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Dreamwork with Children and Adolescents in Group Therapy

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Clinical literature stresses the intimate connection between social support and mental health. This paper pilots an experimental model of group treatment for children and adolescents using dreams to develop courage and an internal sense of social support. Using methods adapted from Senoi dreamwork, Gardiner, Ullman and Mills, most of the experimental subjects showed enhancement of their social support networks and improvement in psychosocial functioning over the groups' six month time frame.

KEY WORDS: dreamwork; social support; Senoi; courage; group therapy.

This paper describes an innovative model of group treatment for children and adolescents in which dreams are used to develop courage and an internal sense of social support with the aim of preventing or ameliorating symptomatic behavior.

Developing courage and an internal sense of social support are empowering concepts, appealing to children's developmental needs related to industry, initiative, mastery, creativity, socialization, hero identification and expansion of friendships.

The "dream method" to be described was adapted from the dreamwork practices of the Senoi culture in Malaysia, which taught their children to believe in the power of dreams to train for courage through conquering dream fears and developing a network of allies in this quest called "dream friends". This dream method applied in our context was designed to appeal

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to the imaginative, fantasy, playful and action oriented developmental thrust of children, particularly preadolescents, although it generated much interest from the adolescents in the group as well. The method was highly structured, profoundly metaphoric, ego oriented and used basic and simple expressive materials (crayons, pencils and paper) for expansion of dream awareness. Its clarity of format and objectives, its ease of implementation and its imaginative attractiveness would appeal to clinicians interested in engaging children in treatment or preventive work within an empowering model of care and requiring a minimum of programmatic preparations.

In developing the Senoi dream group as adapted and applied to the children's group described herein, there appeared to be an implied but striking connection to social support theory as described in the literature.

The connection therefore, between the Senoi dreamwork approach actually practiced by that tribe and the healing ingredients in the construct we call social support, will be initially reviewed to provide the theoretical base for understanding the model as applied to the present group.

THE SENOI CULTURE

The Senoi peoples were an aboriginal tribe living in the Malaysian tropical highlands. Richard Noone (1972) records the experiences of Kilton Stewart, anthropologist, who lived among the Senoi, dubbing them the "dream people." The Senoi spent most of their waking hours sharing their dreams with each other and developing projects based on images, symbols, ideas and gifts they received from dream figures in their dream universe. Family units, living collectively, but in divided longhouses, would share their dreams each morning over breakfast. Elders of the family would instruct the children in the "correct" handling of dream content. Family members would praise and offer encouragement and suggestions to the children regarding actions to take in future dreams.

The Senoi numbered about 10,000 at any one time and seemed to function as a tribe for the past 3 centuries, dispersing as a pure collectivity during World War II at the time of infiltration of Chinese communists from China's lowlands. The Senoi were considered a healthy autonomous people who were free from violence, neurosis and psychosis and had no experience with armed conflict. This state of health appeared related to their valuation of, belief in, and sophisticated methods of dealing with dreams. The dream universe was equal in importance with waking life to the Senoi and the two, being equal, valid and real, integrated unconflictually with each other. Senoi dreamwork emphasized the:

a) *conquest of dream enemies*: all images in a dream that threatened one were to be confronted and conquered. Such conquest could be in the form of killing, threatening, scaring, reasoning, arguing, bargaining, dialoging, seducing. A dream enemy was to be converted to an ally. To leave a dream enemy unconquered allows that force to have power over one, eventually bringing other evil forces in succeeding dreams. The strength of many evil unconfronted forces will eventually produce a fearful unintegrated personality in waking life.

b) *development of dream friends*: allies called dream friends were to be called upon to help the cause of enemy conquest. Dream friends include fantasy as well as waking life real people.

c) *demand of a gift from the dream enemy*: part of the resolution of enemy conquest was to demand a gift from the dream enemy as a sign of conquest, submission and good will.

Conquering dream enemies and fears through the encouragement given by Senoi group culture and developing a network of dream friends to help one in this quest was seen as highly related to the concept of social support as conceptualized in the literature.

SOCIAL SUPPORT

Social support has increasingly been recognized in the clinical literature as a powerful antidote to the negative effects of stress on mental and physical health. From the studies of the pioneering epidemiologists and community oriented mental health practitioners (Cobb, 1976; Cassel, 1976; Caplan, 1974) to contemporary holistic health theorists as summarized by Gordon (1991), social support is a clinical construct that has empirically come of age providing a significant contribution to preventive and remediative healing.

Cobb (1976) and Cassel (1976) concerned with understanding why some people were able to withstand stressful life events well while others succumbed to illness or maladjustment, concluded that persons (or animals) who experienced high levels of stress in the company of significant others or merely knew they had access to them did not develop adverse health consequences as did those isolated. In their conceptualization of social support they emphasized that social support was any information from the environment that makes the person feel they are "cared for and loved, esteemed and valued and that they belong to a network of communication and mutual obligation" (Cobb 1976). Caplan (1974) also stressed the "emotional feedback" concepts of Cobb and Cassel adding "cognitive guidance" to this evolving psychological construct of social support, but equally de-

veloped the notion of "instrumental support" in the definition as well, such as providing material or task aid, as needed (Gottlieb, 1978).

House (1981) and Barrera (1983) gave more precision to definitions that described social support under the general emotional and instrumental categories of Caplan. Barrera concluded that social support was a psychological concept of specific behavioral transactions that could be classified into 6 categories: material aid, behavioral assistance, intimate interactions, guidance, feedback and positive social interactions.

While research on social support in the lives of adults has been ubiquitous since the early studies of Cobb and Cassel, relatively little work has been forthcoming on children's social support networks. It is only now that a coherent body of work is emerging (Belle, 1989).

No precise paradigm has been designed that enumerates classifications of social support for children as for adults, as elaborated above. However, Berndt (1989) gives a sound theoretical rationale for using similar schema to assess social support in child populations. Berndt classifies social support functions for children into 4 categories (esteem support, informational support, instrumental and companionship supports) in ways echoing Barrera's 6 category typology.

In a comprehensive overview of social support inventories developed and used with children and adolescents, Wolchik *et al* (1989) summarized 13 instruments that operationalize the social support construct according to the conceptual categories of Barrera. While 12 of the inventories speak exclusively of social support as transactions between people, one major inventory, *The Neighborhood Walk* (Bryan, 1985), adds an internal and environmental dimension to the social support construct. The internal dimension is reflected in personal fantasies, skills, hobbies, reading and the availability of "time out" places to escape to; the environmental source of support is reflected in access to institutional structures such as welfare, education, parks, churches and transportation facilities.

The concept of an internal dimension of support as a source of ego strength and adjustment is clearly illustrated in the writings of psychologist-neurolinguist, Joyce Mills (1986). Mills speaks of the real and fantasy images a child has in his head which represent, metaphorically, his own inner resources and strengths and which can be called on by the child to come to his aid when danger, worry, fear or problematic events occur. She comments that, "In the clinical environment, a cartoon character who is already experienced as a "favorite friend" is carefully brought into a child's conscious awareness and given a specific role in relation to the problem area (Mills, p. 286). Particularly through "artistic metaphors" and "cartoon therapy," are the inner resources and strengths of the child, symbolized by the fantasy images, activated in the direction of courage, hope and problem

resolution. Mills' technique of the artistic metaphor and cartoon therapy drawing on the imagination and fantasy life of children, would appear to operationalize Bryant's internal dimension of social support, giving further credence to it as a notion of social support structure.

From this review, it is clear that social support is a broad concept which can be classified into six general categories. While classified thus in studies on adults, its applicability to children is reasonably inferred as well. Some limited research with children considers recognizing internal and environmental dimensions of support in children's lives in addition to purely people to people transactions.

In sum, the literature speaks of social support as having both expressive and instrumental content. In reference to children's sources of support, there is strong suggestion that a good part of this support, particularly the emotional, can be filled by real or fantasy helpers, actual persons in reality, or internalized fantasy friends whom a child can enlist in time of need.

This framework of social support appeared to provide a clear rationale for understanding, explaining and measuring the Senoi method of dreamwork. As the actual Senoi children sat with their families and were encouraged to speak their dreams, conquer their enemies and resort to dream friends to help them out in need, the dream group sat in session each week with a symbolic family group who encouraged them to speak their dreams, conquer their dream enemies and build a network of dream friends to call on to help out in their dream fears. The dream group members, it was hypothesized, would thus build an internal social support network whose voices could be referred to in dialogue in times of need in reality. With this network, the buffering effects of social support as an antidote to stress would be reflected by a reduction or elimination of symptomatic behavior.

RECRUITMENT AND SELECTION OF GROUP MEMBERS

Participants for this group were selected from a pool of possibilities based on the following criteria:

1. Members were to be of mixed ages in keeping with our theory of the group being representative of a symbolic family.
2. Members were to be of heterogeneous symptomatology in keeping with the notion that symptoms were maladaptive responses to the problems and therefore could be addressed therapeutically in a collectively similar way, namely through developing more adaptive responses as processed through the dream work.

3. Members were to be of mild to moderate levels of behavioral maladjustment to assure that there were sufficient ego strengths of reality testing, impulse controls, mobility of containment and attention to tolerate the concentration needed in much verbal interchanges as occur in dreamwork. The selection process therefore excluded participants with organicity problems, attention deficit disorders (both with or without concomitant hyperactivity), borderline and serious acting out character disorders, and narcissistic personality disorders.
4. Members needed to express a moderate degree of enthusiasm in the initial invitation to understand themselves by dream discussion in an ongoing group.

These general guidelines applied to a whole population of children, not severely disturbed, but described by teachers as: always on the fringe; somewhat neglected; at risk, falling between the cracks; in need of attention; behind in academics; poor achievers; drifters; on the sidelines; dreamers; loners; somewhat friendless; given to fantasy; discouraged easily. This population of children represents a large group within any contemporary school population that warrants intervention but who are usually bypassed due to the time and energy needed by school personnel to address the needs of the lesser but more severely disturbed population of troubled youngsters. It was this neglected group of youngsters that the dream group was designed to accommodate in its mental health mission.

THE DREAM GROUP MODEL

Overview and Evaluation Instrument

The dream group in this study lasted for 28 weeks and consisted of between one to five males, ranging in age from nine to twenty, and three therapists of varying ages. The age range varied in keeping with our theory of providing a therapy experience symbolic of a family conforming to the Senoi model of family dream participants. Therapy focused upon one dream per session and adapted certain techniques to be described below in order to teach courage, elicit adaptive problem-solving skills, and to build an internal network of social support images. Art and drama were different modes through which the dream theme could be reinforced during the third and fourth phases of each session. This model of group therapy allowed for individualistic expression within a highly focused group structure, which reduced the risks of acting out or group regression by its exclusive focus upon imaginative fantasies rather than through provision of general play

therapy equipment that might foster regression or elicit overt developmental conflict. Since the aim of the therapy was to help its members make adaptive behavior changes by developing courage and developing an internally experienced network of social support images to accomplish this, pre and post measures were taken of each member's perceived social support system and a behavior rating scale given each child's teacher. The behavior rating scale was given to each child's teacher to indicate perceived changes in the child's behavior over the school year. This measure served as an external norm to determine adaptive behaviors in reality for each child which was the aim of treatment.

Members

The dream group was composed of:

Ron, age 8, a quiet, pampered child described by teachers as "detached, lonely and absent frequently due to sickness."

Danny, age 10, a self centered, overindulged boy with inadequate social awareness.

Carlos, age 10, a boy given alternately to emotional outbursts and excessive inhibition of aggression with concomitant feelings of powerlessness and abandon.

Felix, age 12, a quiet but extremely sensitive boy described by teachers as "very quiet to the point of being withdrawn from the other students."

Lucas, age 20, a depressed and artistic adolescent who enjoyed a world of imaginative fantasy, but reality oriented unless overstressed.

Freddy, age 20, friend of Lucas, also imaginative and artistic who had long standing anxieties about aggression and controls.

Miguel, age 29, staff member and college senior functioning as paraprofessional therapist in group.

Mark, age 21, college senior also functioning as paraprofessional therapist in group.

E. E., senior therapist of group.

Due to many factors beyond control, especially parental inconsistency or uncooperation, several members were unable to continue. Felix dropped out by the fourth session; Danny, Ron and Lucas were able to remain until the tenth session and Carlos remained for all 28 sessions. Freddy replaced Lucas who went into the military service after the tenth session, and remained till the end.

Phases and Techniques

The dream group was a highly structured weekly therapeutic meeting with four phases in every session: 1) a snack and verbal warm-up period, followed by 2) a dream sharing period, which then provided the material for 3) a dramatic enactment and 4) a drawing period, respectively. In the verbal dream sharing phase, this model of dream therapy utilized the communal psychological practices of the Senoi tribe reinforced with therapeutic techniques adapted from Ullman (1979) and Gardner (1971). Reinforcement of the verbal dreamwork was accomplished through dramatic enactment of the dream and drawing of the dream in a structured format called "The Artistic Metaphor" (Mills, 1986, pp. 161-208).

Ullman's Dream Group Exercise

Ullman (1979), developed a dream sharing method in which a person's dream is retold by other members of the group, thus providing a stimulus for insight and actualization for the dreamer. His model involves one person telling his dream in its entirety without interruption. The group members then ask questions about any unclear aspects of the dream. Then, each member retells the dream as if it were his own, sharing all the emotions and associations each experienced. After each member has told his version, the dreamer reacts to the aspects of these versions which he/she has found interesting, and perhaps even insightful. The group then asks the dreamer for specific life circumstances which may give the dream meaning. Finally, the dreamer shares what he/she has learned through the dream group sharing exercise. This technique opens the way for many different associations, interpretations, and ideas, but it is the dreamer's choice as to which contributions from others he/she accepts or rejects, and insight may be reached days or weeks after the group session. This method removes the defensiveness related to interpretation, while vicariously providing various emotional and cognitive responses.

Gardner's Mutual Story Telling Technique

Gardner (1971), presents a therapeutic model for children which aims at communicating to children through their own unconscious language of metaphors and symbols in storytelling. In this method, a child tells a story and presents a moral. The therapist diagnostically determines the symbolic meaning of the story based upon his knowledge of the child's psychodynamics. The therapist then tells his own story with the same characters and

setting, but with an alternative ending which is healthier and more adaptive and in keeping with his/her understanding of the child's core psychodynamic conflict. According to Gardner's theory, the therapist's adapted story to the child's maladaptive one provides a healthier resolution to the child's conflict, passing the child's conscious and being received directly by the child's unconscious.

Mills' Artistic Metaphor

Mills (1986), describes a method in which art is used to creatively express internal emotions and resolve conflict through the artistic metaphor. "From a metaphorical viewpoint, the most salient function of artwork is to depict the child's problem and unconscious solutions as they exist in the present moment." (Mills and Crawley, 1986, p. 166)

The technique as described involves three steps. The child is first asked to draw what her feeling or problem looks like. The child is then asked to draw what the problem or feeling would look like all better. Finally, the child is asked to draw what would help make picture one turn into picture two. Thus, the artistic metaphor becomes the vehicle through which the unconscious mind can express and resolve the child's problem by way of conscious representation.

Stages of Therapeutic Process

In each session, one member's dream becomes the theme of the session. Then each member and the therapists take turns telling the dream as if it were their own. After this round, the original dreamer can keep his original version or modify the ending by fantasizing a new one as a result of listening to the same dream as told by other group members.

With this structure as the format for each session, the process of treatment moves, over time, through four specific stages: 1) from the permissive conquering of dream enemies, in any manner, to 2) more adaptive problem solving tactics within the dream metaphor, then to 3) considering dreams as a reflection of parts of one's real self, to 4) applications of new insights from the dreams to one's real life.

It is in stages 1) and 2) that the techniques of Ullman, Gardner, and Mills were most pointedly employed in enhancing the Senoi dream aims.

Stage 1

In the initial stage a repertoire of dream friends are developed. Dream friends may be fantasy or real. A child may commonly call upon a specific super hero who comes and destroys the dream enemy. The following is an example in Session 1 of Carlos' dream and his choice of one of the therapists as his dream friend. It seemed that the empathy experienced by Carlos as a result of Mark's version accommodated Mark as a dream friend:

> Carlos was on a boat with his family in Puerto Rico, when suddenly the boat filled with water. As it filled, all the sea creatures came in. Eventually, an octopus started chasing Carlos and then it caught him and drowned him.
> Mark, in depicting this dream as his own, said that as he was drowning he felt no one heard him screaming for help and that no one cared. He felt abandoned and alone.
> Carlos, at the conclusion of the dream "go around", reentered his dream, deciding to call upon Mark who he said would take a knife, kill the octopus and save him.

Due to the permissiveness of this stage, children may simply compete for the most fantastic way to destroy a dream enemy. This should not be discouraged, especially if it is done in collaboration with dream friends. The development of dream friends and courage are the primary concern of therapy at this phase. Once the group understands that they are free to use their imagination to create friends or super heroes to help fight their battles, they will begin constructing an internal support network. This internal sense of support will not be limited by what may be inadequate real social support. Dream friends may provide the means of defeating a force which he child may otherwise feel helpless against. Thus, fantasy is the arena in which children can develop the courage and support they need but which may not be a realistic part of their current lives.

Stage 2

As the therapy develops over time, the therapist should begin modeling more adaptive reality based solutions to dream conflicts, using more realistic settings and characters in their own versions of a child's reported dream during the dream go-around. More human dream friends should be called upon, and if heroes are used, they should conquer the dream enemy through cleverness rather than destruction. Adaptive approaches such as talking and reasoning with the dream enemy should be introduced.

The therapist should not present versions in which the dream enemy is killed, and as this stage progresses, should make stronger attempts to deter versions of killing. One way to achieve this aim is to have the child

pick two different types of endings to his dream, killing of any kind being one type. Through modeling reality based adaptive endings, it is theorized that the group members will begin choosing these endings and adopting less destructive means to solving dream dilemmas. The following is an example during Session six in which Carlos presents a solution based upon cooperation as opposed to killing which was characteristic for him as a resolution, for a story told by Miguel in which a dolphin was held captive by its enemy, the fishermen.

> Miguel's story: There was a dolphin which liked to swim in the warm water. It used to swim all over in the warm water. But one day it decided to swim further out in the water. It swam very far out by itself. There were also some fishermen who were fishing for tuna with nets. The dolphin then got caught by the fishermen and pulled onto the boat where it was held captive.
> Carlos' version: When the dolphin was captured, Carlos called upon another dolphin to help him save the dolphin. Carlos then swam to the boat and pushed the fishermen overboard while his dolphin friend shook the boat until the captive dolphin was released. The three then swam off safely.

Stage 3

The third stage of therapy is a very sensitive aspect of the dreamwork since attempts are made to point out the connection between dream figures as parts of the self and their relationship to the child's reality. In the third stage, characters in the dream should not be seen as independent of the teller, but rather as part of him. It is crucial at this point to avoid labeling characters as "bad" because this may produce defensive or self-punitive reactions from the child. Rather, characters are seen as different sides of one person, and their conflict is the miscommunication between these parts. This stage must be dealt with delicately because the child is being asked to speak directly to the internal emotions and thoughts which are the source of his dream or story. For this reason, the therapist may want to model this approach first to show the client that this is an exercise to help us understand ourselves, not to be punished or criticized.

The following is an example from Session 16 of how Carlos himself initiated this connection, which produced a natural transition into the third stage.

> Miguel's dream: Miguel was in his apartment sleeping, and heard some noise. He heard someone coming into his room, and he could hear newspapers on the floor rustling. He could hear the person coming closer to him. He then rolled over and saw a man standing over him holding a knife. He did not recognize him, but said that he had a angry expression on his face. He did not raise the knife to stab Miguel but rather just stood there. Miguel then woke up from the dream.

When the group asked Miguel for a description of the man, he said the man looked like himself. Freddy asked if it were possible that Miguel himself was holding the knife. Carlos became very interested, and said, "It's the bad side of you." When E. E. asked what he meant, Carlos said he meant one was sort of the bad spirit of Miguel while the other was Miguel's good side. E.E. then commented on the idea that it is true that we all have sides which we keep hidden from people, and called these our shadows. E.E. asked Carlos if he meant that the robber might be Miguel's shadow, and Carlos responded, "Yes." We all then talked about our own shadows. Miguel talked about how he had been angry lately with a friend and was holding it inside and perhaps the man was really his own anger, or shadow, coming out.

The third stage may involve less group interaction and more individualized attention. Such approaches as a modified Gestalt dialogue where the member plays the role of both characters, may be incorporated during the drama session. This however, depends upon the cognitive level of the child, and how defensive the child becomes when asked for self-examination. The therapist must judge for himself whether the child is capable of having such dialogues guided by the therapist, or if therapy should continue to remain on the metaphoric level only. In this group pushing this idea with the 9-10 year olds met with resistance and defensiveness while having a very strong appeal to the older adolescents.

Therapy should still incorporate dream friends and courageous acts, but at this point such concepts are not weapons to fight the enemy, but rather tools to develop self-understanding. Courage is now the strength to face and listen to the different parts of ourselves. Dream enemies are now seen as the parts of ourselves which we keep hidden and "fighting" to be heard. Therefore, at this stage in therapy, the aim becomes more focused upon internal self-realization rather than external problem solving.

Stage 4

The final phase of this therapeutic model is to relate dream lessons to life outside therapy. At this point therapy should be both expressive and educational. Having established the link between dream images and the self, the therapist can now ask about how such lessons relate to the client's daily life. The aim is not to interpret dreams, but rather to understand emotions and situations in relation to dream lessons. The last sessions of the dream group convey the progression of this theme. The following is a dialogue taken from Session 16 in which the older adolescent Freddy, spoke

to his dream enemy. It depicts a recognition of the dream symbols as parts of himself as explicated in Stage 3 above and relating this understanding to his real life which characterizes Stage 4.

Freddy's (F) dialogues with the shark (S), playing both parts, alternately:

F: What do you want from me? Why are you coming after me?
S: I'm coming after you because it's the only way I can get you to pay attention to me. I'm coming after you to remind you of your problems.
F: You are really a part of me. And your skin is rotting because you are an old problem.
S: That's right, and I'm scaring you to remind you of your problems, and I'm going to keep coming back bigger and scarier if you don't do something.
F: But I made you, and I can make you go away. You are not real.
S: I am real. I am a part of you. I am your problems.
F: Why do you have to be so big and scary?
S: Because you let me get so big and scary.
F: I want you to keep coming back and scaring me, to remind me of my problems and make me do something. But you don't have to be so scary. A regular shark is scary enough, you don't need the big mouth, the teeth, and the buggy eyes. I promise to begin doing the things I decide to do, if you promise to give me a chance. So, give me some time and if I don't do what I promise, I want you to come back.

The shark of Freddy's dream came back to the group two sessions later and Freddy was forced to face it once again. This time, the shark was not as willing to compromise because since their last encounter, Freddy had not kept up to his part of the bargain. The shark physically attacked Freddy, refusing to back away and listen to him. Freddy was forced to call upon some dream friends to help him. Finally the shark accepted Freddy's deal that he would begin to do the things he promised to do. The following week (Session 20) Freddy made the following statement to the group:

F: I finally made some calls last week. I guess I decided to face the shark.
E.E.: Why did you do that and what did you do?
F: After dealing with the shark again, I decided I really better listen to him. This group helped me realize how my dreams are parts of myself, and that I have to face them.
E.E.: What specifically did you do?
F: I followed some leads on job opportunities and contacted some old friends I haven't talked to in a while, I made a lot of calls and even sent out some applications.

The third and fourth stages of therapy are complementary, and will likely overlap. As the client begins facing dreams as parts of himself, he will form connections between these parts, and ways he acts in his life.

Specific Format of Phases in Each Group Session

Phase 1: Snack and warm-up

The dream group begins with each member sitting on the floor in a circle with a basket of fruit in the middle. Fruit has a more calming and nurturing effect than cookies or candy which tend to induce hyperactivity and conflict among members. Snack period serves as a warm-up as members usually talk about recent events, tell jokes, or talk about themselves.

The purpose of the group is discussed and the members are asked regularly and ritualistically to explain how they see the group. The therapist should explain how taking control of our dreams can help us take control of our real lives. The names of dream friends from past groups are posted on the wall, so that they can visually be referred to and discussed. As a group progresses, members become able to explain to new members what the group is trying to do. As Carlos stated in Session 13 the purpose of the group is to "face our dreams."

Phase 2: Dream Sharing

It is important to emphasize at this point that the term "dream" as being used can be any story, fantasy or day dream the child can create. In many cases, a child may say he is telling a dream he had, but in actuality, he is making up a story as he goes along. Thus, a dream could be a made up story, any combination of a story, a day dream, or even a movie they saw. This is fine, as long as the story has a plot with a beginning, middle, and end. This is necessary for the dream sharing and drama phases. The child should be allowed to tell his dream or story in its entirety, even if it is incoherent. Once the child is done, the therapist may ask questions, and help the child place his story into a coherent structure for group sharing.

The therapist begins this phase by asking if anyone has a dream he would like to share this week. Almost every time there is someone who wants to share a dream. If, however, no one has a dream, or one member has not shared one yet, there should be a toy box for the chosen child to randomly pick out a toy object, which becomes the character for a story (similar to Gardner, 1971). The volunteer then tells his dream or story in its entirety. When the child has finished, the group members ask questions to clarify the dream or story. Questions should be aimed at clarifying, not interpreting. Once all questions have been asked, each member takes a turn telling the dream in the form of "when I had that dream...." (similar to the technique described by Ullman, 1979). The dream then becomes

that person's and he is free to tell it any way he wishes with an ending he desires. Each is free to call upon his own repertoire of dream friends to help him make the dream and its ending more acceptable to him personally. The dream sharing serves varied purposes:

a) The "go around" dream sharing phase presents various solutions to the original teller from other group members and the therapist. These versions however should not be described as "better" or "worse", but rather as the different endings of each person's dream. Once everyone has told their version of the dream, the original dreamer is asked if he would like to change the ending of his dream. If so, he is asked if he would like to choose one of the versions presented, or to make up his own. In either case, the original dreamer "re-enters" his dream and changes its conclusion. The following is an example of the dream sharing process.

Carlos' dream:

He was walking towards a cemetery at night, when suddenly a bunch of monsters came out of the ground and began chasing him. The monsters kept chasing him, wanting brains. Carlos then found a truck full of brains and drove the brains to a bridge. He then set up traps in which the brains were hooked up to a lot of electricity and when the monsters reached for the brains, he flipped the switch and electrocuted them.

Felix's version of Carlos' dream:

Felix didn't know why he was going to the cemetery, and he didn't want to be there, but there was some force making him go. The force, was not really a person, but more of a spirit, or something you couldn't see, but could feel. He then tried to think of ways in which he could battle this "force."

Carlos' re-entry dream after the go-around:

Carlos decided that it was indeed a force that was after him and not specific monsters. He would call upon three dream friends: The Terminator, Ice Man, and Storm. He decided that The Terminator could not shoot the force because it was not human. His purpose then was to detect the force with his computer abilities, then the other two heroes would use their powers to destroy it.

b) The dream sharing process helps members gain insight into themselves by providing a variety of different endings to choose from. One person's dream becomes the focus of a cooperative group process in which everyone tries to help the original dreamer find an acceptable ending. For example, the "force" mentioned above by another member brought the dream sharing session to a deeper level. The group was no longer focused upon the concrete monsters, but rather the internal force which caused Carlos to go to the cemetery. The group worked together to help Carlos conquer the "force" that was controlling his actions.

c) Dream sharing also produces an empathic experience between group members. If the therapist can successfully identify the underlying

emotions of the dreamer he can express these emotions in his own version. The children learn through dream sharing that their fears and feelings of isolation are not unique to them. The simple statement "When I had that dream," creates an empathic bond among group members. The example previously described where Carlos chooses Mark as his dream friend in killing the octopus to save him illustrates this empathic experience. The feelings of fright, aloneness, and abandonment Mark described himself as having experienced in his dream version of Carlos' dream clearly reflected the same feelings Carlos was trying to communicate in his dream. Feeling so understood through this metaphoric empathy bonded Carlos with Mark, with Carlos choosing him as a dream friend to save him.

The dream sharing session is the key therapeutic exchange for the group. It allows for permissive fantasy expression thus providing an outlet for the internal emotional sources of these fantasies without evoking defensive or self-punitive anxieties. More adaptive problem-solving skills can be modeled but do not have to be adopted until the client is emotionally or developmentally ready. The group develops an openness with emotion through fantasy, and the ability to work cooperatively to discover the best solution to solve their dream conflicts.

Phase 3: Drama

The original dream and the chosen adaptive ending become two scripts for a mini drama session. The original teller chooses whom he wishes to play each role and directs each person as to what he should do. The group then enacts the original dream. The original teller then picks the cast for the "alternate adapted version" and that is then enacted. The process should take approximately ten to fifteen minutes.

The drama session may take on a more dominant aspect during the third stage of overall therapy. If possible, a dramatic dialogue, with both parts played by the teller, can be used to directly grasp the concept of dreams and stories as reflections of parts of the self. This should be done by alternating between the two conflicted characters, who sit facing each other. Ideally, the teller should progress through the monologue with a third person only advising when to switch seats and assume the role of the other character. Younger children may not be cognitively capable of doing this or grasp this with great difficulty. As stated previously, keeping the dialogue in the metaphor for such children may well be the format to follow in this stage. The therapist should therefore act as one of the "parts" of the teller and guide the child through this process. The therapist however, should be careful not to place direct blame upon the part which the child

is playing, but rather to encourage cooperation between the two sides. The following is an example of a dramatic dialogue between Carlos and Miguel that resulted more in Carlos' defensiveness and withdrawal when the dialogue stepped out of the metaphor.

Carlos' dream:

There was a man driving alone down a street at night. The man was bored and decided he could drive with his eyes shut. After he shut his eyes, the car went off the road and got a flat tire. The man got out to fix the tire, then his car blew up because there was a bomb under it, and the man died. Another man had been hiding in the bushes and got out and ran. The police chased him and he went onto a roof. Once there, he yelled down that he was going to do a back flip. He did, and died.

Carlos (C) as Man #1, Miguel(M) as man #2:

M: You know, I'm mad at you.
C: Why? I didn't do nothing to you!
M: Yes you did. You see we're both parts of the same person. I'm the side of you that you keep hidden from people.
C: Then why did you blow me up?
M: Well, I had to get your attention somehow. You never listen to me. So many times I just want to scream or something, but instead you just keep it all inside. I couldn't take it anymore, and I guess I exploded. We have to listen to each other if we're going to get along in the same body. We should have cooperated and maybe we wouldn't have hurt each other. (Session 16)
(Carlos sits quietly and nonresponsively.)

Carlos reacted defensively at first to the accusations made by Miguel. However, as the dialogue continued, with Miguel taking on both roles, Carlos began to understand what they were talking about but became quiet and pseudo-attentive. Thus, this modified form of a Gestalt dialogue should be performed with care and at a time in therapy when the child is capable of handling it or perhaps never lifting it out of the metaphor. In this latter case, the dialogue might better have stayed within the metaphor of the 2 men, the bomb and the police.

Phase 4: Drawing

As a further reinforcement of the dreamwork, the group's dream also becomes the subject for a drawing session. The procedure, an adaptation of the techniques of Mills (1986), involves three steps. The members are first asked to draw the problem of the dream as they which to express it. They then draw the problem "all better." Finally, they are asked to draw how the problem was solved to make it all better. The option of drawing how the problem feels and how it feels all better is encouraged, since it allows for concretization of emotions through art imagery similar to dream

imagery. This final phase allows each child to concretely produce the dream as they experienced it and to creatively express their resolution.

Role of the Therapist

As the dream group progresses, the therapist should become more reality centered with the group. In the initial sessions, the therapist should be nonobjective and encourage creativity and imagination in dream versions. By the end of therapy the therapist should be able to communicate directly with the child rather than communicating through metaphor and modeling. Once group members feel that they are free to act and do whatever they wish in their dreams and stories, the therapist should begin modeling more adaptive and realistic versions, specific to the needs of each child. By the second phase, the therapist should be able to identify certain themes, unique to particular members. In telling his version, the therapist should incorporate dream friends and solutions which model more adaptive behavior than that expressed by the child. This approach is reflective of Gardner (1979). The following is an example of a child's dream and the therapist's version.

Danny's Dream:

Danny and a friend had hidden in the hospital after it had closed because they wanted to see the dead bodies. The two of them had gone into the morgue. When they were in there, they pulled out all the drawers, but one of the bodies fell to the floor. Suddenly, the bodies came to life and began chasing them. They ran through the hospital, but all the doors were closed. Danny said that they were scared, but then he thought of calling on his dream friends. Then they ran into the elevator and pushed a button which called The Terminator. The Terminator came and threw a jar of acid on the monsters which melted them all. Then Danny woke up.

E.E.'s version:

Two boys hid in the hospital after it had closed because they wanted to see the dead bodies. They made their way to the morgue. In the morgue they pulled out some drawers and got real scared because they thought the bodies might still be alive. Although that's not true, since the bodies in a morgue are clearly dead, the boy's fear got the better of them, and in their fright they ran out and knocked over some tables causing a loud noise. Hospital staff came running toward the morgue and stopped them. Finding out what had happened, they were taken to the head doctor who told them that what they did was wrong and could have gotten them into a lot of trouble and he knew they knew this. He asked them why they did this. After they explained about wanting to see the morgue and even other parts of the hospital, the doctor said that if they were curious about hospital parts, including the morgue, he would be glad to arrange that they be given a tour of the hospital by people who work there and who can explain things they are curious about. All they would need to do is ask.

The original dream told by Danny was typical of his egocentric and impulsive behavior. The version told by the therapist, attempted to teach Danny through his own metaphor, a lesson on boundaries, impulsivity, and some communication skills. The therapist shares in dream or story sharing. In this, he indeed sheds the cloak of anonymity by sharing personal sides of himself. Dream sharing is exactly that, though the therapist obviously should be selective, sharing dream experiences which may help the group. The following is an example of the therapist's use of his own dream to make an analogous connection between the themes of the dream group and reality, in this case, the application of courage experienced in the dream, to a situation in his real life.

E.E.'s dream:

> E.E. was walking on the street and a vicious dog came and bit his jacket and wouldn't let go. E.E. took off his jacket and swung the dog around until it flew against the wall.
> E.E.'s story about what happened the next day in real life:
> While walking his dog, two other dogs came running at him. Rather than turn around and run, E.E. waved a stick at the two dogs who retreated. E.E. used this example to show how finding courage in our dreams can turn into courage in real life.

By the third stage, the therapist and children should have a deeper understanding of each other and a bond of trust and cooperation should have formed. This is necessary in order for the therapist to begin making the connection between the dream group and the lives and personalities of its members. The therapist should ease into this concept of dreams as reflections of ourselves.

In this selective sharing of personal parts of himself the therapist and the older members may engage in a reflective discussion on the dream symbols as expressions of parts of ourselves. The younger children may or may not choose to do this. Proceeding in this way eases the anxiety and defenses children commonly experience when placed in a self-evaluative situation. The following is an example from Session 19 in which each group member gave a character to the different part of himself.

> Freddy talked about his shark. He said that the shark was the assertive part of him that came after him when he didn't do the things he wanted to do. Miguel talked about the man that was in his dream with a knife saying this part was the part of him that gets angry with other people but keeps itself hidden. E.E. then talked about his tiger, which was the part of him that also gets angry and threatens to devour him because he won't let it out. Mark chose the Tasmanian Devil, which is the part that wants to do everything at once and never stops.

This reflective discussion was an attempt to encourage Carlos to talk about his own vulnerable side. The group worked together to try and help him choose a character from his dreams, but Carlos refused to respond.

However, when Freddy illustrated the shark part of himself by having dramatic dialogue with his shark, Carlos reacted vicariously with excitement. This is an example of the difficult transition from fantasy to reality which the younger children may experience in the process of therapy, as observed repeatedly in this dream group. Though modeling did seem to help, and Carlos took an active and vicarious role in the dramatic dialogue, he refused to reveal the shadow parts of himself as the others did.

While it might be ideal in stages 3 and 4 for the therapist to be able to communicate directly with group members about the relationships between their dream symbols and the parts of themselves which those symbols signal, and to which the older adolescents in the group responded, the power of the metaphoric communication as a therapeutic process in its own right appeared to hold its own strength in bringing healing or change equal to direct communication, among the younger children. Thus, behavior in dreams may become the catalyst for talking directly about behavior in school or at home or remain in metaphoric language. Characters in dreams can be talked about as neglected, angry, or secret parts of the self or remain just characters in the dream with these attributes. The therapist and older members, by revealing the connection between their dreams and their real selves stimulate preconscious processes in the child along the lines of becoming aware of the connectedness between his own emotions in real life and the story form these emotions take in his dream life.

EVALUATION

Subjects

The three subjects who remained in therapy for the longest period of time were given pre and post tests. They consisted of Carlos, who remained in therapy until the end, Danny who remained for eight weeks, and Ron, who was in therapy for only five weeks. Felix, who dropped out of therapy early was given a pre test but a post test score was not possible to obtain. Circumstances prevented testing of the two adolescent members, each of whom were in the group only half of the time.

A control group of three subjects was also given pre and post tests. The control group consisted of the following subjects: J.C. age eight, J.G. age ten, and D.S. age twelve. The control group was taken from the same school which the dream group members attended, and they were from approximately the same neighborhood. They were of similar age except D.S., who was originally to be used as a control subject for Felix, who dropped out early in therapy. Therefore, there was a total of six boys tested.

Measuring Instruments and Testing Procedure

From the aforementioned discussion on the content of social support in the lives of children, we found grounding in both the external dimension (child or other people transactions) and the internal dimension (fantasy and other self directed activities). It was within this theoretical frame that we designed a measuring instrument which included Wolchik's perspective together with Bryant's. This instrument measured the perceived amount of actual social support the child received from members of his social network and the amount of pets and fantasy/imaginary figures the child considered to be part of his external and internal social support network.

While observations of children or parental reports have been used to ascertain children's networks and behavioral transactions, they are restricted by the subjective appraisal of the evaluator and do not tap the "perceived social support" dimension of the social support construct. Self reporting would appear to overcome these difficulties if an instrument is so designed to address itself to the motivational, cognitive and subjective capacities of the child measured. Such instruments seemed likely in those of Wolchik's *Children's Inventory of Social Support* (Wolchik, A. A., Sandler, I. N. and Braver, S. L., 1987), and a *Social Network Grid.*

The testing procedure was as follows. Each child was read the *Children's Inventory of Social Support* and each person he named was placed on the questionnaire, respectively. The child was then given a *Social Network Grid* and a pencil and asked to write the names of people he was close to and place them in proximity to himself, based upon how close he felt to the person or imaginary character to be to him. The child placed dots indicating how close those named were to him, with the child being the center dot.

In evaluating the *Children's Inventory of Social Support*, tables were made listing the number of members each child named in each category, pre and post, and the perceived quality of support. All dream group members showed an increase in the amount of emotional support they received, the number of people they did recreational activities with; and two of the three boys, felt the amount of positive feedback they received had increased. Every dream group member tested also showed a decrease in the number of members that produced negative feelings, especially the member who remained in the group who went from a total of eleven to two people. The other two members reported no negative feedback on post tests. The control group however showed an overall increase in negative interactions, J.G. going from two to four, J.M. going from three to four, and D.S. who decreased from two to one. Thus, the members of the dream group in

evaluating the type of support they received showed a marked increase in overall positive support as compared to the control group.

The results of the *Children's Inventory of Social Support* were also placed in a table with the total support figures divided into four categories: family members, non-family members, imaginary support figures, and the total of positive support figures. Negative figures were subtracted from the total in order to calculate the total amount of positive support. The total number was then averaged for pre and post testing.

In examining total figures, the total number of support figures increased for dream group members. Carlos showed an increase from sixty-two to eighty-three. Danny's total number of positive support figures for the dream group increased from 34 to 58. The control group showed a slight decrease in the mean score for social support; from 29 to 27. The results also show that the dream group members reported more of an increase in the amount of imaginary support figures compared to the control group. Carlos, the child who remained, showed the highest increase from thirteen to thirty-one. Control group members however, barely increased.

The *Social Network Grid* which each subject filled out also showed an increase in both the number and subjective closeness of social support members for those in the dream group. The grid is a pattern of concentric circles divided into four spheres to depict subjective proximity to the child who is the center circle. The results show that overall, the dream group members felt that there were more people in their social network and felt closer to them on the post test than they had on pre tests. The control group did not show much change in their subjective mapping of their social networks. There was also an increase for dream group members in the number of fantasy figures which the child chose to place on his social network grid.

The overall results of the data show that the dream group members perceived a larger number of social support figures than control group members. The perceived quality and closeness of support were also greater for the dream group members than for the control group.

External Measuring of Behavior Change

In the attempt to measure actual changes in symptomatic behavior for which each boy was referred to the group, as determined by external norms, the behavior rating scale referred to previously was given to the teachers of the younger boys to fill in a pre (October), post (June) format. Only two were returned (Ron and Felix) and one teacher reported verbally (Carlos). The older adolescents attested to the improvements through their reality based actions, described below.

Ron's behavior showed no change, positive or negative.
Felix's behavior showed significant positive changes on every behavioral index under the general category "Withdrawn. He went from shy to outgoing; scared to risk taking; being taken advantage of to standing up for himself; from daydreaming to more reality oriented.
Carlos' behavior was verbally reported on by his teacher. From a period of intensification of his original problems of outburst and sullen uncommunicativeness during the middle part of therapy, (coinciding with severe intensification of family crisis), by May-June he had transformed into increased sociability, increased emotional control and displayed calmer, more serene external composure.
Lucas went into the military service half way through the dream group, sustained himself and at the time of this writing, has completed his time there, graduating and returning home.
Freddy has continued to pursue job openings, has entered art classes in pursuit of a comic book illustrator's career and is part time manager of a small comic book store.

Qualitative Results

Due to the inconsistency of attendance and group membership, conclusive evidence of improvement cannot be given for the members of the group, except for Carlos who remained in the group from beginning to end. Based upon the process notes however, it is possible to comment upon changes in behavior from session to session. The observed changes will be described and any possible causes shown in therapy will be inferred.

Danny, who remained in the group for eight sessions, seemed too egocentric to effectively relate to the other characters of his dreams. His only concern seemed to be his own triumph. When presented with other, more realistic and compassionate endings, he still opted to keep his own. He was the only member who consistently did this. The following is an example of his egocentricity:

Danny's dream:

Danny was driving a Lamborgini in a car race. A friend has given it to him because he thought Danny was a great driver and could win. During the race Danny's car went out of control and smashed into a wall, but only half the back was destroyed. So he jumped out of the car and jumped into another driver's car, threw the driver out of the car, drove the car very fast and won the race, and received a trophy.

Though this time in the group was cut short, he did learn to exhibit less egocentric versions to dreams. He began developing a pattern of "accidentally" letting dream enemies live after he supposedly killed them.

Mark told a dream in which he was chased by monsters into a house. In the house he encountered a fat man and pink lady who were in control of the monsters. The fat man ran after Mark to hurt him, but Mark found a window to jump out of to save himself. Danny told Mark's dream as his, in keeping with the format, saying the fat man was chasing him and actually did corner him in a closet. There was no escape so he took out a gun and was going to shoot him, but he knew it was

wrong so he shot him with a "gotcha gun". Thus he really didn't die, but he cried. Then Danny got away.

Danny did not develop beyond his egocentricity and therefore, dream friends did not become an internal support network, but rather were a means towards achieving egocentric dominance. He may have begun to learn more reciprocal social perspective taking, but his short term in the group made any changes likely to be temporary.

Felix, who was only in the group for a short time (four sessions), and was the oldest of the young boys in the group, was typically very withdrawn yet showed the most intuition and interpersonal understanding. Felix showed a deeper understanding of the underlying emotions associated with the dreams than the other boys. For example, in telling his version of Carlos' dream in Session 2, he speaks of a "force," which makes him go to the cemetery, even though he does not want to. Whether intentional or not, Felix's version addressed the psychological compulsion in the dream, namely, Carlos' impulsiveness, which he has little control over. Carlos related to this, and the dream enemy changed from the concrete monsters to the amorphous "force" which drove Carlos to the cemetery.

Felix seemed to enjoy the problem-solving aspect of the group and contributed more profound and logical solutions to dream conflicts. He provided creative solutions when there, but he had no long-term effect due to his limited involvement.

Ron was only with the group for a short period of time, but seemed capable of grasping its purpose. From the beginning, he used more adaptive, less violent solutions to dream conflicts. He also incorporated real dream friends to help him escape from fantasy dream enemies. He however, was fairly detached during the early sessions and blankly followed along. As he became more involved, his attentiveness increased. Though he seemed to grasp the purpose, he was in the group for only six sessions, making it difficult to attend to his own needs such as developing initiative and assertiveness.

The two older members, Lucas and Freddy, benefited from different aspects of the group than the younger boys. Both gained insight through the dramatic monologue, especially Freddy. He was able to freely associate different meanings and interpretations with hardly any intervention from the therapists. His openness to face and speak to his dream enemies in front of the group helped Lucas to share some of his own anxieties related to his dreams. Freddy's monologue with his shark catalyzed a group discussion around our doubts and fears. His ability to speak to the part of him that was producing his dream enemy, helped Lucas to talk about the relationship between his dreams and his own fears.

Freddy was one of the only members to verbally express that the dream group had an effect upon his real life. By listening to his shark, he actually did the things his shark had told him he better do, namely to stop talking and start pursuing his plans. He realized that he had passed into what we would term Stage 4. He began listening to his dream friends and enemies, and taking action in his actual life to face the conflicts he experienced in therapy.

Carlos, who remained in therapy, seemed to progress through the various stages of therapy, however experienced difficulty making the therapeutic transition from fantasy to reality awareness. He did begin telling more adaptive dreams and stories, relying less and less upon violence as can be seen in the themes of his group sessions. He also learned the skill of calling upon dream friends to help and support him. By the end of therapy, Carlos had built up a large repertoire of dream friends who served various purposes. For example, in the second and third stages of therapy he very often called upon Professor X, a super hero who uses the power of his mind and cleverness to win his battles. Due to this shift from violence to compromise, his dreams became more cooperative.

Carlos was very open and willing to speak in the metaphoric language of dreams, drama, and art. Once any of these themes were talked about as related to reality, Carlos bottled himself up. He would avoid any reference or relation to his own life. This made the transition into the third stage extremely difficult and is the reason Stage 2 lasted longer than the other three for him. However, after weeks of observing the other members face their "shadows," he began to respond to the concept with openness. In Session 22, when the group members were asked to draw the hidden parts of themselves, E. E. suggested that from his story and drawing symbols, Carlos' hidden side was a bomb and this time Carlos did not respond defensively. When the drawing phase began he himself decided enthusiastically that he would continue to draw bombs. The result was a series of drawings depicting a world in which all these bombs had blown a hole through the earth, but the earth was still alive and functioning as normal; he called it "The Donut World, The Famous World." He chose to use the image of the world, a theme which had been developed since Carlos' drawing in Session 18 of the world blown up completely. As E. E. talked with him about his drawing, E. E. commented on how amazing it was to see that the world survived, that it still had water and land, was holding its own place in orbit in the universe and appeared equal and as strong as all the other parts in spite of the hole. He compared it to how when someone gets hurt or goes through a crisis, they can come out of it even stronger. Carlos agreed that this is what happened to his world; bombs exploded

and blew a hole straight through the earth, but the earth survived and is now a new, stronger planet.

Thus, it seems that Carlos made a great deal of progress in this therapeutic group. At times the pain he was experiencing caused by outside forces made it extremely difficult for him to talk about himself. He avoided the subject of himself, his family, and school. However, the dream group allowed him to express his feelings and eventually to talk about them and their relationship to him almost exclusively through metaphor, culminating in his masterful Donut World. Therefore, the qualitative results, based upon observation, show Carlos' development of internal support, adaptive problem solving skills, and possible insight into himself. Though this insight was difficult to guide him towards, he eventually faced it through the empathy and modeling he experienced in the group from its members and the therapist, processed through his metaphoric communication.

DISCUSSION

The dream group described in this study and its theoretical rationale appeared innovative in the group treatment literature and therefore cannot be truly compared to other studies or results. Due also to the small sample size, the inconsistency of membership and the subjectivity of results, firm empirical proofs cannot be presented. Although the raw data and observations suggest the effectiveness of this model of therapy, more formalized research might best assess how effective such a method is and to whom it is best suited.

The qualitative results seem to show that group members did develop an internal sense of empowerment and social support, learned more adaptive problem solving skills and eventually applied the gains to their real lives. All three boys, Ron, Danny and Carlos and the adolescents, Freddy and Lucas showed on varying levels an increase in adaptive solutions to dream victimization and gradual insight in their dreamwork, especially as such skills were modelled by the therapists. The implications from the qualitative results appear to support the notion that the therapy model does facilitate childrens' courage and insight.

In evaluating the effectiveness of this group therapy approach special notice should be given to Carlos, the only member who remained in the group from its start. Carlos, as previously mentioned, was ten years old, had a tendency to be violent and aggressive towards other children and went through several crises and disruptions of his family life while he was in therapy. His responses convey the potential effectiveness of this approach for children who are having or have been through traumatic expe-

riences they do not wish to share with anyone. The child, in this case Carlos, is able to express the pain or anxiety through various metaphoric media; fantasy, drama and art. He does not need to face the fear of rejection, the fear of punishment, nor the embarrassment of revealing some hidden pain until he is ready. This group attempted, through modeling, to help Carlos share his feelings, not simply his experiences. It seems that after weeks of modeling, self examination and revealing personal parts of ourselves, characteristic of Stage 3, Carlos finally had the strength and trust to share his hidden side: the bomb, and share what it had done to him; that is, to leave a terrible hole in him. After several weeks of defensively avoiding speaking about himself, Carlos broke out of his isolation. After watching the other group members divulge parts of themselves, he finally accepted the fact that he too had secret parts which want to be accepted. He also seemed to realize metaphorically what this meant, that even if we have no hope and feel the world blowing up, there is another way to see this. His drawing summed up what he was going through in his real life. He expressed the strengthening experience of surviving from extreme emotional pain. The excitement with which this boy, who had barely spoken for almost a month, described his new "Donut World" showed that he had reached a new understanding about himself. Through his own metaphoric language he shared with us the scars that the pain he had been experiencing left, and also that even though there was a terrible hole, he was still surviving and with a newly recognized strength.

Carlos' reactions to the dream group also assert the importance of fantasy and action oriented activities. Not only do these provide a metaphoric mode of expression and appeal to the physical and imaginative thrust of children, they are also fun. These activities keep the child interested and peek his curiosity. The therapeutic shift into Stages 3 and 4 and their focus upon real situations led to more talking and less playing, producing a great deal of resistance and discomfort for him. Thus, therapists must remember that the primary appeal of this model is the activities in the service of therapy, and must not abandon them once real issues are addressed, but rather should try to incorporate real issues into this action oriented format.

When given the *Children's Inventory of Social Support,* Carlos had responses which seemed to strongly support the hypothesis that this group helps to develop an internal social support network and to apply that system to real life. The increase in the number of super heroes he considered special and their purposes express Carlos' orientation towards internal support after participating in the dream group. When asked if they help him out, Carlos responded, "yes, they give me strength and help me out if a bully wants to beat me up. They help me make up my mind." When asked

if he had any other make believe friends, Carlos responded, "yes, my mother." He was then asked what he meant by that and stated, "she gives me advice for school so I won't have problems. When I want to do something wrong, I see her in my head and she gives me advice. She helps me make friends."

These statements seem to show a relationship between the themes and practices of the dream group and Carlos' real life. He has taken the problem solving skills which his actual mother and super heroes attempt to instill in him and has internalized them, creating "imaginary" friends whom he can call upon even when they are not present. Their real role in his life has extended beyond external social support and is now also part of his internal support network. He now calls upon his dream friends to give him courage in his everyday interactions. His mother, particularly, who was not mentioned as an imaginary friend on the pre test, now plays an intimate role in helping Carlos make the right decisions. Her inclusion in his social network also shown that he is applying the concept of dream friends to real people, which is consistent with the therapeutic progression towards reality based solutions and support. Therefore, his super heroes and imaginary mother and their role in his real life seem to support the hypothesis that if children can build an internalized support network, it will help them in actual social interactions.

The *Children's Inventory of Social Support* also showed that Carlos believed group members were an intimate part of his social network. On the pre test, Carlos named the three therapists as members who he does fun things with, and who give him advice. On the post test, he named two of the therapists as people who he did fun things with and gave him advice and positive feedback and the other therapist as someone who he shares his emotions with. Carlos included the other group member Freddy as a person who he does fun things with who gives him advice and information. Thus, according to the responses, it seems that Carlos also gained actual social support from the group members and found them to be providers of recreational, informational and emotional support.

The results of the *Children's Inventory of Social Support* seem to show that this therapeutic model did in fact provide the social support needs as described by Barrera (1983). Due to the increase in every group member's number of imaginative dream friends, it seems that this group also improved the internal imaginative social network as described by Bryant (1985). Through the use of imaginative dream friends and the interaction with actual group members, members seemed to have developed a more positive sense of social support.

The structure and focus of the dream group described, address some of the therapeutic strengths as well as obstacles encountered in children's

group therapy. The use of one dream theme per session helps keep children focused and prevents group regression. The acting and drawing activities allow the members to physically and creatively represent the session's theme as they desire which both concretizes the theme and allows for individualized expressions to be shared.

This therapeutic model begins with the purely expressive world of fantasy, which is a detached product of each child's imagination. Therapy then involves guiding the child towards self understanding via his own imagination. Finally, therapy attempts to teach the child how to use the skills and insights learned to apply to his real life. Thus, this therapeutic model works from the inside out; then from external expression to internal realization; from an empowered sense of courage to a realization that our dream enemies are really parts of ourselves; and from the freedom to call upon dream friends to help fight our battles with us to the actual development of cooperative social participation in life.

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