Perchance to dream: Ego states and dreams

Shirley McNeal

Do ego states appear in dreams? Can dreamwork enhance ego state therapy? Dreamwork and ego state therapy have in common that both methods of therapeutic intervention deal with unconscious material. Ego state therapy is very useful in accessing and working with an individual's ego states such that conflicts can be resolved and ego states can mature and function cooperatively with each other, allowing for more mature and effective functioning in the external world. Dreamwork can be done solely by the patient or in therapy as a cooperative effort at interpretation by the patient and therapist together of the dreams the patient brings to the therapy session.

There are many different theories and methods for dream interpretation. One of the dream interpretation methods involves the use of EMDR to elicit the patient's associations to his or her dreams. This method has the advantage of allowing patients to produce their own interpretations without interference from the therapist. When ego state therapy is also utilized, the two methods of intervention can complement each other, enhance conscious-unconscious complementarity, and facilitate the process of change and positive treatment outcome.

This paper will explore some of the ways in which exploration of dream material with EMDR can enhance ego state therapy, and ways in which the effects of ego state therapy are revealed and further reworked in dreams. Case studies will illustrate these processes.

The training of psychotherapists tends to emphasize training in a variety of therapeutic modalities, however, the recommendation is usually made to choose a particular theoretical orientation and stick with it. This theoretical orientation will usually influence the treatment methods the clinician feels most comfortable in using with patients in the treatment setting. However, a case can be made for a more eclectic and integrative approach to psychotherapy, which combines different theoretical models and methods of treatment. In doing so, the treatment can become richer and more comprehensive, especially if different approaches are combined in such a way to address the specific needs of the patient.

This paper will discuss the combination of the treatment methods of ego state therapy, dreamwork, and EMDR. Any one of these three methods can be utilized alone, but by combining them it is possible to increase the amount of useful material generated and provide alternatives for resolving trauma and other therapeutic issues. All of these methods have been discussed as helpful in accessing unconscious material, particularly dreamwork. As you have undoubtedly heard many times, Freud thought of dreams as " the royal road to the unconscious" (Freud, 1900). Ego state therapy, which utilizes hypnosis, has also been very useful in accessing unconscious processes (Watkins & Watkins, 1997), while EMDR has been viewed as "the rotor rooter of the mind" (Gannon, 1993). Each of these approaches can contribute to the effectiveness of the other approaches when the timing of the interventions is appropriate.

Ego State Therapy

Ego state theory and therapy were developed by John and Helen Watkins (1997). Their theory has been described as an ego psychological theory of personality based on Federn's (1952) theories. Differing patterns of affect and behavior were defined by Federn as "ego states". The Watkins developed and elaborated Federn's concepts of ego states. They (Watkins & Watkins, 1997) defined an ego state as a group of behaviors and experiences bound together by a common principle, and separated from other ego states by a boundary. Ego states can develop through normal growth and differentiation, through introjection of significant others, and through trauma. Different ego states at different times can be cathected or energized and become dominant in the personality. This dominant ego state is then termed "executive". Although ego states are similar to the alters of dissociative identity disorder patients, the ego state boundaries are less rigid and more permeable. Ego states can be accessed with hypnosis and engaged therapeutically. Ego state therapy is defined as the use of ..." individual, group and family therapy techniques for the resolution of conflicts between the various ego states that constitute a family of self" (Watkins & Watkins, 1997, p. 96). The same kinds of interventions that are employed with individual patients can be used with individual ego states. As well as conflicts among various ego states, there can be differing levels of maturity, consciousness, and communication. The goal of ego state therapy is to promote consciousness and cooperation among the ego states such that integration and harmony can prevail (Watkins & Watkins, 1997).

Dreams and Ego States

Therapists who have worked with ego state therapy have most likely had the experience of encountering different ego states in patients reported dreams. Jack Watkins (Watkins & Watkins, 1997, p. 11) has described a series of dreams in which different ego states played differing parts as subject or object. In one case the dreamer states, "I saw a man beating a small boy and felt very sorry for the boy". Here the dreamer is close to identifying with the boy. When the dreamer states, " I dreamed my father was

beating me and it sure hurt", it is apparent the dreamer is identifying with the boy as part of himself. When the dreamer says, "I dreamed I was spanking my son" the dreamer is identified with the parent part of himself. Many methods of dream interpretation focus on all the parts of the dream as representing parts of oneself. For purposes of this paper, only obvious ego states as they appear in dreams will be considered.

In addition to the appearance of ego states in dreams, hypnotic suggestions can be given to ego states to be active in dreams. For example, in one of Helen Watkins case studies, the suggestion was made for a particular ego state to play in the nightly dreams of a patient so another ego state that needed to concentrate on studying during the day would not be disrupted by the ego state that only wanted to play (Watkins & Watkins, 1997, p. 90). A considerable body of literature on hypnotic dreams exists, and is beyond the scope of this paper.

Any particular patient may or may not be aware of which ego states are active in his or her dreams. If a patient is especially interested in his or her dreams and brings them to the treatment session, dream interpretation can be an important and significant part of ego state therapy.

Dreams

When working with dreams it is important to know what research has revealed about dreams as well as what models of dream interpretation have been developed.

Dream Research

Aserinsky (Aserinsky & Kleitman, 1953) discovered rapid eye movements (REM) occurring concomitantly with dreaming. He and his colleagues Kleitman and Dement at the University of Chicago studied dreaming and dream deprivation as it related to REM sleep (Dement, 1960; Dement & Kleitman, 1957). Their findings can be summarized as follows: Everyone experiences three to five or more dreams each night varying in length and complexity from shorter dreams mainly about events of the day in the early hours of the sleep period to longer and more distorted dreams toward the time of waking in an average eight-hour period of sleep. The EEG pattern shows different patterns for each stage of sleep. Dreams occur accompanied by EEG patterns, which resemble waking EEG patterns, usually accompanied by rapid eye movements and almost total lack of muscle tone. This was exciting research but did not answer questions about the function of dreaming.

Other discoveries have added further information. In the 1960's, the role of neurotransmitters, such as acetylcholine and serotonin were investigated, but could not explain very much of the dream phenomena. The consumption of glucose and the role of energy and temperature have also been studied, along with genetic implications (Jouvet, 1999).

Other models to explain the function of dreaming emerged. Hobson, at Harvard (Hobson & McCarley, 1977) posited an activation-synthesis hypothesis, which held that all distortions in dreams are caused by the brain's random neuronal activity during

sleep while the eyes move. The brain attempts to synthesize the motor and neuronal activity while visual perception is turned off and the body is paralyzed. Hobson believed dreams served a purely physiological function (Hobson, 1988). Crick (Crick & Mitchison, 1983) believed that dreams are a way of deleting unnecessary memories and thought patterns. Dreaming then is a way of cleaning out the brain or of dreaming in order to forget that which is unimportant. However, these authors were unable to find structural or chemical correlates of their "reverse learning" model (Jouvet, 1999).

In part, these theories were related to the findings that REM sleep is controlled by the part of the brain, the pons that is part of the brainstem involved in automatic activities such as respiration and cardiac activity. However, more recently new technology for brain scanning, positron emission tomograpy (PET) scans and functional magnetic resonance imaging (MRI) have discovered that the regions of the brain controlling emotion and motivation are highly active during REM sleep. These studies have decreased the distance between dream researchers on the one hand and clinical models of dream interpretation on the other. Braun (Carpenter, 1997) using PET scans found that the limbic and paralimbic regions of the brain, areas controlling emotion and motivation, were activated during REM sleep. Areas of the prefrontal cortex involving working memory, attention, logic, and self-monitoring were inactive helping to explain why dreams contain bizarre imagery, loss of logic and insight, diminished self-reflection, distortions of time, place, and identity, and forgetting of dreams (Carpenter, 1999). While the primary visual cortex that receives information from the external world is inactive, regions of the brain that are involved in higher-level visual processing remain active, explaining why the dreamer can see while dreaming. According to Carpenter (1999), Braun believes that deactivation of the prefrontal cortex is consistent with Freud's ideas of encoding of wishes into dream imagery.

Solms (1997) has studied patients who had damage in the pons region of the brainstem or in the motivational areas of the forebrain. He found that although REM sleep was damaged, dreaming was not. People with damage to the motivational centers of the forebrain reported a loss of dreaming but their REM sleep was not disturbed. Thus, Solms was the first investigator to show that dreaming and REM sleep do not necessarily go together. Solms work (Solms, 1977) suggests that dreaming is a higher mental function involving emotion, motivation, memory, and perception. Solms (1997) admits that Freud's ideas of dreams as wishes are supported by his research. Other researchers, however, remain skeptical. Currently there is much excitement in the dream laboratories as to what more the new technology will reveal. Suffice it to say at this point, that there is now much more experimental support for the notion that the function of dreaming is indeed psychological as well as physiological.

Dream Interpretation

The importance of dreams and of interpreting their meaning has been discussed since the beginning of recorded history. In ancient Greece, patients with various maladies visited dream oracles at the temples of Apollo or Aesculapius seeking recovery.

Following massage and incense, the person lay down on the skin of a sacrificed lamb and dreamed of the cures for his illness or solutions to his problems. The dream content would then be interpreted by the priests. We know that in many different cultures of the world enormous importance has been placed on dreams such as the Australian aborigine's dreamtime or the vision quests of Native Americans.

In western culture, a multitude of different approaches to dream interpretation have been developed. An enormous body of literature exists on the many ways to significantly remember and utilize one's dreams. Even within the psychotherapy literature, many different models of dream interpretation have been described. For the purposes of the present paper, only a few of the many methods of interpretation will be discussed.

Sigmund Freud's book The Interpretation of Dreams (Freud, 1900), now 100 years old, has perhaps been the most influential model of dreaming. Freud viewed dreams as messages from the unconscious mind that were primitive and infantile (usually sexual) wishes, which emerged from the id while the ego was sleeping. These wishes were so anxiety provoking that they needed to be symbolically disguised in order to preserve sleep. Primitive urges were combined with the day's residue and revised in the dream. In Freud's view, dreams are a compromise between the wish and the defense against it. Although Freud believed that the primary function of dreams are wish fulfillment, he also discussed anxiety dreams where censorship fails, punishment dreams, and dreams in the traumatic neurosis (war dreams). The original dream was termed the latent content while what the dreamer described was the manifest content. Freud believed that dreams should be interpreted using his free association technique.

Carl Jung's theories of dream interpretation (Jung, 1963, 1964, 1974) differed from Freud's in that he conceived of dreams as reflections of an individual's emotional life, and as constructive comment on actual situations. The dreams could be about growth occurring unconsciously and could be about the future as well as past and present. Jung saw dream symbols as archetypes from the collective unconscious. The anima and animus, the shadow, and other of Jung's concepts of the structure of the self appeared in dreams involving individuation and alchemy. He looked at the dream structure, the context of the dream and interpretation on subjective and objective levels. For Jung, dream interpretation involved writing them down and associating to them with the use of active imagination (Alvarez, 1995).

There are many other well-known approaches to dream interpretation. Authors such as Calvin Hall, Adler, Eric Fromm, Montague Ullman and David Foulkes have discussed the function of dreams as problem solving. Elaborate interviewing techniques have been developed such as those by Delaney (1993) and Flowers (1998). A novel approach to dream interpretation will be presented below, the use of EMDR for dream interpretation.

EMDR and Dream Interpretation

EMDR was discovered and developed by Francine Shapiro in 1987. She noticed that

bothersome thoughts seemed to reduce in intensity when her eyes moved rapidly back and forth. She experimented on trauma survivors and refined the method to become an eight-phase treatment model, which has now been used extensively for numerous disorders (Shapiro, 1995). Shapiro sees her model as involving accelerated information processing whereby any alternating stimulation can be utilized in addition to the standard model where the therapist would move his or her fingers rapidly back and forth while the patient followed with his or her eyes, while holding in mind targeted images, thoughts, feelings, or bodily sensations. EMDR is thought to facilitate the processing of traumatic or stressful material that had previously been incompletely processed and was not resolved or integrated. EMDR leads to new beliefs and behaviors, which are appropriate in present time.

One of the target images in the standard protocol is the nightmare image. According to Shapiro (1995), when the nightmare image is targeted, it is treated as a direct link to the neural network in which the underlying traumatic material is stored. EMDR is seen as removing the "symbolic overlay" (Shapiro, 1995, p. 76) to reveal life experiences. For example, a sexual abuse victim may have dreams of being chased by a monster accompanied by overwhelming feelings of terror. As the image is processed, the affect shifts downward allowing for cognitive connections by linking up different networks. The level of affect stimulates other cognitive content, and with further processing with EMDR, the image may shift to an image of her stepfather, the perpetrator, chasing her through her childhood home. The image can then be further processed or may dissipate. After processing with EMDR, the dream image usually does not reoccur.

Parnell (1997) hypothesized that the REM sleep mechanism is an attempt at processing the traumatic network containing early memories, and that the nightmare may be the mind's attempt to metabolize trapped information. Shapiro and Silk-Forrest (1997) consider ordinary dreams to be adaptive, while nightmares are viewed as insufficiently processed events. Dreams that are not disturbing, do not reoccur, and are resolved before waking are assumed to be successfully processed and are not typically targeted.

Another theoretical approach has been described by Robert Stickgold (1998). From his research on sleep and dreaming he has hypothesized that processing and consolidation of memories may require events that occur specifically during REM and non-REM stages of sleep. He believes that REM sleep may be necessary to transfer information from the forebrain into the hippocampus, while nonREM sleep may facilitate transfer in the opposite direction, i.e. from the hippocampus to the forebrain. The back and forth communication is thought to integrate specific, episodic memories into our general, semantic store of information. His research suggests that in REM sleep the brain preferentially processes weakly related associations in contrast to waking preference for strongly related associations. This preference for weakly related associations suggests integrating new information into a wider network of related information already present in the forebrain. Stickgold (1998) hypothesized that the normal REM

mechanism breaks down when there is trauma resulting in a failure to process traumatic memories. If that is the case, then EMDR or any bilateral stimulation should facilitate activation of the processes that occur in REM sleep to "push-start" the broken REM mechanisms (Stickgold, 1998).

So if it is possible that EMDR mechanisms operate similarly to the REM and non-REM processes of sleep, then these processes may complement and facilitate each other in further processing memory material.

Paul Wachtel (1999) has discussed his use of EMDR within a psychoanalytic framework, and views EMDR as a tool, which aids in the working through process of psychotherapy and facilitates integration. He advocates using EMDR in a more "free-form" way within the context of psychodynamic psychotherapy and alternates EMDR with more traditional analytic interventions. He feels EMDR facilitates an analytic approach through "free association in fast forward".

It is the experience of the present author that EMDR does indeed stimulate the process of free association. Therefore, it may be useful in dream interpretation, not only to process nightmare images, but also to process normal dream images, which may not necessarily be traumatic, but may provide useful information to facilitate the process of psychotherapy. After using EMDR in processing dreams with a number of patients over the past few years, it appears that this use of EMDR can definitely speed up and enhance the psychotherapeutic process. Some patients are very interested in their dreams, write them down, and bring them to therapy to be discussed and interpreted. It is with these patients that using EMDR for dream interpretation is most helpful. Some of these patients are also appropriate for ego state therapy, and combining both can be especially productive. The following case study will provide an illustration of how ego state therapy and EMDR used for dream interpretation can be effectively utilized together.

Case Study

Jack is a 35-year old Caucasian male who came to see me after seeing numerous therapists dating back to his adolescence. He presented with symptoms including many allergies, environmental illness, frequent gastrointestinal problems, social phobia, paranoid ideation, and anorexia. He had experienced physical abuse from his peers when he was ten to twelve years old, and had subsequently become very withdrawn and passive. An uncle who had been diagnosed with paranoid schizophrenia and was frequently institutionalized had lived with his family when he was three years old, and Jack realized in therapy that he had been very influenced by this uncle. Jack's parents had been "California hippies" in the 1960's, and had raised him and his two sisters in a very permissive environment where there were no boundaries or limits. Jack had eventually assumed that lifestyle as well, and had lived in a Volkswagen van with his college girlfriend for a period of time. The girlfriend had been emotionally abusive and Jack said he ultimately fled from her. Since that time he has been unable to date. He stated his goals in therapy as that of learning to become comfortable in social situati-

ons, to be able to date and possibly to become sexual again after fifteen years of celibacy. At the time he entered therapy with me, he was living in a communal household, not working, and spending most of his time in his room writing and doing art work. He claimed that any attempts at being social would result in sickness that would last for many days.

Jack was very interested in hypnosis and dreamwork. He kept detailed accounts of his dreams every night and often used them as inspiration for works of art. He spoke naturally about different parts of himself in conflict with each other and proved to be a good candidate for ego state work. During the first year of therapy we worked extensively with his ego states. He identified an ego state called Shaman who was a wise helper ego state. Monk was the ego state who kept him imprisoned in his room. Susy was an ego state who was motivated to be active and social but rarely had the chance to be executive. Cripple was an ego state who was angry, sad, and disabled. Caretaker was an ego state who felt obligated to care for others but neglected himself.

As a result of the ego state therapy with these ego states individually and together, Jack was able to make a number of important changes. Over the course of two years of therapy, Jack's self esteem improved to the extent that he was able to begin taking better care of his body. He gained weight and started working-out at a gym. He began to dress more appropriately, and cut his long shaggy hair. He began to venture out in terms of taking some art classes and making attempts to talk to the women in his classes. He often had dreams of being with a girlfriend and enjoying himself. However, he continued to be unable to date and still spent considerable time in isolation.

He had heard about EMDR from a friend and was curious whether it would be helpful to him. We thoroughly discussed it and decided to try it. Initially we targeted images from his past abuse, but nothing new emerged beyond what had already been resolved through ego state therapy. So we began to use EMDR with his rich dream images. The procedure we used was to start at the beginning of a dream and review a small chunk of the dream during eye movement sweeps, focusing on the image that was most affect-laden and compelling. I would track his associations and instruct him to "stay with that" until the affect reduced in intensity and there was a feeling of completion. Negative cognition would be processed as well as any bodily sensations. Then he would review the next part of the dream during further eye movement sweeps. After we had processed the last part of the dream, I would ask him to again review the whole dream for a further succession of eye movement sweeps. We would conclude with a positive cognition and a plan of action, reinforced with more sweeps.

This method of dream interpretation has proven to be very fruitful. It has facilitated further ego state work by revealing the messages and interactions of specific ego states. For example, Susy is very active in his dreams and provides specific advice for how to behave socially, and what pitfalls to avoid. He had a series of dreams in which various ego states were involved in musical activities. This prompted him to enroll in some singing, composing, and piano classes. He discovered he had

considerable talent. After an initial bout of performance anxiety, he was able to perform adequately in front of the class. He began to call people from his classes and organize weekend musical events at his home. Women began to call him to get together for jam sessions. Now he is at a new juncture in his progress. He can now socialize with women and enjoy social activities. However, as therapy continues he is still finding it difficult to ask a woman he finds attractive to go out on a date. So our work continues.

I would like to quote Jack's experience of working with dreams using EMDR. In his words, " It is like shuttling back and forth from the dream to my cognitions and back to the dream, which prevents getting lost in either". He feels the therapeutic relationship serves to guide the process and is more productive than either his own dream interpretation or painting his dreams.

Discussion

As the case study illustrates, ego state therapy, EMDR, and dreamwork can be combined to augment each other. Ego states that appear in dreams can be worked with more intensely using EMDR, and more imagery is available to stimulate increased cognitions with behavioral implications. The process of psychotherapy is speeded up and enhanced.

One of the main advantages of dream interpretation with EMDR is simply that it allows the patient to interpret his own dreams without interference from the therapist. It is a completely patient-centered approach. EMDR does seem to enhance associations, reveal wishes and conflicts underlying the symbolic imagery, and provide specific problem solving solutions for individual ego states and groups of ego states. Ego states that are rarely executive in waking life tend to be much more active in dreams which is some support for Freud's theories of dreams as wish fulfillment. The theories of dreams as problem solving also receive support in terms of actual plans of action that EMDR can stimulate from the dream material. The information obtained expands the scope beyond that which can be obtained by either the patient's interpretation alone or by discussing the dreams in the psychotherapy session. Additional resolution of trauma and increased integration are facilitated as well as increased conscious-unconsciousness complementarity (Morton & Frederick, 1997).

The standard EMDR protocol has been modified in the methods described above. Rather than asking for SUDS scores or VOC scores (Shapiro, 1995), subjective feedback is requested in terms of what images, feelings, thoughts, memories, or bodily sensations are being experienced, and whether the feelings have decreased, increased, or remain the same. It may be useful in the future to use the SUDS or VOC scores for more standardization of the procedure. However, for use in the clinical hour, good observational skills and clinical judgment have been adequate to determine the changes taking place.

In selecting patients for using these methods it is recommended to only use EMDR for dream interpretation with patients where there is a well-established therapeutic alli-

ance and strong positive working relationship. The patient should have spontaneously reported dreams and indicated a strong interest in working with them. It is necessary to fully discuss and explain EMDR and to use it initially for establishing a safe-place and a conflict-free image for purposes of establishing safety and stability (Phillips & Frederick, 1995). At any time during the process ego-strengthening images can be used when needed. These procedures would be contraindicated with patients who are experiencing manic excitement or are unable to contain suicidal or acting-out impulses.

In conclusion, this paper has presented a method of dream interpretation utilizing EMDR, which can be combined with ego state therapy to produce therapeutic results, that may not have been obtained by use of any of these methods alone. With further exploration, it may be possible to determine more specifically which of these methods produce which results, but it is definitely possible at this time to say that the combination can be a powerful addition to the more traditional psychotherapeutic approach.

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