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OS SONHOS COMO FERRAMENTA TERAPÊUTICA PARA O TRATAMENTO DOS TRANSTORNOS MENTAIS COMUNS: UMA REVISÃO

DREAMS AS A THERAPEUTIC TOOL FOR COMMON MENTAL DISORDERS: A REVIEW

LOS SUEÑOS COMO HERRAMIENTA TERAPÉUTICA PARA LOS TRASTORNOS MENTALES COMUNES: UNA REVISIÓN

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Resumo

Os transtornos mentais comuns estão aumentando em prevalência em todo o mundo. Seu tratamento é desafiador, pois envolve abordagens não medicamentosas que não são amplamente disponíveis. A interpretação de sonhos tem sido utilizada em psicoterapia há mais de um século, e grupos terapêuticos com sonhos têm demonstrado resultados promissores no controle de sintomas em saúde mental. Por meio de uma revisão das bases de dados científicas EMBASE, PubMed e LILACS, buscamos estudos clínicos sobre o uso de sonhos no tratamento de transtornos mentais comuns na atenção primária à saúde. Nenhum estudo diretamente elegível foi encontrado. No entanto, identificamos experiências bem-sucedidas de trabalho em grupo com sonhos no tratamento de pacientes com sintomas de saúde mental. Isso pode representar uma inovação e uma possível abordagem acessível para esses pacientes.
Palavras-chave: Sonhos, Ansiedade, Depressão, Grupos de Autoajuda, Atenção Primária à Saúde.

Abstract

Common Mental Disorders are increasing in prevalence across the world. Their treatment is challenging, as it often involves non-drug approaches that are not widely available. Dream interpretation has been used in psychotherapy for over a century, and therapeutic groups with dreams have shown promises in controlling mental health symptoms. Through a review of the scientific bases EMBASE, PubMed and LILACS, we searched for clinical studies regarding the use of dreams in the treatment of Common Mental Disorders in Primary Health Care. No study directly

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elegible was found. Nevertheless, we identified successful experiences of group dreamwork in the treatment of patients with mental health symptoms. This could be an innovation and a possibility of an accessible approach for these patients.
Keywords: Dreams, Anxiety, Depression, Self-Help Groups, Primary Health Care.

Resumen

La prevalencia de los Trastornos Mentales Comunes está aumentando en todo el mundo. Su tratamiento es complejo, ya que a menudo implica enfoques no farmacológicos que no están ampliamente disponibles. La interpretación de los sueños se ha utilizado en psicoterapia durante más de un siglo, y los grupos terapéuticos con sueños han demostrado ser prometedores para controlar los síntomas de salud mental. Mediante una revisión de las bases científicas EMBASE, PubMed y LILACS, buscamos estudios clínicos sobre el uso de los sueños en el tratamiento de los Trastornos Mentales Comunes en Atención Primaria de Salud. No se encontró ningún estudio directamente elegible. Sin embargo, identificamos experiencias exitosas de trabajo grupal con sueños en el tratamiento de pacientes con síntomas de salud mental. Esto podría representar una innovación y una posibilidad de un enfoque accesible para estos pacientes.
Palabras clave: Sueños, Ansiedad, Depresión, Grupos de Autoayuda, Atención Primaria de la Salud.

1. Introduction

The prevalence of mental suffering symptoms is increasing worldwide. Specifically addressing Common Mental Disorders (CMD), its world prevalence is alarmingly high, around 29,2%, surpassing that of other much discussed diseases, such as Diabetes Mellitus (Lucchese et al, 2014; Santos et al, 2019). Since some risk factors for developing CMD are related with living conditions, stressful environments and habits, in large urban centers, it reaches prevalence rates higher than 50%(Lucchese et al, 2014; Santos et al, 2019; Quintão et al, 2022; Silva et al, 2018; São Paulo, 2017). It is estimated that by 2030, CMD will be one of the main reasons for incapacity to work (Lucchese et al, 2014).

Common Mental Disorders are characterized by mental suffering, usually associated with various physical complaints (somatization) that cannot be explained by any organic pathology. They are less structured, without signs of severity (such as psychosis), with mixed symptoms of anxiety, depression, and significant somatization, associated with psychosocial problems, which are often related to the temporality and recurrence of symptoms. Often, these individuals

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report spontaneous improvement of symptoms, but with recurrences associated with emotional reactions to life's difficulties (Chiaverini, 2011).

People suffering from CMD are frequently seen in Primary Health Care (PHC)(Lucchese et al, 2014; Santos et al, 2019). Its treatment brings a challenge, since patients respond poorly to medications, but have a good response to other therapeutic approaches, such as Cognitive Behavioral Therapy, Psychotherapy, Problem-Solving Therapy, corporal therapies and others. The application of these therapies is described as being done individually or in groups; some in person and others via structured online programs (Santos et al, 2019; Chiaverini, 2017; WONCA, 2018; WONCA, 2017; Castro & Wenceslau, 2023).

As an example, in one Brazilian publication, seven steps to approach patients with CMD in PHS are described, the first one being active and empathetic listening, followed by construction of an initial version, deconstruction, resignification, resolution and closure (Castro & Wenceslau, 2023).

In general, unfortunately, those therapies are not available for the general population and, as exemplified, involve some degree of self perception, reflection on one's psychic functioning, and their cognitive/emotional response to life events.

On the other hand, fascination with dreams and their language dates back to ancestral times. Many indigenous peoples understand dreams as a message for their personal lives and as a way to organize their communities. Discussing dreams in groups has historically been a common practice contributing to individual and communal decision-making (Ribeiro, 2019; Limulja, 2022).

In urban communities, science has orbited cartesian rationalism since the XVII century, distancing itself from knowledge considered mystical or unscientific, such as working with messages brought by dreams. Nonetheless, dream appreciation persisted throughout societies, as a spiritual practice, inspiration for different kinds of arts or an object of superstitions (Ribeiro, 2019).

Since Freud's publication (1899), "The interpretation of dreams", the clinical gaze into treating mental health through dreams emerged, and dreams were presented to the academic community as a therapeutic tool, subject to scientific scrutiny (Hackett, 2020; Hill, 2008). During the last century, various methodologies

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to interpret dreams were published (Hackett, 2020; Hill, 2008; Schredl, 2008; Goodwyn & Reis, 2020; Mota, 2014; Ullman, 1982; Ullman, 1994; Spangler & Sim, 2023), but only one was tested repeatedly, with positive results, in clinical settings: the Hill Cognitive-Experiential Method (Hackett, 2020; Goodwyn & Reis, 2020; Spangler & Sim, 2023).

Different theories describe the evolutionary importance of dreams as a way to process negative emotions or as an ancient biological defense mechanism against real life threatening situations. For example, people who have experienced severe trauma tend to report more violent dreams and nightmares (Valli et al, 2005). Related to that, some researchers also describe that the treatment of recurrent nightmares through positive waking imagery associated with lucid dreaming leads to improvement of anxiety and depression symptoms, and cessation of recurrent dreams with negative emotional content (Zadra & Pihl, 1997; Perogamvros et al, 2025; Krakow et al, 2001).

Indeed, the content of dreams is also a field of study. Different research groups have tried to analyse the persons, objects and scenarios that appear in dreams and correlate them with awakened experiences. Although it is not possible to describe an algorithm or dictionary to understand one's dreams, it seems clear that not only dreams are affected by the person's experiences, but also dreams can affect the mood and psychological state of a person. In that way, research "clearly indicates that there is not only a continuity from waking life to dreaming but also from dreaming to waking life" (Schredl, 2010, p.149), indicating that a continuous analysis of one's dreams could help to understand emotional dynamics present in vigil life; and also understand more clearly symbols that appear frequently in one's dreams (Schredl, 2010).

Despite the fascination with the oniric symbolic language, there is also clinical relevance in working with dreams. Different research groups have shown that, when dream interpretation is included in therapeutic sessions, either individually or in groups, patients tend to be more committed and self-efficacious in their healing process, and occurrence of insight moments is increased (Goodwyn & Reis, 2020), especially if a trained facilitator helps the person to connect with the

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information brought by the dream (Heaton et al, 1998). In fact, dream interpretation has been tested and proved useful with patients suffering from distress related to cancer diagnosis and its treatment; from post-traumatic stress disorder; from depression and anxiety symptoms; from addictions; from family attachment issues (DeCicco, 2007).

Therefore, scientific research - even clinical research - has shown that working with the person who dreams and their dreams brings positive results for the treatment of different symptoms related to mental suffering and increases the person's commitment to their own treatment.

Given the high prevalence of CMD and the need to engage these patients with treatments that involve self reflection and are capable of inspiring concrete changes in their daily lives, a group based intervention is a suitable option. Especially a group that stimulates communication practices and the building of interpersonal relationships.

Since dreams interpretation is a non-drug technique, that stimulates self knowledge, self efficacy and behaviour change, through recognition of negative patterns of thoughts, feelings and behaviours, and can be used both individually or in groups and communities, could it be used with patients suffering from CMD, in PHC?

1.1 Aim

This study aimed to map and critically analyze the scientific literature on dream interpretation as a therapeutic intervention for Common Mental Disorders in Primary Health Care.

2. Materials and Methods

A literature rapid review was conducted in accordance with the guidelines set out by the World Health Organization (WHO), between October and November, 2024 (Tricco; Langlois & Straus, 2017).

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To structure the research question, the Population, Intervention, Comparison, and Outcomes (PICO) format was employed: "In patients with Common Mental Disorder treated in Primary Health Care, is dream interpretation a suitable tool for reducing symptoms and/or its recurrence?", as shown in Table 1.

Table 1 - Structure of the research question.

Population	Patients with Common Mental Disorder in Primary Care
Intervention	Dream interpretation
Comparison	Usual treatment or no treatment
Outcome	Reduction of symptoms or recurrence

A standardized search was conducted in three databases: LILACS, PubMed and EMBASE, using the search terms in table 2 to identify relevant articles. We organized search syntaxes on Medline, on Embase and on Lilacs, based on Medical Subject Headings (MESH) terms, Emtree terms and Health Sciences Descriptors (DeCS)/Medical Subject Headings (MeSH), respectively, and its variations were employed to enhance the sensitivity of the study.

Table 2 – Search terms employed for the literature review.

Database	**Search Syntax**
LILACS	("Sonhos" OR "Memória" OR "Pesadelos" OR "Interpretação psicanalítica" OR "Interpretação dos sonhos") AND ("Saúde mental" OR "Higiene mental" OR "Transtornos do humor" OR "Estresse psicológico" OR "Promoção da saúde" OR "Enfermagem psiquiátrica" OR

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	"Intervenções psicológicas") AND ("Atenção primária à saúde" OR "Atenção primária")
EMBASE	('dreams' OR 'memory' OR 'nightmares' OR 'psychoanalytic interpretation' OR 'dream interpretation') AND ('mental health' OR 'mental hygiene' OR 'mood disorders' OR 'psychological stress' OR 'health promotion' OR 'psychiatric nursing' OR 'psychological interventions') AND ('primary health care' OR 'primary care')
PubMed	(("Dreams"[All Fields] OR "Memory"[All Fields] OR "Nightmares"[All Fields] OR "Psychoanalytic Interpretation"[All Fields] OR "Dream Interpretation"[All Fields]) AND ("Mental Health"[All Fields] OR "Mental Hygiene"[All Fields] OR "Mood Disorders"[All Fields] OR "Stress, Psychological"[All Fields] OR "Health Promotion"[All Fields] OR "Psychiatric Nursing"[All Fields] OR "Psychological Interventions"[All Fields]) AND ("Primary Health Care"[All Fields] OR "Primary Care"[All Fields]))

The terms used for the literature review were based on keywords described in articles found in an initial search of the scientific literature. As this is a new topic with little research on the subject, we used broad terms that could increase the sensitivity of the search.

In this sense, in the first articles found, the term "Dreams" was used interchangeably with others, such as "Nightmare" or "Dream Interpretation." In a few articles, the term "Memory" was used in the sense of remembering the night's dream. Therefore, it was also included. Similarly, the keywords used to describe the symptoms of mental distress were varied, and the varieties were included in order to increase the likelihood of finding eligible articles.

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However, since we are interested in the reach of Primary Health Care (PHC) in the territories and the prevalence of common mental disorders at this level of health care, which should be effective in resolving issues, we chose to include the term "Primary Health Care" among the search terms, as the focus of the work is to propose a possible new approach specifically for professionals at this level of health care. This choice, although restricting the possible results found, better suited the objectives of the article.

This review included articles written in any language, published in any year, as long as it investigated the interpretation or analysis or memories of dreams as an intervention or treatment for symptoms of common mental disorder or other mental health problems in Primary Health Care. We excluded articles that didn't present an intervention, such as review articles; articles that didn't describe or define a population with Common Mental Disorder or a diagnosis in mental health problems; articles that didn't refer to dream analysis or interpretation; and articles that didn't describe an intervention in Primary Care or by Primary Care teams.

Two independent reviewers screened all studies by titles and abstracts after verifying the inclusion and exclusion criteria. Subsequently, disagreements were solved by consensus together with a third reviewer. Twenty-two articles were completely read, but were excluded because were not developed in PHC. Also, only two of those articles were clinical studies.

3. Results

We found 1825 articles, with 312 duplicates, that were deleted. The titles and abstracts of all remaining articles were screened. After completing the screening, no articles met the criteria adopted for this review, meaning that no articles describing dream interpretation as a tool for CMD treatment in PHC were found. Those research steps are represented in Figure 1.

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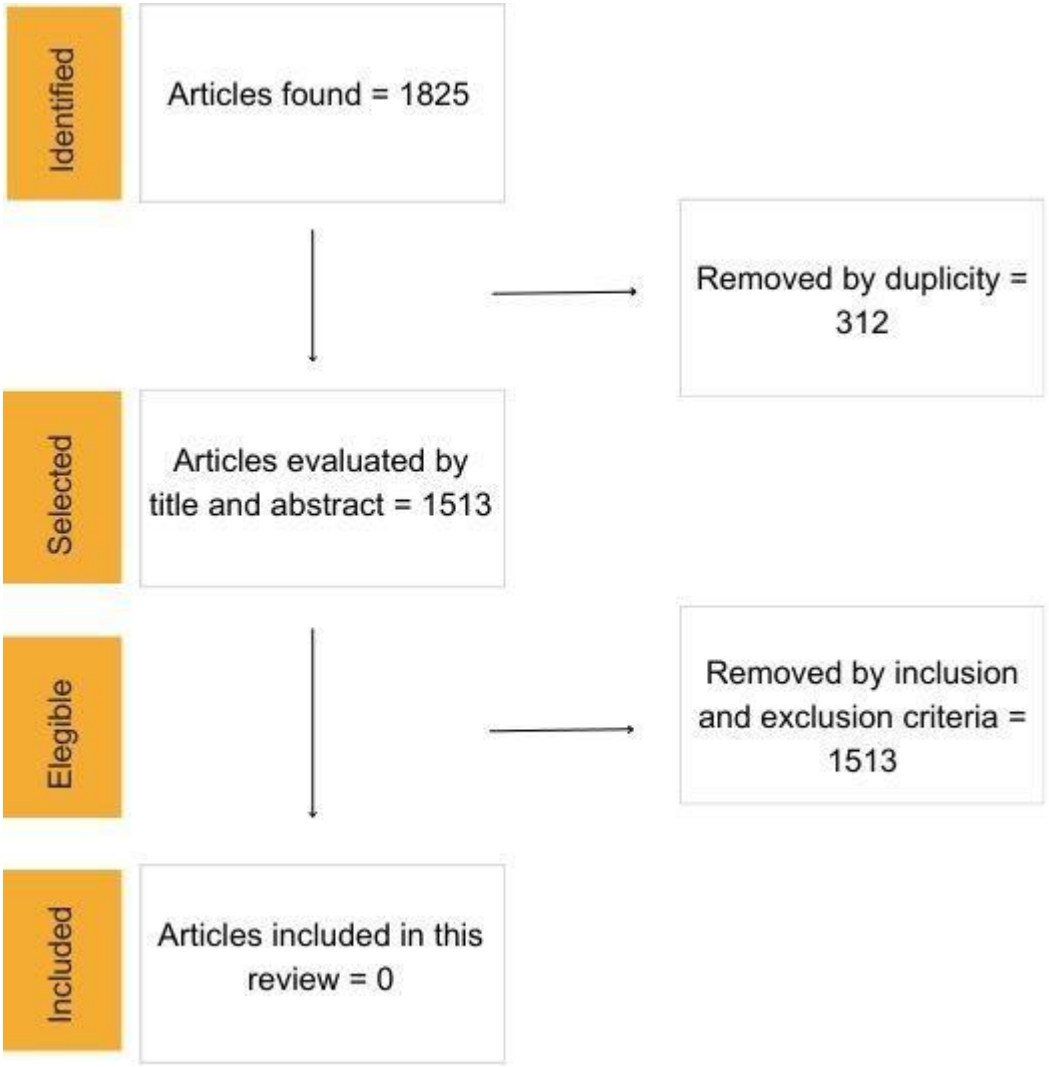
Figure 1 - Flowchart with research steps



4. Discussion

The scarce quantity of studies about dream appreciation in PHC was expected, although the negative result was a surprise. It can reflect a limitation of the study, since gray literature was not analysed, and qualitative studies or experience reports were excluded. Another important information is that our review focused in studies developed in PHC or by PHC professionals, and that exclusion criteria was applied to all articles found. But it also points to the possible innovation and cutting edge discoveries to be met in this field.

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The decision to limit this review to studies with clinical application was deliberate, as our goal was to identify a therapeutic possibility that could be directly applied by primary health care professionals. Qualitative studies, case reports, or feasibility studies would not be sufficient for this purpose. However, we anticipated that we would have few responses based on these more restrictive inclusion criteria regarding the level of health care and choice of study types.

In this literature search, despite the negative results, many interesting articles were found that addressed dreams as a tool for clinical intervention, but these articles presented theoretical concepts or interventions outside the scope of Primary Health Care. Using the same search terms, excluding "Primary Health Care," some articles were found that served as a basis for this complementary narrative discussion.

Clinical research with dream interpretation as a therapeutic tool brings different challenges, such as a lack of validated tools or scales to be applied in clinical settings. Double-blinding is also a problem, since it is not possible to blind patients from knowing they are participating in the intervention group. Besides technical difficulties, it is possible that dream analysis is still seen with hesitation in the scientific community. For many years, theories about dreams and the unconscious were rejected based on the impossibility of producing rigorously scientific evidence to prove them. Currently, indirect evidence is being developed, but it is still a subject on the border between science and mysticism, and therefore viewed with suspicion. Nonetheless, a plausibility can be alleged based on non randomized and non controlled studies, that generated evidence outside the context of PHC, but building a basis for speculation.

4.1 – Dreams: theoretical applications and use in psychotherapy

Based on Freud's work, dreams are understood as a way to access the contents of the unconscious mind. Although his theories were criticized at the time for the lack of material and scientific evidence, we can perceive that, culturally, the psychoanalytic acceptance of the dream is a reality (Ribeiro, 2019; Hackett, 2020) and, since then, many ways to work with dreams therapeutically were developed,

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but their use by psychotherapists in sessions are infrequent. Some studies report that dream analysis is used in only 10 to 15% of sessions (Hackett, 2020; Hill, 2008, Goodwyn & Reis, 2020), even though about 70% of the therapists believe that dreams could be an ally for the success of the treatment (Hackett, 2020; Hill, 2008,; Schredl, 2008) and provide a more patient-centered approach during the course of therapy (Schredl, 2008).

Besides, the initiative to approach dreams during therapeutic sessions comes from patients 64% of times, and therapists often feel ill-prepared to deal with the dreams that are shared (Hackett, 2020; Hill, 2008, Schredl, 2008), possibly due to a gap in graduate school, or in posterior training (Goodwyn, 2020). Overall, dreams are still underutilized as a therapeutic tool, even in individual treatment.

More seasoned therapists tend to work with dreams more easily, and psychoanalysts work more frequently with dreams than other therapeutic lines of work (Hill, 2008, Schredl, 2008), although some researchers describe its use in Cognitive Behavioural Therapy, as a way to better understand the patient and encourage self-reflection (Carcione, Santonastaso, Sferruzza, Riccardi, 2021). One interesting data is that the predisposition to work with dreams depends on the value the therapists themselves give to the dreams: those who remember and work more with their own dreams tend to be more interested in and value patient's dreams (Hackett, 2020; Hill, 2008).

It is important to highlight that self-reflection and patient-centered approach are qualities that provide an advantage for the treatment of people suffering from CMD, since both support self-efficacy and increase the probability of employing changes in day to day life.

4.2 – Dreams: evidence from clinical studies and case experiences

In fact, independent clinical studies found that dreams can facilitate the therapeutic process, improve the occurrence of insights, bring useful and relevant information that are specific for the dreamer and even can work as a thermometer of the person's progress in therapy (Goodwyn & Reis, 2020). That's why different kinds of people can benefit from working therapeutically with dreams, not just

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certain groups (Hackett, 2020). Dream appreciation can be applied with children, adults and the elderly; to individuals, groups or couples (DeCicco, 2007). Unfortunately, these studies do not clearly state the diagnosis prior to intervention, citing only exclusion criteria, usually individuals with a history of substance abuse or psychotic symptoms. Although such criteria point to possible cases of anxiety and/or depressive symptoms, this is a deduction made from the analysis of the articles.

In literature, it is possible to find reports about the use of dreams in therapeutic groups, with enthusiasm and good results - although often not quantified. Also, most of these studies don't Only one trial, conducted outside the context of PHC, analysed dream interpretation in groups with patients with possible CMD symptoms (Falk & Hill, 1995). In 1995, a study was conducted with 22 divorced women who enrolled in dream interpretation groups for 8 weeks. When these women were compared with a similar group which had no intervention (women allocated on a waiting list), they had less symptoms of anxiety and depression, better self-esteem and insight about their own dreams after 8 sessions. However, the article failed to describe the initial symptoms and didn't specify the diagnosis made previously to the intervention - even though women already in a therapeutic process, with a history of psychotic symptoms and substance abuse were excluded from the trial (Falk & Hill, 1995).

4.3 – Methods to work in groups with dreams

Two authors have described methods of group dream work and published on the subject. Hill (1996) described and researched a model divided in 3 stages. First is exploration, in which the person retells the dream and explores it based on affects and memories of waking life. Second is insight, in which the connections between the dream images and past or recent events or parts of self are explored. Third is action, in which the work consists in altering the narrative of the dream, by changing the events or prolonging them, and understanding how to apply changes in practical life based on the interpretation of the dream (Spangler & Sim, 2023; Heaton et al, 1998). The Hill technique was evaluated in clinical studies (Hackett, 2020; Goodwyn

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& Reis, 2020; Heaton et al, 1998), and it is known that it is as effective as other therapeutic approaches, in relation to outcome (Heaton et al, 1998). In a 2010 review, Hill shows that, when compared with therapy sessions without dream's interpretation, sessions that involved dreams had higher quality, enhanced patients' insight into their own dreams and provided better clarity and focus in transforming their attitudes based on the understanding of the dream. The improvement was clearer in periods of losses, as divorce and mourning (Hackett, 2020; Goodwyn & Reis, 2020).

Montague Ullman developed, during the 1980s, a group work with dreams that was extensively reported, in articles and books, but not empirically investigated (Ullman, 1982; Ullman, 1994; Ullman & Zimmerman, 1979). He stood for the "deprofissionalization" of the dream, and had the goal to return dreams to the biggest expert in them: the dreamer (Ullman, 1982). His technique also involved sharing dreams in a group, followed by exploring the relationship between the content of the dream and the events from the dreamer's daily life. Then, the group would work on associating the dream images with emotions, feelings and events - associations that the dreamer, afterwards, judged true for him or not. The safety in the work with dreams, for Ullman, is assured when the person brings a dream voluntarily (showing themselves ready to work with their psychic content), chooses which private contents they want to share and can, at any time, interrupt the process (Ullman, 1982; Ullman, 1994).

Ullman (1982) also argued that the content of the dream is related with the present moment, but the dream can bring past events in order to evaluate the impacts of recent events on the future. That connection between past and present, according to Ullman, is responsible for the healing potential of dream work, along with the fact that, while we dream, we are not engaged in our social roles and defenses, providing a more honest gaze at the content of our thoughts and emotions - a content from which we often hide, while we are awake, through different psychic defense mechanisms.

Thus, group-based dream work also has the advantage of preventing the person from being drawn into "blind spots" and ignoring the message the dream can

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bring. On the other hand, we must consider that trust in the group and in the professional involved is fundamental for people to share their dreams (Ullman, 1982).

Gordon Lawrence highlighted the social aspect of dreams, having developed the "Social Dreaming" technique, in which dreams are shared in a group and understood as a message for all participants, bringing informations that possibly are related and important for the broader community, or even for a culture - just like indigenous people have been doing for centuries in their own communities (Penna, 2013). Similar experiences, approaching a collective dynamic through dream work, have been described, but not investigated in a clinical setting (Imbrizi & Domingues, 2021; Castanho et al, 2022).

4.4 – Could dream interpretation in groups be a tool for CMD treatment?

All literature cited here emphasizes the potential that working with dreams has: to bring self-knowledge and self-accountability, that can be converted in action by the dreamer, who is encouraged to take steps to transform her or his daily life. Furthermore, when interacting with the group, all participants (even when they don't share dreams) are invited to think about their own emotions, and apply the knowledge acquired in their daily lives.

Dream interpretation thus is a flexible, communal, profound and objective tool to work with people experiencing mild to moderate mental distress. It can be possibly applied to treat people with CMD, since it is a syndrome that responds well to therapies that induce reflection and behaviour change. Besides that, it has low cost and does not need hard technology to be applied, and can dialog to different cultures, since dreams are universal - and ancestral.

The discordance between the quantity of neurobiology and non-controlled clinical studies; and randomized controlled studies; in this theme probably reflects the difficulties in applying scientific protocols to the study design. But it is possible to perceive an evolution in the field, with new information being described in recent years. Considering the large scope and possible applications of dream interpretation, the importance of developing these designs and testing them must be

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stressed. Despite the fact that academic research has, for many years, privileged hard and expensive technologies as the cutting edge response for contemporary health problems, many PHC professionals and researchers argue that low cost and simple technologies of care are easily applied and achieves the results needed in different scenarios. One example are group-based interventions.

4.5 – Group therapy as a parallel to group-work with dreams: an extrapolation.

In Brazil, PHC workers have experience working with patients in therapeutic groups. Many of these groups are dedicated to care for specific diseases or life cycle stages, such as Hypertension and Pregnancy, but experience with mental health groups led by different health professionals is increasing (Minozzo et al, 2012; Zorzi, Martins, Macedo & Sangioni, 2024; Franco et al, 2024; Landim, Tannure & Reigada, 2023).

A particular category of group work designed to alleviate mental suffering is Integrative Community Therapy (ICT). It was developed in Brazil and can be applied by any person that undergoes a training course, even without an academic background. ICT is recognized internationally, and in Brazil is available in the Unified Health System (the Brazilian public health system) and recognized as an Integrative and complementary health practice (Nunes et al, 2025; Ministério da Saúde, 2023).

An ICT session always follows the same structure, and all the members in the group are invited to share opinions, thoughts and solutions about a problem (including mental health problems) brought by a participant, in a circular conversation. In the end, each person that was present in the session can reflect on what was shared, creating a sense of union with the group, mutual support and improvement of self-esteem (Nunes et al, 2025). It can be noticed that the structure of dream interpretation groups presented previously is not far from these experiences, showing a possible analogy to ICT groups.

We recognize that this is a theoretical extrapolation and there are issues to be considered for its practical application. First, training is necessary for the implementation of the group, specifically in one of the methodologies already

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described and tested in the literature. Just as training is necessary for facilitating the TCI group, a training program would have to be developed and implemented. Another important point is a clear guideline on the profile of people who could potentially benefit from the group. There is a possible benefit for people experiencing mental distress associated with psychosocial problems, but this hypothesis needs to be tested. It is known that people with common mental disorders respond well to many supportive therapies, with group intervention generally being positive. Therefore, a difficulty in evaluating the intervention is differentiating whether the positive result stems specifically from working with dreams, or simply from the interaction within a group with therapeutic intent and mutual support. Finally, it is important that patients showing signs of severity are properly referred and followed up in conjunction with specialized care, not underestimating mental health conditions and offering proper treatment according to the needs of the individuals.

With the improvement in the number of CMD cases, and the need to provide all these people access to health care, offering effective treatment that reduces the recurrence of symptoms, we suggest that group treatment with dream interpretation could be a valuable tool in this scenario. It offers a complex community intervention with a wide range of applications regarding symptoms and expressions of mental suffering, dialogues with different cultures and territorial practices and can be developed even in scenarios with financial restrictions.

5. Conclusion

To date, there are no published studies on dream interpretation as a therapeutic tool for CMD in PHC, therefore, no articles found were directly eligible for this review. However, we did find a firm base in literature to investigate. This review highlighted potential opportunities for researchers to evaluate such dream interpretation approaches, and we stress the need for high-quality, theory-based dream interventions to support clinical practice in PHC settings for patients suffering from CMD.

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References

CARCIONE, A; SANTONASTASO, M; SFERRUZZA, F; RICCARDI, I. Esoteric power, useless, useful: considerations about dreams in cognitive-behavioural therapy. Research in Psychotherapy: Psychopathology, Process and Outcome. 2021; 24 (2): 130-137. https://doi.org/10.4081/ripppo.2021.543.

CASTANHO, P et al. Sonhar grupal: uma proposta para o trabalho com sonhos em grupo. Revista da SPAGESP, v. 23, n. 1, p. 59-70, 2022. https://doi.org/10.32467/issn.2175-3628v23n1a6.

CASTRO, FAG de; WENCESLAU, LD. Abordando o sofrimento mental comum na atenção primária em 7 passos [e-book]. 1. ed. Viçosa: Editora Asa Pequena, 2023.

CHIAVERINI, DC (Org). Guia prático de matriciamento em saúde mental. Brasília: Ministério da Saúde: Centro de Estudo e Pesquisa em Saúde Coletiva, 2011. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/guia_pratico_matriciamento_saudemental.pdf.

DeCICCO, TL. What Is the Story Telling? Examining Discovery With the Storytelling Method (TSM) and Testing With a Control Group. Dreaming, v. 17, n. 4, p. 227-238, 2007.

FALK, DR; HILL, CE. The Effectiveness of Dream Interpretation Groups for Women Undergoing a Divorce transition. Dreaming, v. 5, n. 1, p. 29-42, 1995. https://doi.org/10.1037/h0094421.

FRANCO RS et al. Vivência de grupo de apoio em saúde mental na atenção primária: um relato de experiência. Rev Bras Med Fam Comunidade [Internet], v. 19, n. 46, p. 3901, 2024. Disponível em: https://rbmfc.org.br/rbmfc/article/view/3901.

GOODWYN, E; REIS, J. Teaching dream interpretation to psychiatric residents. Psychodynamic Psychiatry, v. 48, n. 2, p. 140–151, 2020. 10.1521/pdps.2020.48.2.140.

HACKETT, M. A systematic review of therapist experience of dream working in contemporary psychotherapy. International Journal of Dream Research, n. 13, v. 2, p. 182-191, 2020. https://doi.org/10.11588/ijodr.2020.2.71162.

REMUNOM
ISSN 2178-6925

Received: 13/01/2026 - **Accepted:** 22/04/2026
Vol: 13.07
DOI: 10.66104/hvm4mn06
Pages: 1-21

HEATON, KJ et al. A Comparison of Therapist-Facilitated and Self-Guided Dream Interpretation Sessions. Journal of Counseling Psychology, v. 45, n. 1, p. 115-122, 1998. https://doi.org/10.1037/0022-0167.45.1.115.

HILL, CE et al. Working with dreams in psychotherapy. What do psychoanalytic therapists report that they do? Psychoanalytic Psichology, v. 25, n. 4, p. 565-573, 2008. https://doi.org/10.1037/a0013539.

IMBRIZI, JM; DOMINGUES, AR. Narrativas oníricas e a partilha de experiências (extra)ordinárias. Interface, v. 25 (Supl1), p e200805, 2021. doi.org/10.1590/Interface.200805.

KRAKOW, B. et al. Imagery Rehearsal Therapy for Chronic Nightmares in Sexual Assault Survivors with Posttraumatic Stress Disorder. JAMA, v. 286, n. 5, p. 537-545, 2001. doi:10.1001/jama.286.5.537.

LANDIM IDSP, TANNURE RAP; REIGADA, CLL. A experiência de um grupo de saúde mental para adolescentes na Atenção Primária à Saúde. Rev Bras Med Fam Comunidade [Internet] v. 18, n. 45, p. 3812, 2023. Disponível em: https://rbmfc.org.br/rbmfc/article/view/3812.

LIMULJA, H. O desejo dos outros: uma etnografia dos sonhos Yanomami. São Paulo, SP: Ubu Editora, 2022.

LUCCHESE, R. et al. Prevalência de transtorno mental comum na atenção primária. Acta Paul Enferm (Internet), n. 27, v. 3, p. 200-207, 2014. doi: 10.1590/1982- 0194201400035.

MINISTÉRIO DA SAÚDE. Recursos terapêuticos PICS. Official website [internet]. 2023. Available from: https://www.gov.br/saude/pt-br/composicao/saps/pics/recursos-teraupeticos.

MINOZZO, F et al. Grupos de saúde mental na atenção primária à saúde. Fractal. Rev. Psicol, v. 24, n. 2, p. 323-340, 2012. https://doi.org/10.1590/S1984-02922012000200008.

MOTA, NB et al. Graph analysis of dream reports is especially informative about psychosis. Scientific Reports, v. 4, n 3691, p. 1-7, 2014. https://doi.org/10.1038/srep03691.

REMUNOM
ISSN 2178-6925

Received: 13/01/2026 - **Accepted:** 22/04/2026
Vol: 13.07
DOI: 10.66104/hvm4mn06
Pages: 1-21

NUNES SS et al. Terapia comunitária integrativa: uma revisão integrativa. Braz. J. Develop. [Internet], v. 11, n. 11, p. e83668, 2025. Available from: https://ojs.brazilianjournals.com.br/ojs/index.php/BRJD/article/view/83668

PENNA, C. O Sonhar Social e o Contar o Sonho: novas vias régias de acesso ao inconsciente? Cad. Psicanál, v. 35, n. 29, p. 11-26, 2013. https://pepsic.bvsalud.org/pdf/cadpsi/v35n29/a01.pdf.

PEROGAMVROS, L et al. The cathartic dream: Using a large language model to study a new type of functional dream in healthy and clinical populations. J.Sleep Res., e70001: 1-11, 2025. doi: 10.1111/jsr.70001.

QUINTÃO, MAU et al. Prevalência de transtornos mentais comuns na atenção primária em um município de pequeno porte do leste de Minas Gerais. Brazilian Journal of Health Review, n. 5, v. 6 p. 23106–23119, 2022. https://doi.org/10.34119/bjhrv5n6-104.

RIBEIRO, S. O oráculo da noite. 1 ed. São Paulo, SP: Companhia das Letras, 2019.

SANTOS, GBV et al. Prevalência de transtornos mentais comuns e fatores associados em moradores da área urbana de São Paulo, Brasil. Cad. Saúde Pública,n. 35, v. 11 p.e00236318, 2019. https://doi.org/10.1590/0102-311X00236318.

SÃO PAULO (Município). Secretaria de Saúde. Boletim ISA Capital n 13: Transtornos Mentais comuns na cidade de São Paulo. São Paulo: Secretaria de Saúde, 2017. Available from: https://drive.prefeitura.sp.gov.br/cidade/secretarias/upload/saude/arquivos/publicacoes/ISA_2015_TMC.pdf.

SCHREDL, M. et al. The use of dreams in Psycotherapy: a survey of psychotherapists in private practice. The Journal of Psychotherapy Practice and Research, v. 9, n. 2, p. 81–87, 2008. https://pubmed.ncbi.nlm.nih.gov/10793127/.

SCHREDL, M. Characteristics and contents of dreams. International review of neurobiology, v. 92, p. 135-154, 2010. doi: 10.1016/S0074-7742(10)92007-2.

SILVA, PAS et al. Prevalência de transtornos mentais comuns e fatores associados entre idosos de um município do Brasil. Ciência & Saúde Coletiva, v. 23, n. 2, p. 639-646, 2018. doi: 10.1590/0102-311X00236318.

REMUNOM
ISSN 2178-6925

Received: 13/01/2026 - **Accepted:** 22/04/2026
Vol: 13.07
DOI: 10.66104/hvm4mn06
Pages: 1-21

SPANGLER, PT; SIM, W. Working with dreams and nightmares: a review of the research evidence. American Psychological Association. n. 60, v. 3, p. 383-395, 2023. http://doi.org/10.1037/pst0000484.

TRICCO, AC; LANGLOIS, Etienne; STRAUS, SE. Alliance for Health Policy and Systems Research, World Health Organization. Rapid reviews to strengthen health policy and systems: a practical guide [Internet]. Geneva: World Health Organization; 2017 [cited 2024 Apr 15]. Available from: https://iris.who.int/handle/10665/258698.

ULLMAN, M; ZIMMERMAN, N. Working with dreams. 1 ed. Los Angeles, CA: Jeremy P. Tarcher, 1979.

ULLMAN, M. On relearning the forgotten language. Contemporary Psychoanalysis. v. 18, n. 1, p. 153-159, 1982. doi:10.1080/00107530.1982.10745683.

ULLMAN, M. The experiential dream group: its application in the training of therapists. Dreaming, v. 4, n. 4, 1994. Available from: https://asdreams.org/journal/articles/4-4_ullman.htm.

VALLI, K et al. The threat simulation theory of the evolutionary function of dreaming: Evidence from dreams of traumatized children. Consciousness and Cognition, v. 14, n. 1, p. 188-218, 2005. doi:10.1016/S1053-8100(03)00019-9.

WONCA. Core Competencies of Family Doctors in Primary Mental Health Care. Jan 2018. Available from: https://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/Mental%20Health/Core%20competencies%20January%202018.pdf.

WONCA. Working Party for Mental Health Guidance Paper 2017-10-10. Family doctors' role in providing non-drug interventions (NDIs) for common mental health disorders in primary care. 2017. Available from: https://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/Mental%20Health/WPMH%20role%20of%20FPs%20in%20non%20drug%20interventions.pdf.

ZADRA, AL; PIHL, RO. Lucid dreaming as a treatment for recurrent nightmares. Psychother Psychosom, v 66, n 1, p 50-55, 1997. doi: 10.1159/000289106.

ZORZI VN de, MARTINS S da S, MACEDO D de A, SANGIONI LA. Promoção de Saúde Mental na atenção primária: o papel dos grupos de saúde na perspectiva de usuários e profissionais. Interface (Botucatu) [Internet]. V 28:e230447, 2024. https://doi.org/10.1590/interface.230447.

REMUNOM
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Appendix 1 – Search strategy

For the development of this work, the first question addressed concerned the possibility of implementing dream interpretation as a therapeutic strategy for people with CMD. An initial search was conducted in the indexed literature, and several articles referring to research on dreams were found, regarding its symbolic content, frequency of use in psychotherapy, advantages of psychotherapeutic treatment through dreams, dreams of people hospitalized in the ICU, among others. From these articles, the most frequent keywords were identified and used to define the search terms. The terms are presented in Table 2.

The articles found in the search brought relevant theoretical information, but few provided information from clinical studies. Mainly, none were developed in primary health care settings, or by its professionals. This was the main reason for the exclusion of articles.

Despite this result, we chose to maintain the term PHC as an exclusion factor, since the objective of this work is to develop a working tool for professionals at this level of care. Furthermore, the studies found had significant methodological problems, such as lack of blinding, lack of randomization, lack of standardization for data collection, and lack of clear delimitation of the study population.

Thus, we opted to maintain the initial syntax, as we understand that there is a field to be explored within this topic. Despite many specific experiences, it is necessary to advance towards greater uniformity in classification and evaluation, in intervention studies and in the longitudinal follow-up of these individuals, generating more reliable and reproducible results.