

## **A Suggested Experimental Method of Producing False—awakenings with Possible Resulting Lucidity on O.B.E.—The ‘Fast’ (False—awakening with State Testing) Technique**

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During the course of many of my sleep—laboratory experiments I have been struck by the fairly high number of reported false—awakenings—where the subject has dreamed that he or she has woken. Such is the verisimilitude of the dream scenery with the actual environment, the dreamer simply assumes that a brief waking has occurred. Indeed, the stimulus for the phenomenon is often an external disturbance of some kind, but it seems that sometimes even that is dreamed. What the subject reports having happened may bear no relation to reality. Thus, a subject may state that the experimenter asked for a dream account or came to adjust an electrode, when in fact the subject was quite undisturbed. It is probable that false—awakenings are common at home too, but they nearly always go unrecognized.

However, if the subject—as a matter of course—performs state—assessment tests on waking, lucidity and dream control might be attained. A false—awakening is one step away from dream—lucidity, and recognition of the condition can be facilitated by the subject having a pre—programmed set of tests which are always performed automatically on waking. Since the setting of a false—awakening is the subject’s bedroom, identification of the state could lead to an O.B.E. As I have pointed out elsewhere,<sup>1</sup> the subject’s classification of the experience can be influenced by the dreamsetting. If, at the initiation of a state of apparent consciousness emerging from sleep accompanied by imagery control, the person is in a familiar home environment, the experience may be labeled an O.B.E. by that person, whereas in some other setting a lucid—dream tag may be applied. Therefore, either a lucid dream or an O.B.E. may result from the accurate sensing of a false—awakening.

The first part of the technique concerns the production of false—awakenings. These seem to occur particularly when a sleep—disturbance is expected. The sleeping mind becomes somewhat fixated on the coming event, and so perhaps it is not surprising that false—awakenings can be prompted in that situation of high anticipation. Expectation can demonstrably produce strong effects in psychological situations. The placebo effect (where an inert treatment is administered) is a well—known phenomenon in medicine,<sup>2</sup> and many of the alleged characteristics of the ‘hypnotic state’ can be similarly explained.<sup>3</sup> More aptly, it has been shown<sup>4</sup> for instance that people can dream of a particular theme which was merely suggested to them (without ‘hypnosis’) before sleep. The establishment of a psychological ‘set’ of anticipated sleep—disturbance is therefore the first stage of the procedure.

In practical terms, it is suggested that an assistant simply enters the subject's bedroom, say a few words, prods him or her, and then leaves. The subject should not attempt to respond in any way. This procedure should be repeated intermittently, say, every half hour over the last 2 hours of the night's sleep, or throughout a day—time sleep. Sleeping in a strange environment may enhance the suggestion process. Groups of subjects at 'sleep—ins' may also participate using this technique. On being disturbed, the subjects may: a. wake up properly, b. not awaken—in slow—wave or REM sleep, c. partially wake in SWS and return immediately to that state d. partially waken in REM (associated with dreaming) and return to that state. A false-wakening could result from d. In addition the expectation effect might produce dreams of being disturbed (in the absence of that stimulus).

The second stage of the technique involves the detection by the subject of a false-awakening and the consequent initiation of lucidity at that point. The subject must over a period of time develop the habit of always testing whether he or she is really awake, immediately in 'waking.' A list of tests for state—assessment has been published,<sup>5</sup> however for the special situation of false—awakenings, the following are suggested:

1. Do not speak or make any gross body movements, but simply try to move a hand or foot

If it feels unusually heavy or you are unable to move it, assume that you are dreaming. (The body is virtually paralyzed in state REM sleep and a state of 'sleep—paralysis'<sup>6</sup> accompanies some false—awakenings.)

2. If you feel that you can move your body, keep generally still but attempt, say, to push your hand through the bed.
3. Listen carefully to what is going on around you. Are the sounds appropriate, or incongruous and perhaps distorted?
4. If there is light around you, should that be so? If you are viewing a bedroom scene are the details correct?
5. Attempt to float up slowly from the bed, or even to sink through the bed.
6. 'Will' yourself to be in another room in the house.

Any unusual results from these tests should initiate lucidity, or an O.B.E. Once you are 'up' a further state—test is to try switching on an electric light. Difficulties are often encountered in dreams when trying that particular task—the bulb may not work, or only glow dimly.<sup>7</sup>

To change scene, 'will' yourself to another situation—but be on the look—out for further false—awakenings! It is possible to 'wake' from a period of lucidity attained from a false—awakening, only to realize that you are in another false—awakening. Most people seem **to** really waken spontaneously after a period of lucidity. On waking, check with your assistant as to whether the disturbances actually happened, and go over the details. Confer over precisely what was said by the assistant during the disturbances, how many probes were given, whether the light was switched on, etc. You may have missed a false—awakening.

I would greatly appreciate feedback reports from persons experimenting with this techniques—the more detailed the better. Send such reports to: Dr. Keith Hearne, Hearne Re-search Organization, P.O. Box 84, Hull, England, HU1 2EL.

1. Hearne, K.M.. (1978) Lucid dreams: an “electrophysiological and psychological study, Ph.D. thesis. University of Liver-pool, England. May.
2. Beecher, H.X. (1955) The powerful placebo. J. Amer. Med. Assoc. 159:1602—1606.
3. Hearne, K.M.T. (1982) A cool look at no-thing special. Nursing Mirror (England)154 (no. 3):26—28.
4. Wagstaff, G.E., Hearne, K.M.T., & Jackson, B. (1980) Posthypnotically suggested dreams and the sleep cycle: an experi-mental re—evaluation. IRCS Medical Sci-ence, 8:240—241.
5. Hearne, K.M.T. (1982) Ten tests for state— assessment. Lucidity Letter, (Dept.of Psychology, N. Iowa University.), 1(3):6-7.
6. Hearne, K.M.T. (1982) Trapped in sleep. Nursing Mirror, 154 (no. 2):34—35.
7. Hearne, K.M.T. (1982) Effects of perform-ing certain set tasks in the lucid dream state. Percept. Mot. Skills, 54:259—262.

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