

Clinical Utility Seen in Lucid Dreaming Ability

C. Halliday & Gallia Jackson Meigs
Community Mental Health Center, Ohio

A brief note concerning my work with patients involving lucid dreaming follows. The first part of the note describes my work in helping persons modify nightmares. The second part describes the results of a case in which Hearne's 10 tests for differentiating dreams from reality showed clinical utility. The case descriptions follows:

1) In treating a person who wants to get rid of nightmares, some training in lucid dreaming is one of several approaches which may be helpful. As I have reported elsewhere (Halliday, 1982), patients often falsely believe that they cannot control their dreams or nightmares because they attempt too big a change at once. That is, a person who had a recurrent nightmare about being run over by a tractor tried to totally get rid of the tractor and failed. When, however, he was encouraged to try a smaller change (altering the color of an item in the background), he then experienced a success. This type of success in dream alteration can provide an immediate feeling of being in greater control. It can also serve, as needed, as the basis for building additional, changes into the nightmare.

2) Hearne's recent (May, 1982) note in this newsletter concerning ten tests for telling if one is dreaming or awake proved of value in treating a recent patient. This patient, at time I saw her, was a 39—year—old female factory worker. She had first contacted the mental health center 1 1/2 years previously with a presenting complaint of difficulty telling dreams apart from reality. She did not return after her initial appointment. Her major presenting problem when I saw her was a request to be hypnotized so she could lose weight. She still complained, in addition, of having dreams that were so real to her that she later did not know if something really happened or was a dream. This caused her some social difficulty, in that, for example, when she saw somebody she knew, she did not know if she should continue a previous conversation with them—the earlier, conversation may only have occurred in dream.

During part of the second session with this client, Hearne's list of 10 tests for differentiating the dream from the waking state were gone over. She was also given a copy of the list for home study. When she was seen a week later, she reported no longer being confused or upset by her dreams. She noted she had been able to apply one of the tests (the test to look carefully at the surroundings, and see if there is something that should not be there). Specifically, she thought she was awake and at work until she a large rat. She knew the rat should not be there, because the exterminator had come so frequently to her factory. She therefore knew she was dreaming.

The client cancelled her following two appointments and did not respond to follow—up.

Whether or not long—lasting change occurred, therefore, cannot be ascertained. The initial positive response to her use of Hearne's tests, must nevertheless be considered encouraging, which would support the further testing of this approach with additional clients.

Reference

Halliday, G. Direct alteration of a traumatic nightmare. Perceptual and Motor Skills, 1982, 54, 413—414.

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