically have some clinical intuition regarding client contributions to group process.

It may be that certain women came to the groups in a more needy state, and the stability/structure of weekly treatment coupled with the social support aspects may have been more central to their feelings about themselves and their

ability to cope with the transition than the actual dynamics of the women in their group.

With regard to sociometric data, clients regarded most involved by themselves and their fellow members did not fare any better on outcome measures than those receiving fewer involvement votes. This finding is difficult to reconcile theoretically. Greenleaf (1973) maintained that dream groups are effective in part because solutions for coping with anxiety may be learned vicariously by all members. The exercise in the Hill & Cogar manual for which clients respond to "...If this were my dream it would mean..." was designed expressly to maintain a high level of personal relevance of the dream material presented each week, even for those who were not the main actress (as well as to keep interpretations personal and subjective.) Although group members appeared involved on the weeks it was not their turn to report a dream, it may be that the learning was a good deal lower on these weeks. For instance, the week after a client reported a dream may have been a low learning situation, as she may have been fantasizing more about her own experience than on paying attention to (and integrating) the coping strategies of others.

Perhaps the assumption that cohesiveness would operate in the same fashion for a semi-structured dream group that one would expect in a more open-ended psychotherapy format is faulty. That is, researchers may need to look beyond the usually

agreed-upon process variables to alternate curative factors. Butler & Fuhriman (1983) found that different types of groups regarded different of Yalom's (1985) curative (therapeutic) factors as most salient. Members of outpatient psychotherapy groups regarded self-understanding, catharsis and interpersonal learning most salient, while members of time-limited personal growth groups regarded interpersonal learning, universality, catharsis and guidance as most salient to the therapeutic process. Cohesion had singular importance for psychiatric hospital and partially hospitalized group members only.

Yalom's conception of "interpersonal learning" is that of clients gaining insight into some of the causes of their behavior through interaction with other members, "...The group's teaching me about the type of impression I make on others...."). This more cognitive process is quite a different process than cohesion. Butler & Fuhriman suggested that the difference in length of time committed to the group may account for members of psychotherapy and personal growth groups valuing different factors.

Perhaps with a semi-structured dream interpretation intervention, therapist technique is a more relevant process variable. Certain counseling skills, such as summary and interpretation, may be more likely to moderate client outcome than group cohesiveness. Correspondingly, it is possible that treatment would be most helpful for women who reported their

dream to the group (were "main actress") in the sessions for which therapists happened to be most "skillful" on these dimensions. Theoretically, then, members might feel better even in the absence of a cohesive group. This connection between therapist technique and client outcome may represent an intervening variable not examined in the present study.

Soldz, Budman and Demby (1992) found equally complicated relationships between process and outcome in their study of main actor behavior in group psychotherapy. They urged researchers to focus more upon the behavior of individuals in groups and less upon "group-as-a-whole" dimensions, such as cohesion. One of their findings relevant to the present discussion was that individual "therapeutic participation" in groups (the equivalent of "involvement" for the present study) was positively related to therapeutic benefit, as judged by clients, therapists and independent raters, but not to change on outcome measures. Soldz, et. al. interpreted this discrepancy in several ways: (a) That direct ratings of benefit and residual changes on other dimensions represent different, even independent aspects of therapeutic change. That is, therapeutic participation (involvement) might be related to the amount of benefit a client derives from group treatment, but not to actual change, or (b) that direct ratings of benefit from clients, therapists and observers are actually ratings of something other than therapeutic change.

Several methodological explanations for involvement scores not being related to composite outcome should be considered, as well. One is that clients simply voted for who they connected best with initially rather than was actually the most helpful that week. There may indeed have been a primacy effect in this manner, although in perusal the sociometric measure each week, the researcher did not gather that impression; rather, voting did seem to reflect actual group interactions to a large extent. One phenomenon that could have confounded this result, though, is that the women seemed reluctant to vote for themselves, perhaps perceiving this as immodest, despite the confidential nature of the information and the use of code names throughout. In some cases, many members would rank a particular person highest on some dimension (for example "shared the best insights") except for that member herself. Ironically, given the loss of roles and changing identity inherent in the divorce process, this may be a population for which identifying their role(s) in any group is unusually difficult.

Contrary to the hypothesis advanced, the four groups were ranked differently based on observed cohesion than they were based on actual outcome (difference scores.) In fact, the group regarded least cohesive by observers (Group 4) was actually composed of women who made the most gains (ranked first) on measures of anxiety, coping, depression and self-esteem.

Significantly, though, the data revealed very little variability between the four groups in terms of global cohesion. The problem may be that a single score (or ordinal ranking) of cohesiveness cannot be meaningfully assigned to a group. If so, a reasonable alternative might be to compare individual sessions across the four groups rather than to assign a global score for cohesiveness. Main actress self-reports of satisfaction could be compared with this session data. The value of such an analysis would be a more microscopic understanding of the dream interpretation group treatment. On the other hand, the cost of such an approach may be findings that are highly idiosyncratic and less suggestive of the larger clinical issues for the advancement of this intervention.

Overall, cohesion may be a more valuable element of process-outcome studies if were used as part of a battery of observer rated aspects, rather than as the sole measure of the working-quality of the group. Whatever the explanation, with such resounding evidence that cohesion does not lead directly to improvement on outcome measures, it seems implausible that these findings could be due simply to instrumentation.

Rankings of the four treatment groups based on observed cohesion was not related to rank based on group climate. Apparently, observers and participants did not agree upon which groups were characterized by the most cohesive or best working climate. It is possible that although clients were given specific

GCO items to respond to, ultimately their assessment of group climate had more to do with their personal sense of comfort in the group setting than with the dynamics of conflict, avoidance, etc. in their groups.

Another possibility is that insight (or some other intrapsychic variable) was in operation, rather than interpersonal processes such as group climate. One of the main findings of this investigation was that group members learned a significant amount more about interpreting their dreams insightfully. As this learning took place, members may have been attending more to their inner process (for example, relating others' dreams to their own lives, rehearsing their emerging ability to interpret dream images) and less to relationships occurring in their group.

LIMITATIONS

The most obvious limitation of the present study was the small sample size. Although there were 34 subjects overall, with 22 women in the experimental condition, most analyses were run with an N of 22, since the majority of the hypotheses concerned aspects of participation in the dream interpretation treatment. This relatively small sample resulted in low statistical power, making it difficult to detect more subtle trends in the data.

In part, the small sample size was a direct consequence of the large time commitment required of subjects. Eight women

who qualified for the study decided against participation, citing the amount of time required as prohibitive.

Recruitment at the screening stage was also directly related to sample size and thus to power. The original selection criterion of a T- score of 39 or more on the global severity index was lowered to $T \geq 36$ when it was discovered that a number of prospective subjects scored between 36 and 39 on the GSI and had been de-selected on this basis alone.

On the whole, GSI scores were not as high as had been hoped for. Clearly, the danger in conducting an outcome study with subjects who are not in acute distress is a diminished opportunity to witness change on outcome measures. The decision to lower the selection cutoff was of great help in ultimately filling the four groups and the workshop (control) participants, but it may have been at the cost of more marked results, as moderate to mild symptomatology meant less urgency for treatment, accordingly, more depressed scores and less room for change, overall. That is, findings may have been limited by ceiling effects. On the Rosenberg Self-Esteem, for example, experimental subjects had a mean pre-test score of 31.68 out of 40 possible points on the instrument. This suggests that this participants were essentially a healthy population, with relatively little room for higher scores.

Therapist level of expertise was also a limiting factor in this investigation. Using advanced doctoral students permitted

the study to be conducted within a reasonable budget, and all eight therapists led their groups competently and empathically. Nonetheless, testing the intervention with more experienced therapists would certainly have provided a fuller picture of the potential effectiveness of dream interpretation groups with divorcing women. On the other hand, the graduate student therapists appeared to handle the actual working with dream material, including protecting the safety of the main actress and preventing members from foreclosing on an interpretation, very well.

A related concern in gauging the potential of the intervention is that therapist adherence to the Hill and Cogar (1990) manual was not controlled for. Without anchored measures of adherence to procedure, the degree to which clients received what was intended by Hill and Cogar cannot be ascertained. Follow-up studies might develop behavioral observation scales for the dream interpretation intervention. For the present study, though, a MANOVA comparing the treatment groups to each other revealed no significant differences, suggesting (though not assuring) that there were no striking differences in the degree to which therapists adhered to the model.

One limitation of the research design is the possibility that group members became more adept at interpreting dreams as the treatment progressed, causing an order effect. Clients who

reported their dream during session two (the first time the group worked on an interpretation together) may have had a qualitatively different experience from clients who reported session five, when the group was quite familiar with the model. Asking the main actress "How much did you learn this week?" on the sociometric form was an attempt to neutralize this effect. It was hoped that tapping the immediate impact of the dream interpretation in this way would be preferable to asking that same question of everyone at the end, because subjects who were main actress earlier in the group might be more likely to have thought about and possibly distorted group feedback, or to have acted upon the dream content.

A second shortcoming of design was that comparing a single treatment to a no-treatment condition is less informative (and less compelling) than comparing it to a second treatment. Analyzing differences between dream interpretation treatment and, perhaps, a more traditional form of divorce therapy, such as the divorce adjustment group, would have controlled better for the effects due to group. The decision to construct the experiment as is was based on the acknowledgment of limited resources. An additional main effect would have required an equal number of treatment cells, thus twice the number of therapists, clients, raters, and research assistants would have to have been recruited and trained. However, given the luxury of unlimited resources, the study could be improved by comparing

these dream interpretation groups to other divorce or transition therapies.

With regard to the sample of divorcing women, subjects were not as homogeneous a group as had been hoped for. For instance, general symptomatology, including BAI and BDI scores, would probably have been more marked had a sample of women separated or divorced only a short time been assembled. Using subjects who had likely worked through some of the grief of the separation may have affected results to some degree; clients were more diverse in time elapsed since separation.

It must also be acknowledged that subjects self-selected for the study and thus may (or may not) have been the type of sample that could best utilize dream material in their waking lives. As reviewed by Diemer (1990) there are in fact certain personality variables, such as "superego strength" and "guilt proneness" that interfere with dream recall. "Absorption" as a personality trait (such as daydreaming) is characteristic of individuals who recall their dreams with higher frequency and whose dreams contain more emotional content, for example (Spanos et. al., 1980). On one hand, this may be a limitation of the study as designed. Given the possibility of such between-subject differences, it may be that the present study does not capture the full potential of the group treatment. That is, with a sample of women who were often absorbed in daydreams and who were not prone to guilt reactions, for example, findings may

have been more uniformly positive. On the other hand, the issue of clinical relevance arises. Perhaps it is less important the design achieve this type of rigor (a homogeneous sample) than is the goal that women undergoing a life crisis experience some measure of relief.

The sociometric instrument was "homemade," or designed expressly for this study, which is a limitation, as well. The sociometric instrument was not piloted to determine internal consistency of items. "The involved client" was assumed to be verbal, helpful and insightful (as reflected by the three items that comprise the domain). A future test construction study might determine the internal consistency of the measure by calculating the extent to which the items hang together as a construct.

An aspect of the procedure that may have been troublesome is having subjects complete the sociometric form immediately after each session. A prompt such as "Who was most helpful this week?" may have bred competition among members in some way, or may have unwittingly reinforced verbal or exhibitionistic behavior in the groups. Although subjects were not led to believe that these nominations would be revealed at any time, the thought of having been regarded as "most helpful" by one's cohorts may nevertheless have felt rewarding and thus may have confounded group process somewhat.

IMPLICATIONS

The primary implication of this study is that dream interpretation groups may be considered to be an effective treatment for divorcing women. Previous to this investigation, dream interpretation groups had not been used with this population to our knowledge. In particular, group members appeared to benefit from an enhanced sense of self-esteem, to feel less anxious, and to gain the ability to interpret their own dream images with insight.

Anecdotally, participants themselves expressed the belief that groups had been useful. It was not uncommon for women to be present even when ill (including one who attended with laryngitis!) or to drive 1 - 2 hours to the university. One of the groups inquired if they might continue with the co-therapists beyond the eight weeks; another planned a reunion at their last session. The final session for all four groups was characterized by numerous personal accounts of how helpful the group experience had been, with special mention of appreciation for the universality felt.

Interestingly, though, we know little of the nature of what made these groups effective for divorcing women. Attempts to link the individual process measures utilized, such as group climate, client involvement and observed cohesion, were uniformly nonsignificant. This suggests that it was something other than these aspects of the group experience that led to therapeutic outcomes, or that these instruments did not

adequately capture the constructs intended.

Furthermore, trained judges and group participants (including therapists) seemed to have very different perspectives on the working quality of their groups. The overall disparity between observer and participant ratings of group process was not expected, although this finding raises an interesting question about group process theory and its assessment. If neither observer nor participant ratings of group process are able to provide very clear prediction of outcome, nor are they even associated with each other, in what ways do we attempt to bridge the gap between research and practice in group psychotherapy?

Researchers in this field of study may find the respondent demographics interesting. There appears to be a need to gain better access to racial and ethnic minority subjects. The proportion of respondents who were African-American/Black or Hispanic did not correspond to the (greater) numbers of these groups in the metropolitan area, despite the fact that ads were placed in several community-based newspapers, such as The Washington Afro-American. Divorce itself is known to carry different connotations across cultures (Bloom & Clement, 1984). The dream interpretation aspect of this study or the fact that help would be provided in the group setting may have deterred racial and ethnic minority respondents.

If dream interpretation groups are to be truly integrated in

the field of psychology, it will be necessary to determine the differential treatment effects with ethnically diverse clients. Sue & Sue (1990) suggest, for example, that studying the positive aspects of various cultural groups is an integral part of effective counseling with clients who are culturally different from the counselor. In this light, one might view dream interpretation as a culturally sensitive intervention with some Hispanic clients, for whom spirituality is a particular value and strength (Casas, 1985) or for some American Indian clients, for whom attention to symbols of the mind-body connection are a value and an asset (Dillard, 1983). Others (Helms, 1984; Helms & Parham, 1989) point out that client racial identity development may be a more relevant moderator variable than ethnic groupings, *per se*. Future studies might seek to establish the differential appeal of divorce treatment options with members of diverse ethnic and racial groups.

Also, the sample was largely educated at the two-year college level or above, and although ads ran throughout urban, suburban and rural areas of Maryland, northern Virginia and Washington, D.C., many respondents either lived or worked in urban Washington. Dream interpretation may not appeal to recently divorced women from more rural settings and/or who have fewer years of formal education.

Along these lines, if counseling psychologists are to avail themselves to a non-psychiatric population in transition or

crisis, then attention to the demographics of mental health utilization remains critical. Female, single-parent households are the fastest-growing family arrangement in this country and a great proportion of the increase in medical care utilization among this group during marital separation is mental health-related. This work seems particularly relevant given the counseling psychologist's identification with the treatment of developmental crises across the normal life span. An implication not fully explored in the present study is that to the extent that dream interpretation mobilizes client resources through insight, catharsis and (in the group mode) social support, it may serve an important preventive function, as well. Perhaps participation in these groups may be viewed as decreasing client need for long term therapy or inpatient care. On the other hand, participation may ultimately stimulate need for an interest in psychotherapy. In either case, these emphases upon mobilizing client strengths and prevention work are also central to the mission of counseling psychology (Fretz, 1982; Kagan, et al., 1988).

Recommendations for further research

Aspects of effective dream interpretation. Perhaps the first question to be addressed is "What should effective dream interpretation look like?" There is a need for work on what aspects of the therapy made it helpful to clients. Only when there have been further process investigations of the nature of

this treatment may we devise a more anchored system for determining what changes should be expected as the result of dream interpretation groups.

Understanding specific post-divorce coping skills.

Relatedly, one important area for future research might be a more thorough investigation of what aspects of divorcing women's coping skills are most facilitated by dream interpretation. Such questions as "How can decision-making skills be enhanced?" and "What contributes to higher self-efficacy?" are important, as would be findings regarding the particular types of coping (financial, social, parental) that suffer most profoundly. For instance, Leslie (1980) found that women seek post-divorce relationships largely to meet dependency and esteem needs, and that sexual involvement without contraception becomes much more likely. This behaviorally-based finding leads clearly to intervention strategies such as psychoeducation. While the current literature, which links the divorce transition with various emotional states such as anxiety and depression is helpful clinically, it perhaps does not lead to active program evaluation efforts as directly as investigations of specific post-divorce adjustment skills might.

Critical incidents. An interesting follow-up study might be to examine critical incidents in the dream interpretation groups. As was reported above, subjects found the session in which they reported a dream significantly more helpful, instructive and able

to provide access to feelings than the other sessions they attended. If a number of critical incidents common to group therapy could be isolated (for example, having the group problem-solve for a single member, confrontation by a group member or therapist, etc.) these events could then be analyzed with regard to session data (such as group climate) and to observer cohesion ratings to see if, in fact, particular critical incidents account for a significant proportion of the variance in these scores.

Relevance of clinical sample. Although recruitment of subjects proved difficult, it is argued here that the scientist-practitioner should continue to seek subjects who most closely resemble the population of interest. The number and stringency of selection criteria, despite having been loosened in response to the number of prospective subjects who were not qualifying (for example, the outer age limit was extended from 55 to 57 years) was limiting. Many of the women who responded to the ads were deselected because they had been divorced for too long a period or because they had just begun individual psychotherapy. Others seemed genuinely interested but had long distances to travel to the university and were discouraged by the time commitment involved. In all, 34 of the 79 women who responded to advertisements (43.03%) completed all phases of the study. Given the resources necessary, it is easy to understand why a researcher might opt for a sample of

convenience over a specific clinical sample. Indeed, a more general study of the effects of dream interpretation groups may have been accomplished much more efficiently in this way. Nevertheless, the implications for counseling psychology seem more relevant with a sample undergoing a particular life crisis.

Client variables: Marital status. An important line of research would be to determine whether it is most beneficial for clients who have finalized their divorce to be treated differently than those who are only separated. It may be that subjects who have completed the divorce proceedings are in less crisis than those who are separated, because the future of their marriage is no longer ambiguous. Having had more time to adjust to possible loss of their role as "married person," the coping skills of divorced clients may not be compromised to the same degree as those of separated clients. On the other hand, it may be that the finality of the divorce is more shocking, at least initially, than is a temporary, physical separation from the spouse, requiring a period of grieving that is qualitatively different from what a separated client would need. In fact, the literature is divided on whether separated and divorced clients should be considered together in empirical studies. Thus, a next step in the area of dream interpretation group research would be to determine (a) Whether separated and divorced derive equal benefit from an identical method of interpretation and (b) if so, whether or not the practitioner is advised to offer separate groups for these two

populations.

Therapist variables. A number of therapist variables, such as theoretical orientation and religious convictions might be interesting to analyze in terms of comfort and facility with dream interpretation. Perhaps a more immediate question, though, is "Who should be practicing dream interpretation?" Among contemporary models of dream interpretation, for instance, a primary difference emerged between Ullman & Zimmerman's (1987) model of dream groups, for which no mental health professional is necessary, and Hill & Cogar's (1990) notion of dream work within the context of psychotherapy (i.e., with a trained professional.) This point illuminates the need for theorists to make explicit their expectations regarding the clinical utility of dream material. Future theoretical pieces must address the intended forum considered most appropriate for dream interpretation.

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