

Group Dream Work: A Holistic Resource for Oncology Nurses

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Purpose/Objectives: To explore dream work as a possible means for nurses to increase self-understanding and problem solving in personal and professional life.

Design: Hermeneutic phenomenologic, descriptive, and interpretive.

Setting: A comprehensive cancer center in the southern United States.

Sample: Six nurses with a mean age of 40 and 1–10 years of oncology nursing experience.

Methods: Interviews, guided by descriptive and interpretive phenomenology, were conducted with nurses before and one and six months after they participated in eight weekly sessions of a group focused on dream work. Phenomenologic analysis was done on verbatim transcriptions of all interviews.

Findings: Nurses found value in participating in dream groups, including having more open discussions about feelings and death, managing difficult situations, and attending to patients in the present.

Conclusions: The value of learning to attend to dreams may be subtle but has value to nurses.

Implications for Nursing: Incorporating dream work is one holistic intervention that may be useful to improve job satisfaction, communication, and relationships in this time of nursing shortage.

Studies suggest that openness to new knowledge about oneself, understanding of dream content, and interpersonal dialogue about dreams may influence self-actualization and resolution of personal conflict and enhance the social adjustment of the dreamer (Barrineau, 1996; Stefanakis, 1995; Strauch & Meier, 1996). Experimental dream research has found that dreamers “transform memories and waking impressions into fresh experiences, thus giving them a new life. Meaningful dream elaborations may contribute to the comprehension of waking experiences and to attempts at problem-solving” (Strauch & Meier, p. 241). Goldberger (1994) suggested that those who became aware of the meaning of their dream content increased their ability to create compromise out of conflict, to perceive and resolve specific dangers, and to experience a fuller range of feelings when awake. In accordance with Adlerian theory, dreams provide a summary of a person’s thinking about the current issues of life (Slavik, 1994). In summary, dream literature has discussed how dreams affect dreamers’ self-development, awareness of the continuity of life (Lamb & Hollis, 1994), ability to find new meaning, and ability to cope with modern stressors (Harrison, 1994).

Continued focus on these and other factors that could improve job satisfaction and reduce burnout is especially important in the current nursing shortage, which is pervasive, and especially serious in high-stress nursing situations such as cancer nursing (Buerhaus, Donelan, DesRoches, Lamkin, & Mallory, 2001).

Key Points . . .

- Small group dream work provides opportunity for phenomenologic and psychological meaning.
- Self-analysis, “the dreamer as authority,” is essential.
- Nurses showed more awareness of their own feelings and those of patients and coworkers in interviews after the group dream work.
- Organizations can incorporate small group dream work as a resource for nurses’ personal fulfillment.

Evidence of serious dissatisfaction among nurses increases the need for creative ways, such as group dream work, to improve job satisfaction among nurses (Corey-Lisle, Tarzian, Cohen, & Trinkoff, 1999; Johnston, 1997; Shindul-Rothschild, Berry, & Long-Middleton, 1996).

Recognizing that nurses seek to know more about themselves and the care that they provide to patients and are open to new information, the researchers designed this study to understand the meaning of nurses’ work before and after they participated in small group dream work and nurses’ experiences in these groups. The purpose was to explore dream work as a possible means for nurses to increase self-understanding and problem solving in day-to-day personal and professional life.

In a multisite study of the meaning of oncology nursing, nurses described three nursing roles (Steeves, Cohen, & Wise, 1994). The first role, maintaining the goals and values of health care, described nurses’ part in saving lives. They fought the disease of cancer and aligned their work with physicians’ work. A second role, participating in the personal lives and experiences of patients and their families, described nurses’ “being there” for patients with cancer as they dealt with the

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Digital Object Identifier: 10.1188/04.ONF.817-824

disease and its emotional impact. The third role, reconciling goals of healthcare professionals and the experiences of patients, involved standing between patients and physicians and helping each to understand the other. Nurses in this third role served as patient advocates by explaining patients' views to medical staff and explaining medical needs to patients.

In addition, these nurses' own life experiences often were linked to the way they described their professional role. One example was a nurse who saw her role as patient advocate and mediator. She described her own experiences in psychosocial therapy and saw herself functioning as her therapist had. Other life experiences, however, left nurses believing that talking about painful experiences was not useful. Nurses with these life experiences focused on saving lives and believed that ideal patients do not talk about pain but look for positive aspects of their experiences (Cohen, Haberman, Steeves, & Deatrick, 1994).

The need to identify creative ways to support nurses led to this study, which examined how small group dream work affected nurses. Dream work is a holistic strategy. Holistic strategies are most appropriate because nurses' perceptions of their roles and work are shaped by their whole experience.

The Progression of Dream Work

Prior to the 20th century, records of dream content and its influence on conscious life primarily were found in the great works of world literature, relegated to memoirs, or handed down through generations in oral histories. A turning point came with the publication of *The Interpretation of Dreams* (Freud, 1900), which initiated a written record of clinical studies of dream content and the influence it has on problem solving. C.G. Jung and others continued clinical studies of dream content in universal culture throughout the first half of the 20th century. These works remained elusive to many until practical techniques for application of dream content to conscious awareness were reported (Bosnak, 1996; Hillman, 1977; McNiff, 1992).

Current studies have focused on practical uses of dream content in treating trauma, AIDS, and other physical illnesses; in death and loss; and in job stress counseling (Barrett, 1996; Belicki & Cuddy, 1996; Brink, Allan, & Boldt, 1995; Bumbaugh, 1998; David & Mellman, 1997; Gagerman, 1997; Heather-Greener, Comstock, & Joyce, 1996; Muff, 1996). Bumbaugh's program included dream work with nurses experiencing stress from years of downsizing. Evolving are person-centered (dreamer-identified meaning) approaches to self-development that normalize dream work to the general population (Bernstein & Roberts, 1995; Berube, 1999; Bumbaugh; Clark, 1994; Kane, 1994; Provost, 1999; Strauch & Meier, 1996).

The Progression of the Phenomenologic Study of Dreams

Methodology in Group Dream Work

The attitudes and patterns expressed in the content and process of dreams reflect what the person does in waking life. Through participation in short-term, person-centered dream work, individuals identify the meaning of their own dream content and thus increase understanding of their own

waking environment (Barrineau, 1996; Berube, 1999; Hazarika, 1995; Provost, 1999; Slavik, 1994). Dream material is combined with waking-state knowledge, thus opening the domain of waking state and self-understanding. A dreamer accomplishes this by staying with and accepting the dream image as it is, then enlarging it through amplification and association. Amplification means that the dreamer focuses on an image of choice and imagines it larger; for example, a teacup (a container) could be magnified to be the ocean (a container of water) that has more meaning than the teacup itself for current problem solving. "Container" may prove to be a key word. Association means a stream of thought to join the teacup with other images in the dream; for example, a facilitator might ask a dreamer, "What else do you see in the dream?" She could reply, "The teacup is on a table and other nurses are sitting around it." Asked to say more about that, the nurse could reply, "The nurses want to pull me closer to the table, and I want to work more closely with them." This association creates a more comprehensive picture than the teacup alone and may lead to clearer meaning of the dream.

The most widely recognized methods of amplification and association are (a) dream sharing through dialogue in small group work (Berube, 1999; Clark, 1994; Provost, 1999; Slavik, 1994; Stefanakis, 1995; van den Daele, 1996); (b) journal writing and dream diaries (Bernstein & Roberts, 1995; David & Mellman, 1997; Guiley, 1998); (c) structured, written memory exercises (Bosnak, 1996); (d) artwork, drawing, and painting (Bumbaugh, 1998; McNiff, 1992; Muff, 1996); and (e) active imagination and visual imagery. These practical methodologies assist individuals to capture their dream imagery, self-report, and shift material from the dream into waking state. All were used in this study conducted with oncology nurses to explore how dream work would affect them.

Methods

The nurses were interviewed in individual phenomenologic interviews by the primary investigator prior to participation in small group dream work and at one and six months after the group.

Sample and Procedure

After obtaining institutional review board approval, the investigators distributed flyers advertising this study to a comprehensive cancer center in the southern United States. Nurses who participated provided informed consent prior to being interviewed and participating in a dream work group.

The group was limited to six nurses so it would be large enough to stimulate interaction and keep a moderate pace yet small enough for each participant to verbalize often and at the same time keep a sense of the group as a whole (Corey, 1995). Considering that an experienced researcher and two facilitators were part of the group, a small sample kept the size of the group from being too large. Participants were not screened for prior dream work, history of abuse, or frequency of disturbing dreams so that the researchers could study the dreamers as they were in the present and accept those who were motivated and take what came from the population. Although this small number of participants is a limitation, because each nurse was interviewed three times, data are available from 18 interviews.

This number is acceptable for phenomenologic research and for exploration of a new topic.

Interviews

Nurses were asked to “describe a critical incident,” which was defined as any incident when a difference occurred in patient outcomes, something went well or not as planned, something was atypical or particularly demanding, or something captured the essence of what nursing is about. In the interviews after the group dream work, participants also were asked to discuss how the group work affected them and their nursing practice.

The interview questions were derived from previous work (Cohen, Haberman, & Steeves, 1994) and built on work by Benner (1984). The interviewer asked open-ended questions to ensure that a nurse being interviewed, rather than the interviewer, determined the content discussed. The interviewer asked for clarification when an informant’s responses were unclear. The goal was to help informants verbalize, that is, to clarify their own meaning and to ensure that their experiences were understood clearly. If details were not provided initially, the interviewer asked for more details. Critical incidents selected by the nurses included the context, a detailed description, why the incident was critical, what concerns the nurse had at the time, what the nurse was thinking and feeling during and after the incident, and what was most demanding about it. All interviews were tape recorded, transcribed verbatim, and analyzed.

Dream Group

The participants met weekly in a private setting adjacent to the hospital for eight 90-minute small group sessions with a Jungian analyst in training, a licensed professional counselor, and a nurse researcher. The first two sessions were didactic to review historical, traditional, and emerging approaches to dream work; to identify individual and group expectations and goals that respect the dreamer as authority; and to review universal- and group-identified ground rules and understandings about group work. These sessions followed a course outline, including published self-help techniques and worksheets (Bosnak, 1988; Bumbaugh, 1998; Clark, 1994; Muff, 1996) (see Figure 1). Consensus was established on three behavioral objectives.

- Identify techniques to enhance dream recall and to record one’s own dream content.
- Self-assess the meaning of one’s own dream in waking state.
- Practice using dreams as a resource to increase understanding of day-to-day life.

1. Verbal interaction with the whole group
2. Dream recall exercises (i.e., presleep instruction, relaxation prior to sleep, positive affirmations that the dream will be remembered, reviewing previous dream content and reinforcing dream images by taking notes during the night, and journal writing)
3. Practicing how to re-enter or re-image a dream in awake-time consciousness during the group work
4. Printed self-help instruments
5. Expressive arts (sculpting, drawing, readings) to express the dream
6. Amplification, association, active imagination, and visual imagery
7. Demonstrations and examples from African and Native American culture

Figure 1. Methods Used to Facilitate the Group Dream Work

The group then met for six additional weekly sessions in which each individual presented a dream for self-review and meaning. Using methods practiced in counseling and dream work, nurses clarified their dreams and connected meaning from them to awake-time personal and professional situations. Group members discussed with the dreamer (a) events since the last meeting, (b) the meaning the dream had for the dreamer, (c) the purpose the dream may have for life today, (d) why the dream emerged at the present time, and (e) what meaning the dream might have for the dreamer’s ongoing personal and professional life.

During the final meeting, a facilitator read the group’s collective dream in fairytale story format that included images from each nurse’s dream. The story combined phenomenologic and psychological meanings from the group work. This facilitator also sculpted an image from each person’s dream, and each nurse drew symbols and wrote summarizing words to describe the personal meaning of the group experience from their individual dreams and placed them on a poster board, making a group collage. The nurses discussed how the individual pieces in the collage revealed a phenomenologic experience of the group as a whole and how the collage was a visual picture of the group experience (see Figure 2).

Data Analysis and Interpretation

Both investigators independently analyzed all transcripts from all interviews (pre- and postgroup interviews), and they compared their results (Cohen, Kahn, & Steeves, 2000). Analysis began by underlining phrases in the margin of the text with tentative theme names. Data were examined line by line, and phrases were labeled. The passages and themes were compared with passages and themes of all other informants. Passages were compared across themes and with other passages in the same theme. The number of informants who mentioned each theme was noted. A grid of themes was created, and themes were compared for each nurse over time as well as across nurses at each time. Procedures to ensure scientific merit included having one experienced researcher conduct all interviews, cross-validating themes with two investigators, and conducting interviews until data reached saturation.

Results

Sample

The six nurses who participated ranged in age from 26–56 years with a mean age of 40. Their experience in nursing ranged from 2.5–30 years and in oncology nursing from 1–10 years. One had a master’s degree, two had bachelor of science degrees, and three had associate degrees. They worked in inpatient and ambulatory care settings, including intensive care, pediatrics, hematology, general surgery, and bone marrow transplantation.

challenging . . . enlightening . . . an adventure . . . a journey down
the river Soul . . . spiral . . . heavenly . . . comfortable . . . potentially
revealing . . . calming . . . awe at the world and work of nurses . . . seeking

Figure 2. Nurses’ Collage of Symbols and Summarizing Words

Meaning of the Dream Group

Descriptions of the meaning of the dream group included phenomenologic and psychological themes in the context of healing factors of group work and effects on nursing practice. The themes in all of the interviews are summarized in Figure 3.

Phenomenologic themes: Examples of phenomenologic themes included “The dream work was something special and out of the ordinary.” “There’s a possibility of this experience being ongoing for self and others, even though we don’t know exactly what it is.” “It’s not quite yet attached to patient care, but there are possibilities.” “This increased consciousness about the value of group connections and of the dream.” “There is a sense of wanting more, a sense of potential, of self-awareness.”

Psychological themes: Examples of the psychological themes included “It was an open group that allowed everyone to express their point of view.” “I expressed my feelings just the second or third week. . . . There was a lot of respect in the group and understanding of where everyone was.” “It helped me feel that other people, other nurses, are going through the same thing that I’m going through.” “I didn’t feel as alone. . . . Your dream is your dream. . . . It is my dream, my new learning.” “I was as interested in other people’s dreams as they were in mine. . . . That was helpful . . . the openness and sharing.” “In the group,

we’ve formed an intimacy that we can talk about it and at least not be laughed at.” “I’ve found an awareness within myself . . . very helpful for me to think about what I’ve dreamed . . . increased insight into self—‘sudden, it’s like a light bulb’ . . . self-direction about what to journal.”

As a result of the group process, participants found in their nursing practice on the job that teamwork improved, including better relationships. They examined new content with patients and participated in new career and clinical opportunities in their jobs.

Descriptions Before and After Group Participation

The first and second postgroup interview themes that were not expressed in the pregroup interviews reflect nurses’ well-being and meaningful relationship to their patients that are central to patient care. The following 10 new themes emerged from the postgroup interviews.

Roles: Analysis of all interviews was done inductively. Roles described were similar to those in the research described by Steeves et al. (1994). In this study, nurses described their roles primarily as participating in the patients’ experiences by being at the bedside when patients died and providing comfort to families and crying with them. They also mentioned mediating between healthcare values and the patients’

General Themes Overview

Pregroup Themes

- Minimal communication about death with patients or family members
- Preoccupation with pleasing family; few verbalizations with patients
- Deference to authority of the physician
- Focus on staffing; work described as difficult
- Critical incidents and nursing process are difficult to define
- Presence of the nurse seems to be enough.

First Postgroup Themes

- Avoidance or denial of death
- Education and support of family; interaction and connection with patients
- Concern about staffing; few complaints about coworkers
- All nurses express personal emotions; a wide range of emotions as a group

Second Postgroup Themes

- Open discussion about death with patients, family, and physicians
- Attention to specific patient feelings in the present
- Positive exercise of authority
- Effective work with the whole team
- Assertion with family and physicians in management of staff and treatment decisions
- Coordination and management of difficult procedures and multiple situations
- Upward mobility occurred to more responsible nursing positions.
- Broad, global views of patient care
- Specific personal feelings of well-being, sorrow, sadness, personal reward, excitement, worry, happiness from making a difference, pride in doing a good job, and humor

Postgroup Themes on the Effect of Dream Group Work on Nursing Practice

First Postgroup Themes

- Detail in patient care and awareness of patients’ language
- Increase ability to confront and take risks as patient advocates
- Discussion with one’s family members and staff about dreams; no similar discussions with patients
- Decrease in feelings of isolation from other nurses
- Connections established between dream work and work

Second Postgroup Themes

- Interaction with patients about after-death experiences, nightmares, and fears of going to sleep
- Awareness about dreams and awareness of patient feelings
- Discussion with one’s family members and staff about dreams; no similar discussions with patients
- Awareness of interactions with others and conflict resolution with coworkers
- Dreams about work that help to resolve work situations or help to identify solutions in a different way
- Relation between dreams and work
- “This experience gave me an opportunity to develop a relationship with myself and my career.”

Postgroup Themes on the Healing Factors of Group Work

First Postgroup Themes

- Working through resistance to the leader
- Working through the process of cognitive dissonance between interpretation and acceptance of the dream
- Camaraderie or connection with other group members; feeling less alone
- Feelings of openness and comfort; free to risk and express; respect
- New learning: solving problems with expressive writing (journaling) and the arts, amplification, and whole group dream story
- Understanding that “your dream is your dream” and no one else’s
- Group work has carried over into “outside” life at work and at home
- Sense of discovery and continued learning

Second Postgroup Themes

- Insight, introspection, and awareness about self
- Creativity and self-direction
- New learning: “I can determine a possible solution based on a dream that I never did before,” desire for continuing education through reading about self-care, excitement about research
- Missing the group work meetings and group members and wanting other nurses to have this opportunity
- The value of dream work that wasn’t apparent at the time of the work
- “Dream group work gets to the core faster than traditional [approaches].”

Figure 3. Pregroup, First Postgroup, and Second Postgroup Interviews

experiences by teaching patients about the disease and its treatment. As in the prior research, they also described their work as maintaining healthcare goals and values.

These nurses discussed monitoring patients' physical conditions and finding errors made by physicians and others; however, this was the primary focus in two of the six nurses' descriptions before the group. The role the nurses described in their critical incidents changed over time for one nurse (from before to after the groups). This nurse first described a critical incident involving finding an error in a prescribed treatment and later described the role of participating in patients' experiences and mediating between the healthcare values and patients' experiences.

Healing factors of group work: The nurses overcame adversity in the group through trust building, working through hostility toward an authority figure, connecting together with the group as a unit, taking risks, and tolerating and facing the unknown. They overcame adversities in their specific dreams and found meaning in the experience.

Two nurses described this: "The resistance of [one participant] was remarkable [when one member challenged the leader]." "When I expressed [resistance to authority] a little, I made my transition. I'm going to take care of myself . . . felt safe . . . could have your own input without having fear of being attacked."

Attention to feelings: These nurses spoke about their feelings differently in the postgroup interviews. They expressed more awareness of their own feelings and the feelings of patients and coworkers. When asked about the effects of the group experience, the nurses described it as a valuable learning resource. After the group, although the nurses could not articulate a direct effect on their work, they saw it as a potentially useful resource. The themes in the first and second postgroup interviews that were not expressed in the pregroup interviews reflected nurses' well-being and meaningful relationships to coworkers and patients that are central to patient care.

Attention to specific feelings of patients in the present: "I'm aware of patient pain management and patients' need for comfort and trust." "I put myself more in a position to listen and now have attention to the specific language of the patient. . . . My existence is connected to the patient's existence. . . . I'm more prone to go more into detail." "I asked what she was feeling now and allowed her to talk." "I am more aware of patients' sleep now."

Specific personal feelings: Nurses reported awareness of their feelings of well-being, sorrow, sadness, personal reward, excitement, worry, happiness of making a difference, pride in doing a good job, humor, and positive exercise of authority. "I think the group is beneficial." "I was comfortable." "Camaraderie." "I didn't feel alone in, you know, thinking, in being upset about my patients." ". . . felt sorrow for the family." ". . . this was a clinical validation, or was it my own inner feeling of doing well?" "There may be more merit to this than just it's a dream . . . maybe there is some value to it, for me." ". . . feeling that . . . I'm supposed to be, you know, stressful right now because of the circumstances of my life." "I know I obsess about work a lot." "I can set anxiety aside and let nursing care be accomplished." "I felt a return feeling of self-image is very high [sic]." "My creativity has come out in decorating my house—I've made a comfort room for myself at home." "I know what it's about [laugh], let me tell you. . . . I still wanted to go back and do

that—a little bit of interpretation." "[The dream] sort of lets me just put one foot in front of the other and move on. . . . I take an extra minute or two in the morning to sort of brainstorm whatever I may have been dreaming that night to what was going on in my life . . . instead of jumping to a conclusion. . . . We were *there* as opposed to running in as the event happened. . . . It was a new experience for me to take charge."

Open discussion about death with patients and family members: "The difficult task of moving the family to accept the child's death. . . . I've helped the family in the direction of hospice." "I've dreamed about a patient and . . . talked with a patient about after-death experience." "I see what goes on at work relates to the dream—multiple deaths come out in dreams." "My biggest job is assisting people with death than it is assisting them with care." "When the patient talked about fear, I talked about death and prayed twice with her." "I just basically listened to a patient's nightmare."

Dreams resolving work issues and conflict: "I think I'm doing a lot more at work. . . . I dream a lot about the unit, organizational things, about work in particular . . . at the beginning of the dream group two patients talked to me unsolicited about dreams. . . . I'm more aware of those dreams I do have about work." "I am a 'delegator.'" ". . . seems like I experience more dreaming about my work situations. . . . It almost helps resolve some conflict situations." "We need to look at how we can use the strength and energy in those [dream] moments for all our own good." "I am aware of my interactions with people more."

Coordination and management of difficult procedures and multiple situations: "Acute incidents happened at once, and I made an intervention with a physician and prevented a code. This validated my own self-worth, and I didn't do that before." "I found myself helping facilitate some of those tough times. It is an ultimate nursing experience." "[Dream work] was beneficial, the expanding and expanding on what was given and trying to figure out, you know, what various directions ideas could come from it . . . there's a lot more to discover." "I pat myself on the back because now I was responsible for 16 patients. . . . Everything [I'd] been taught just came together at a certain [critical] time."

Assertion with family members and physicians to manage staff and treatment decisions: "I helped move a family forward about the child's condition and had good interaction with the child. . . . I needed to be the caregiver. . . . From the group, I saw the okay-ness of approaching authority." "I told a physician 'no' to a NG [nasogastric] tube." "[My dream had affect on my work in] some scenarios of being involved in a confrontation or a confrontation probably with taking the risk to state your feelings, standing on a position and taking that personal risk as a patient advocate and then playing that out again in a dream."

Upward mobility to more responsible nursing positions, broad global views of patient care: "My role at work has expanded to committee work and governance . . . very busy [since the group]." "I've risen in rank to being charge nurse on the unit. . . . I'm viewing things as a charge nurse in a broad view." "I've done some research for my own personal [sic] because I'd like to take nursing, my nursing, in the future to a different level." "I can look at my career from an outside point of view. . . . It's easy to lose yourself in your career, and it's important to have something in place where you can separate that."

To summarize the nurses' responses to the interviewer's query about how participation in the group work affected them or their work, nurses in general expressed increased insight, introspection, and awareness about themselves. Some felt more self-direction and creativity and believed that they would miss the group meetings and other group members. They wanted other nurses to have this opportunity and felt comforted that other nurses in other areas of the hospital were having similar personal and professional experiences. "I have new learning. Dreams are a resource for self-knowledge. I can determine a possible solution based on a dream, which I never did before." "I plan to continue my education through reading about self-care." "I am excited about research." "Dream group work gets to the core faster than traditional therapy." "There is a value associated with dream work that wasn't apparent at the time of the work."

Discussion, Conclusions, and Implications

Collaborative practice in health care focuses on traditional team building and other cognitive task-oriented and skill-building approaches. Few, if any, holistic concepts such as dream work are recognized as feasible ways to develop and maintain therapeutic healthcare environments. Nursing literature rarely mentions dream content either as a source to affect patient care or as a means to increase overall adjustment in day-to-day life in relationships with others. This study provided an educational resource for nurses to increase self-fulfillment and problem solving through dream work, that influenced nurse self-descriptions of the quality of patient care. It revealed support for a combination of holistic approaches mentioned in dream literature that put the dream in the hands of the dreamer and of traditional approaches that put the dream in the hands of someone else.

Limitations

The nurses who volunteered for a group focused on dream work likely were more open to feelings than nurses not interested in dream work. Nurses who participated had a wide range of experience in dream work and shared high motivation to learn more. In addition, the limitation of including only six nurses was discussed earlier.

Although the roles they described in their work changed little, this may be because of a lack of variability at the outset. Analysis of the critical incidents in the interview prior to the dream group showed that only two nurses described their work as maintaining healthcare goals and values. This role description changed for one of these two nurses (from before to after the groups). All of the other nurses viewed their work primarily as participating in the patients' experiences by being at the bedside when patients died and providing comfort to families and crying with them, and this did not change over time for these nurses.

The content of the second postgroup interviews, in reference to the effects of the dream work on nursing practice, included descriptions of nurses' new discussions with coworkers and their own family members about dreams and with patients about fears of going to sleep, after-death experiences, and nightmares. They had heightened awareness about dreams and the possibility of their relatedness to work situations. Nurses' dream images about work pictured resolution of con-

flicts at work and helped to identify solutions in a new way. As one nurse said, "This experience gave me an opportunity to develop a relationship with myself and my career." Patients' feelings were described more in postgroup interviews than in pregroup interviews.

Results from this small group approach were consistent with Bion's (1969) Tavistock group-as-a-whole studies of group process. Participants discussed initial, resistance, working, and evaluation stages of their dream work along with identification of newly applied learning to nursing practice (Corey, 1995). The nurses identified the healing factors in group work. In general, existing studies focus on dream content and its relation to waking state self-development and problem solving. The current study's focus was on how dream content specifically affects oncology nursing practice. Existing studies describe in-group methodologies and general adjustment after dream work.

The method in this study included analysis of individual participants' phenomenologic interviews before and after small group dream work. Although separating the effects of group discussion and peer support from dream work is difficult, all aspects likely were important because all were described in the postgroup interviews. However, the authors do acknowledge that although dream work, like other holistic therapies, has been used for a very long time, little research has examined its effects with oncology nurses. A need exists for more research.

Although the study is similar to others in showing that dreams can enhance problem solving, it adds specifics not identified in previous literature. These additions include increased awareness of how dreams may affect teamwork, dialogue about death, ability to manage multiple situations, and upward mobility at work in oncology nursing. The study revealed possible links between the ability to work through the small group resistance stage with assertion in work relationships and that nurses can use small group dream work to enhance consensus. These findings suggest that further exploration may be useful regarding how to apply dream images in a practical way at work and how to use dream work to heighten awareness of socialization and the long-term issues of life as applied to nursing. Although a small number of nurses were involved and this indicates the results should be viewed with caution, each nurse was interviewed three times. This resulted in enough phenomenologic data for a rich and accurate description of their experiences.

The small group facilitators are licensed to practice and lead dream work. They understand the concept of culture as a whole as it affects the helping process and professional ethics for group work, including professional competency standards for group leaders. Competency consists of, but is not limited to, person-centered skills and coleadership. The academic background of small group leaders includes a working knowledge of orienting and exploring the expectations of prospective group members, working through initial group issues, identifying resistance during the group and helping members use resistance to their advantage, building cohesion, facilitating evaluation of self and the group as a whole, fostering productivity, and terminating the group (bringing it to closure). Facilitators are skilled at opening and closing each meeting to increase application to life outside the group and to provide continuity from one meeting to the next.

In summary, this study supports previous work in the field on the development of self-awareness, resolution of conflict and problem solving, and use of small group process in dream work (Barrineau, 1996; Brink et al., 1995; David & Mellman, 1997; Goldberger, 1994; Kane, 1994). Perhaps more important is that the study showed that participants expressed in the postgroup interviews a wider range of feelings in their awake time experience as compared to the pregroup interviews. The results of this study support the possibility that small group dream work may be a resource for personal enrichment and professional growth.

Further exploration may reveal stronger connections between dream content and what nurses do and understand in their work life, perhaps by extending the length of the group to include presentation of more than one dream per group member. This would be consistent with long-term group work. As mentioned in other studies, facilitators in this study encouraged journaling, dream recall exercises, amplification and association, and active imagination. They also implemented strategies not mentioned as frequently in the literature: tactile expressive arts, whole group dream images woven into a written group story, and a whole group collage. Methods mentioned briefly in other literature and practiced routinely in the current study were the focus on present events in one's life, accepting the dream as it is (at face value), and integration of this with traditional dream approaches. Efforts were made to identify why a dream was emerging at the current time, without using traditional interpretation because that often proved confusing. In a first postgroup interview, one nurse stated, "What were we supposed to be doing with these dreams? I mean, we weren't analyzing them so we were just sharing and—but then again, if you're not interpreting or analyzing, what are we doing?" Facilitators believed that some of the quotations from the postgroup interviews were reflective of the nurses having learned to accept the dream because it is phenomenologic. Teaching more tangible skills along with global awareness and giving a clearer and broader initial introduction to the study may have proven useful.

Following this study, a seven-member multidisciplinary teaching team developed an educational activity, "Looking for Dreamers," a 75-minute class open to all employees. About

100 employees have participated in this activity. The course outline reflected the philosophy of this group dream work research; however, the teaching methods included lecture-listen, demonstrations, and generic examples in contrast to the individual approach in the group dream work research. Examples of content were "Practical Tips for Using Dream Images in Day-to-Day Life," "Techniques to Enhance Your Recall," "Journaling and Art in Dream Work," "Bringing the Images Into Waking-State," and "How Dream Images Help Us in Personal and Professional Life." The setting was informal, in classrooms or boardroom-style rooms. The teaching team encouraged participants to journal, use expressive arts to facilitate dream work, and consider opportunities for dream work in which individual dreams are examined.

Although the strategy of dream work is not a solution to the nursing shortage, the nurses involved in the study increased their awareness of dreams as a resource in their lives and in coworker relationships, derived support from the sessions, and gained new insights into personal and professional problems and approaches. This study of the effects on nurses who do group dream work is consistent with current person-centered and small group approaches to learning and challenges nurses to explore the experience of dreaming as an enriching source of meaningful information for nursing practice. Finding organizational resources for support of nurses' dream work may improve the work environment. Further research is needed to examine effective ways to support nurses and to examine whether their experiences with dream work may improve patient care outcomes.

The authors gratefully acknowledge the contributions of their colleague Karen Magee, LPC, MA, LMFT, Jungian analyst, who is currently in private practice and on the teaching faculty at the C.G. Jung Education Center in Houston, TX. Karen, who was an analyst in training when the groups were conducted, cofacilitated the dream groups, and her help and insights were of immeasurable value. The authors also thank the nurses who participated in this research for their time and valuable contributions. Finally, they express appreciation to the peer reviewers whose careful review and thoughtful comments made this a far better manuscript.

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