'Lucid' dreams, in which the dreamer becomes fully aware of being in a dream and can then cont rol the scenery and events, are becoming recognised as a useful state for therapy – particularly for those with poor, or no visual imaging ability in wakefulness or during hypnosis.

Frequent nightmare sufferers have the advantage that the recurring on-set scenes and thoughts can themselves (with simple post-hypnotic suggestion techniques) be recognised as cues that the individual is dreaming.

On that attainment of lucidity, a great transformation can then happen, resulting in the nightmare being easily quelled and the situation turned around to an enjoyable lucid dream.

This method, involving no drugs, deals with what can otherwise be an intractable problem, by utilising the individuals own powers of imaging control.

Hypnosis in the conversion of nightmares to lucid dreams

Dr Keith M.T. Hearne (B.Sc.,M.Sc.,Ph.D.)

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Introduction

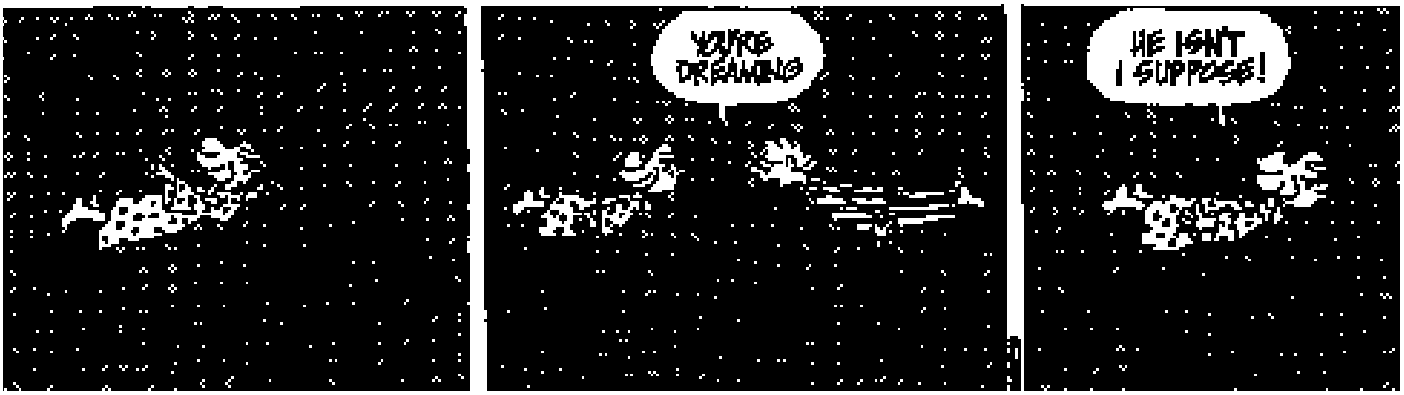
The lucid dream is potentially a very powerful therapeutic state in which the various imaging modalities generate a perfectly vivid internal 'virtual reality' environment in which there is conscious awareness, with the bonus that the dreamer has considerable volitional control over the dream-scenery and activities.

It should be recognised that most hypnotherapy clients do <u>not</u> possess strong visual imagery in the waking state - there are vast individual differences and some people have no visual imaging ability at all. (Incidentally, a simple test for clients is to ask them to visualise a high-imagery noun, such as 'aeroplane', and to rate its vividness, compared to reality, on a simple category scale.) However, even those who have no ability to visualise when awake, experience clear vivid imagery in nocturnal dreams, and the lucid type may be induced by certain means, including hypnosis.

Thus, the post-hypnotically induced lucid dream can enhance the efficacy of treatment by providing the ideal conditions for the many forms of visualisation employed in hypnotherapy - such as creating a well-body image, mastering phobias, trying out social situations, etc. A good dream can 'make one's day', so that even the simple experiencing of a relaxing or perhaps exhilarating lucid dream can have beneficial de-stressing qualities that persist long after waking. In addition, it could be argued that the dreamer, being cognisant of the true situation, in the unusual condition of the lucid dream, can interact with the unconscious on its home territory and so bring about a more effective resolution to the problem.

For those who experience frequent nightmare dreams, hypnosis can assist in that the onset of the nightmare - particularly if a recurring type - can become a recognisable cue that the individual is dreaming. At that point lucidity can ensue and the individual may manipulate the dream to one which is enjoyable and where a sense of full control is present.

This paper gives the general background to lucid dreams and nightmares, and provides scripts which may be used by hypnotherapists for lucidity induction and the conversion of nightmares to lucid dreams.



Lucid dreams

Normally in dreams, although the imagery may be extremely vivid, the sleeper's comprehension of ongoing events is severely limited, so that nonsensical situations are accepted without qualm. However, some people report experiencing an incredible variety of nocturnal dreams in which they actually become fully aware of being in a dream - often for several minutes. They inspect the dream scenery with the same critical consciousness of wakefulness and possess a sense of self-identity, with access to past memories, also characteristic of the waking state. The transformation from ordinary to 'lucid' dream is often the result of noticing some glaring inconsistency or anomaly in the scenery - such as seeing someone who is dead in reality. That insightful condition is amazing in itself but the dreamer is also able to manipulate the course of the dream and produce virtually any situation imaginable and even unimaginable. Such dreams - in which there is awareness of dreaming and the ability to control the events - have become known as **'lucid'** dreams[1]. Various ways now exist for inducing dream lucidity or increasing their frequency.

Until the 1970s, surprisingly little had been published on lucid dreaming. A handful of writers had described their personal experiences, e.g. [2,3,4] and Celia Green had collated several accounts in her seminal book on the topic[5], but no sleep-laboratory work had been conducted. Many psychologists considered that lucid dreams were not true dreams, but a form of hypnopompic imagery experienced on waking.

Before describing the various characteristics that have been discovered concerning lucid dreams, it is necessary to summarise certain aspects of sleep and dreaming. Sleep consists of two basic states: Slow-wave-sleep (SWS) and Rapid-Eye-Movement (REM) sleep, which alternate throughout the night in a roughly 90 minute (ultradian) cycle. The REM period increases in duration each time, so that the first half of the night consists of predominantly SWS, while the second half is mostly REM sleep. Slow wave sleep has been arbitrarily sub-divided into 4 Stages - of increasing 'depth'. It is associated with regular, heavy breathing and large synchronised brain-waves. The musculature is potentially operative, and conditions such as sleep-walking and sleep-talking occur in this state.

Some 90 minutes after the first SWS period, several interesting changes happen to the body as the first REM sleep period ensues - breathing becomes lighter, more variable and generally faster, and the eyes dart about occasionally under the eye-lids (REMs). A different pattern of brain-waves appears and the body becomes paralysed, so that only slight twitches occur. Parenthetically, the bodily paralysis would seem to be a necessary device to prevent us acting out our dreams! Males develop erections - although that appears to be simply a separate arousal cycle and does not necessarily reflect dream content. Persons woken from Stage REM sleep usually report having just been in a dream state.

This author conducted the first sleep-laboratory research into lucid dreaming for a Ph.D. research thesis [6,7]. The discovery was made that on becoming 'lucid' in a dream, the dreamer could communicate to the world of wakefulness by making ocular movements. It was not possible for subjects to press micro-switches taped to the hand (although they dreamed of performing the action), but deliberate eye movements - not inhibited in REM - were possible and recordable on a polygraph. It was later discovered that breathing was also under volitional control.

The results of the extensive research programme revealed that lucid dreams are indeed true dreams happening in REM sleep. At a philosophical level it was also shown that a dream is a dream rather than an account concocted on waking, and that real time operates, as in wakefulness - so that the dream is not experienced 'in a flash'. These points were demonstrated by the fact that the temporal order of events in the subjective report given on waking, corresponded with events at which ocular signals were made - other than the initial onset signals. On average, the period of lucidity lasted only a few minutes, but it was nearly always experienced as a wonderful episode to be savoured.

Hypnagogic imagery is experienced by some people just before sleep onset.
Hypnopompic imagery is reported by some for a short period after waking in the night.

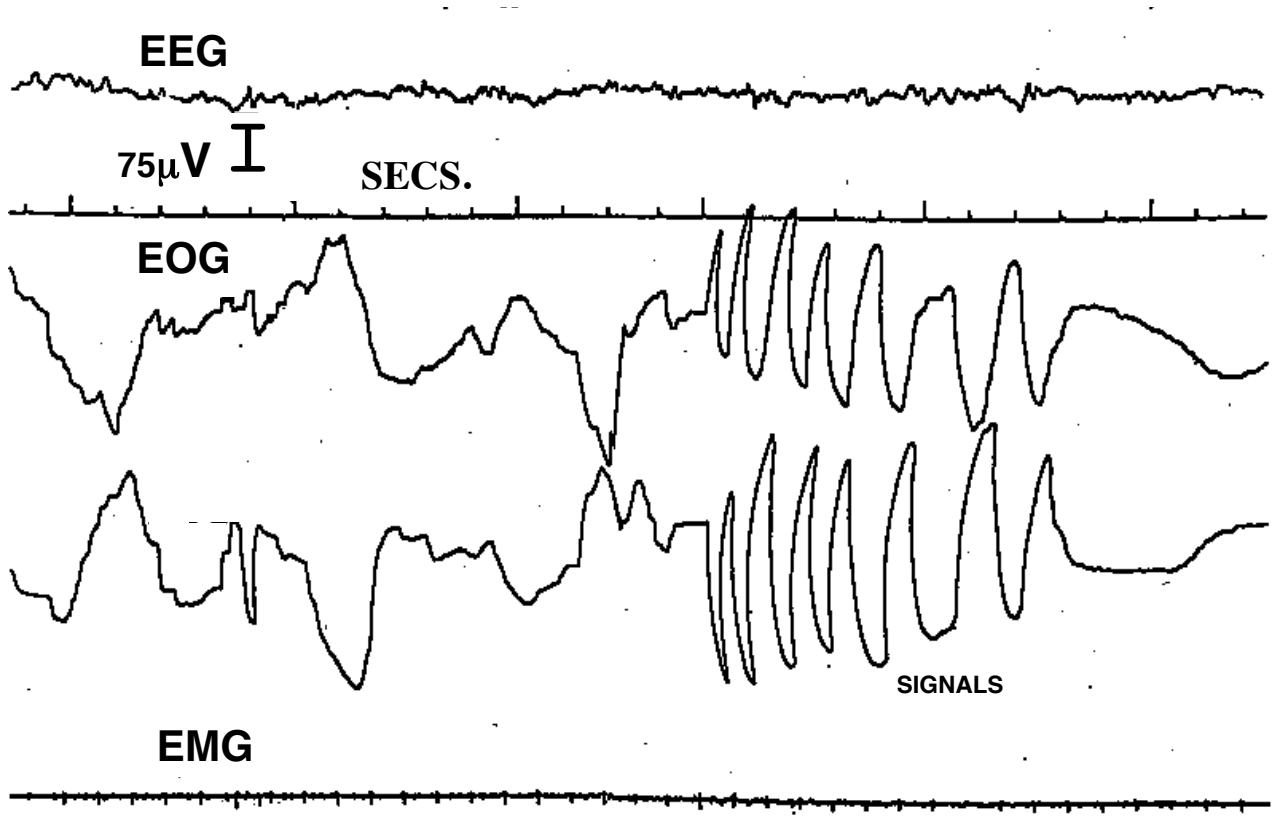


Fig 1. Ocular Signals in Lucid Dream

Figure 1 is an example of ocular signalling from within a lucid dream. Subjects were instructed that on becoming aware of dreaming, they were to move their eyes from left to right eight times. The polygraphic record shows indubitable REM sleep, with saw-tooth brain-waves (EEG), complete muscular atonia (EMG), and a typical REM burst preceding signalling. In fact, it was found that lucidity was invariably preceded by a REM burst. This suggests that a burst of activity from the base of the brain causing the REMs, also stimulates the cortex to the point where lucidity is achieved. Thus, there is mental excitation without bodily rousing.

Control in lucid dreams

The crucial point about lucid dream control is that, essentially, what you think you then dream. Thus, if one's thoughts in the lucid state dwell on cars, they will enter the dream by various ingenious associations. It is not possible in some individuals to import items or people instantly into the lucid dream, but they may be introduced indirectly.

Examples of dream control :

"I was in a beautifully vivid lucid dream. The setting was a beach, and I decided to conjure up a dream partner. I manoeuvred the dream content by walking over to a pile of deck-chairs and 'willing' a person to be there. When I got there I was looking down at the exquisite clarity of the sand. My eyes rose and I saw a young woman walking towards me. She approached, held my hand and said "Hello". I asked her name, and she replied, "Jane". We had a lovely time together in the dream."

"I have found that I can travel to any location in a lucid dream by covering my (dream) eyes and telling myself that when I 'open' them I shall be in that new place. Thus, I can travel to a desert island, a friend's house, or even some other planet."

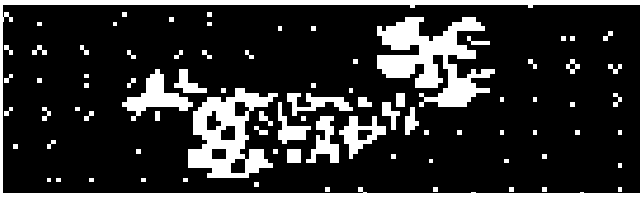
The lucid dream state, then, is one which, for its duration, provides a situation which constitutes reality. The sense of involvement, vivid setting, and ability to transform images by mere thought, give the dreamer perhaps the ultimate conditions for attempting certain types of therapy.

The following 'post-hypnotic suggestion' script has been developed for the induction of lucid dreams. This version is also directed to the establishment of a 'well-body' in the lucid dream. The script should be preceded by a suitable technique to obtain the deepest possible trance - involving deepening suggestions and use of the 'early learning set'.

'Tonight...when you are dreaming...something in the dream...

will make you begin to realise...that you are indeed dreaming...it may be...perhaps someone's face...that will look different from how you know them to be...or possibly...their clothes...they may be wearing something...that you know they would never wear...alternatively...a familiar room...may have something wrong about it...at that moment...you will become instantly excited...and say to yourself...THIS IS A DREAM...I AM AWARE THAT I AM DREAMING...IT IS A LUCID DREAM...and know that you can control the dream's activities...to your advantage...in the ***lucid dream****...you can travel anywhere you want...you can fly...or cover your eyes and will yourself to a new location...you can meet anyone you want in the dream...for instance by opening a door...and willing them to be there...you can do anything you want...you can control stress so easily...you can see your body...perfectly well and healthy...and you will know...that the state of your health and well-being...that feeling of being fine...can continue into the following day...and beyond...the lucid dream...can show your body how it can...and will be...a model for your health.'*

Preliminary investigations have indicated that this is a potent method of inducing lucidity in those who had never previously experienced the condition. It apparently also tends to increase the general amount of recall of ordinary, non-lucid, dreams. The results of a study will be reported in due course. *(Please see author's note at end of article.)*



Nightmares

Nightmares, operationally defined as frightening dreams that awaken the dreamer, affect many millions of people - probably to the point of killing a proportion of sufferers because of the immense strain put on the cardio-vascular system, yet little research has been conducted into the problem. Surveys indicate that nightmares may be present on a once-a-week frequency in about one in twenty of the population.[8] Some people experience them every single night, to the point of extreme sleep-aversion.

There are two forms of nightmare, each associated with the two distinct sleep states of SWS and REM. Slow wave sleep nightmares (sleep terrors) are rare. Fisher et al [9] found that they constituted only about four percent of the total. They mostly occur within the first 90 minutes of sleep, when SWS is most abundant. This type is not preceded by any physiological signs. The sufferer wakes suddenly, absolutely panic-stricken, often screaming for help. Gastaut & Broughton[10] suggested that SWS nightmares result from a disturbance of the arousal system. It has been observed that a sudden noise can precipitate the phenomenon.

The great majority of nightmares (96%) are anxiety dreams occurring in REM sleep. They are nearly always preceded, for several minutes, by increased respiratory rate, heart rate and eye movements.

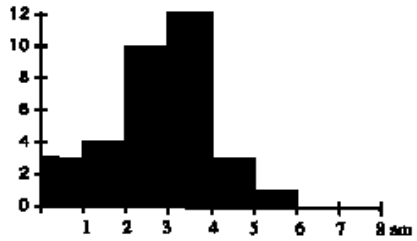


Figure 2. Frequencies of usual nightmare times. (N=33)

Figure 2 shows the frequencies of usual nightmare times, in data from 33 subjects. Most subjects (22/33) thought that their nightmares happened between 2:00 am and 4:00 am.

This author conducted a survey and personality study of 39 frequent nightmare sufferers[11]. In this group, the peak frequency was 3 per week, within a range of 1 per month to several per night. The age of onset was most frequently reported to be in the first ten years of life. Ninety percent of subjects stated that they experienced recurring nightmares. A little over half the sample (54%) believed that their nightmares began as an apparent result of some traumatic incident.

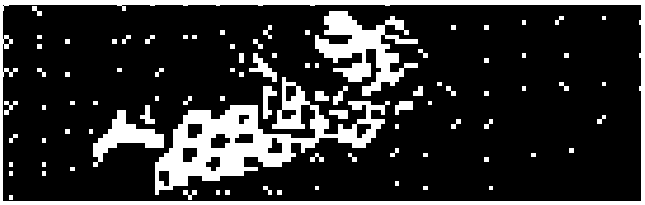
The most striking feature, overlooked in previous studies, was that these REM nightmares emerged mostly in the first half of the night's sleep - despite the fact that most REM sleep is in the second half. This finding suggests that, in fact, REM nightmares are probably not caused by purely psychological factors. The great variety of dream images in the second half of the night should surely touch upon sensitive themes by chance and set off nightmares if they were just psychologically based. That is unless a psychological 'pressure' builds up and causes early nightmares and the resulting 'tension reduction' ensures that the energy is usually insufficient to reactivate another episode later in the sleep period.

However, if nightmares were merely the venting of accumulated emotion, they would release most energy first, on being triggered, and then decline in intensity. That is the opposite to what is reported by sufferers and what is demonstrated by polygraphic studies.

It seems more reasonable to hypothesise that from sleep onset the anxiety-sensitivity threshold becomes steadily

lowered, and this state persists for a while into the following REM period. The sufferer becomes more 'jumpy' as it were. Possibly, as the amount of SWS declines in each 90 minute cycle, the susceptibility to nightmares becomes reduced.

It is possible to envisage that with the lowered anxiety-sensitivity threshold a slightly scary dream image or thought could evoke an inordinate response, increasing in intensity as associations with previous nightmare situations are added - so leading to a full-blown nightmare.



The evidence is that nightmares are physiologically based, occurring in anxious people. This view is backed up by the observation that nightmares may suddenly appear in cases of drug-related 'REM rebound'. (Many drugs abolish REM sleep, but the body develops tolerance and REM is restored gradually. However, when the drug is discontinued, 'REM rebound' results.) It is not reasonable to suppose that persons who stop taking drugs simultaneously become psychologically unstable and prone to 'meaningful' nightmares. The pre-sleep level of anxiety is likely to be an important baseline. The very anticipation of having a nightmare, in frequent sufferers, must be sensitising. Anything that reduces the level of anxiety before sleep is likely to be therapeutic.

The medical model is not appropriate for many areas in psychology, including nightmares. In medicine, successful treatment of the causative disease relieves the symptoms, but a similar approach to nightmares is misplaced. It is not necessary to seek out some psychological 'cause' of the problem. Nightmares can be eliminated, over a long period, using behaviour modification techniques. That is tantamount to treating successfully a medical illness by just dealing with the symptoms. Hypnosis can provide a quicker cure, again without reference to any 'causative factors'.

The nightmare themes could be categorised as the following, in descending order of frequency:

Witnessing horror (10) and violence (2)
Experiencing attack (8) or danger (3)
Flight from someone or something (5)
Sinister presence (5)
Being late and frustrated in travel (2)
Suffocation (1)
Hallucinated creatures (1)
Paralysed (1)

A mean personality profile was computed from the 29 nightmare sufferers administered the 16PF test.[9] The most outstanding features were, in descending order : C (affected by feelings); O (apprehensive); Q4 (tense); Q3 (undisciplined), and Q2 (self-sufficient). The predominance of the first three items reveal the highly affective nature of nightmare sufferers.

The following script is suggested for use with clients who suffer frequent nightmare dreams, particularly if a recurring situation is reported :

After inducing hypnosis, with the early learning set and deepening instructions, proceed thus :

'and when you are asleep at night...you know you can dream…and as soon as your unconscious mind realises...that the dream about to begin would turn into a nightmare...instantly and immediately you become aware...that it is only a dream...and from now on...you know that you will be able to control that dream...you will become excited…and say to yourself...GREAT...THIS IS A LUCID DREAM...and you will become fully aware...of all the marvellous abilities you have in a lucid dream...with masterful control...you can abolish any nasty persons or beings...

...then...feeling totally in control...you can change the dream entirely...you can go to a new location...you can fly there...or cover your eyes and <u>will</u> yourself to be there…you can experience the full wonder and excitement of lucid dreaming...no longer will you fear anything bad happening to you in a dream...you will be fully in control...and in fact...you will look forward to recognising dreams…so that you can become fully lucid...almost any time you want...because you know that...that feeling of control will carry over into your everyday life...so that...'

Control of nightmares

The great ability of lucid dream subjects to control the scenery enables dramatic transformations to occur, giving the dreamer a tremendous sense of power and mastery:

" I was being chased by something - a real monster. I suddenly realised that this was a recurring nightmare and that I could control everything. I stopped, turned round and faced the creature. I said to it,"I'm going to shrink you !" With that, the creature quickly dissolved to a furry little animal that scurried away. I felt a marvellous sense of being in control."

"I recalled what you said about controlling the dream, when I recognised the scenery that usually precedes my nightmare. With a sudden illumination of dream lucidity I decided to make the dream pleasant and soon found myself on a golden beach. I was very exhilarated."

It is of course necessary to describe the characteristics of lucid dreaming to the client so that the full potential of the situation may be harnessed. It is also wise to label and describe two conditions that sometimes arise in the dream state (lucid or otherwise).

Sleep paralysis

Some people experience a sleep condition where, although they seem to be awake, attempts to make physical movements or vocalisations are quite impossible. The phenomenon is known as sleep paralysis, and simply reflects the motor atonia of REM sleep. While the condition may be somewhat perplexing to someone who has no knowledge of the phenomenon, it can be of great fascination to those interested in dreaming. The way to respond to sleep paralysis is not to struggle, but to relax. An ordinary dream then ensues and of course the REM period will finish after some minutes in any case, when the musculature will be restored to normal operation.

False awakenings

It is possible to dream that one has woken - this phenomenon is termed a false awakening. The verisimilitude of the dream scenery may be such that the episode is not recognised for what it is. For instance, the individual may seem to have woken - the bedroom being precisely as it is normally - only to discover on pulling the curtains that the street is a different one.

Discussion

It is worth pointing out to nightmare sufferers that they in fact have an advantage over others when it comes to establishing dream lucidity. The recurring nightmare situation is a consistent internal marker that dreaming is in progress, and can be recognised by suitable hypnotic pre-suggestion. Thus, the basis of the cure is present in the problem itself.

As a clinical programme of treatment, it is suggested that background information should first be obtained, establishing : any medication effects, when the nightmares started, if there are recurring ones, time of night of occurrence, and general nightmare content. Next, the notion of lucid dreaming should be thoroughly explained to the client, together with sleep phenomena such as sleep paralysis and false awakenings.

The concept must also be firmly embedded that upon the realisation of dreaming, everything that is seen and happens in the dream is fully under the control of the dreamer.

The technique of shrinking attackers, or 'zapping' (with laser beams from the fingers) needs to be described, and restructuring of the dream by volitional re-location. Self-hypnosis may be beneficial before sleep, to establish a mind-set on the whole process.

In addition, the client should be encouraged to keep a dream diary to monitor events and to encourage greater dream recall. The hypnosis session could include a re-run of the first few seconds of recurring nightmares, so that the recognition stage may be practised and facilitated.

Preliminary findings indicate that the technique can be extremely successful - even if the nightmares have been persistent for many years.

A study is also being undertaken into the conversion of nightmares to lucid dreams, the findings of which will be reported.

The author would greatly appreciate feedback from experienced hypnotherapy colleagues on the efficacy of the techniques described here, for inclusion in a future scientific paper.

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