Healing: Speculations and Suggestions
Speculations on Healing with the Lucid Dream

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Have you ever had a dream where you knew you were dreaming while you were dreaming? This has come to be known as a lucid dream. Dream experiences of this nature are not new as references to them can be found in the Tibetan Buddhist literature as well as in early writings of western philosophers. More recent historical antecedents to the concept of the lucid dream have come from parapsychology, specifically from research and speculation about the out-of-body experience (OBE). Lucid dream researchers argue, however, that the OBE is a misinterpreted lucid dream - in other words you are having a dream and erroneously conclude you are awake.

In recent years the phenomenon of dream lucidity has been taken out of the metaphysical/philosophical realm and into the sleep laboratory. Starting with the ground breaking work of LaBerge, six independent sleep laboratories have successfully demonstrated that the lucid dream occurs during unequivocal REM sleep. The accepted technique for demonstrating the context of dream lucidity is to have the dreamer signal with a prearranged sequence of eye movements when they know they are dreaming. This "signal" is read by the sleep laboratory technician monitoring the polygraph and the dreamer is awoken. The verbal reports of these lucid dreamers have been found to concur with the polygraphic data. That is, the dreamer claims they knew they were asleep and dreaming and they signaled to the technician who correctly read the signal and woke up the dreamer.

Just what is this paradoxical experience?

Conscious while unconscious challenges our very concept of these terms. Physiologically, LaBerge and others have shown that the lucid dream seems to be a highly aroused state within the REM period. Sleep researchers know that the REM state is one of relatively high arousal as evidenced by irregular breathing and other changes in physiological arousal indicates. During the lucid dream LaBerge has shown that the dreamer is significantly more aroused than during normal REM sleep.

However, recent work on this dream makes one pause to ask, "Is it more than a dream?" As noted, the research of LaBerge and others on dream lucidity has challenged our traditional concepts of the unconscious. With the lucid dream we have an unconscious individual (sound asleep) who is at the same time conscious (knows they are dreaming). Recent research seems to imply that although the majority of these experiences occur in REM sleep there are clearly physiological differences between lucid and nonlucid REM experiences. For instance, eye movement during ordinary dreaming rarely parallels the eye movement tracking that would go on if the eyes were following the dream events, but during the lucid dream there is a clear one to one correspondence...
between eye movements and the intention of the dreamer and the pattern of dream events.

Eye movements are not the only physiological system that clearly parallels the dreamer's intention while lucid. Worsley and his colleagues in England as well as the LaBerge group have shown a remarkable range of changes in physiological systems that parallel the intention and/or the dreaming experience of the lucid dreamer. This has implications for healing which will be considered shortly.

A finding by Browloski in Texas sheds the most light on the notion that dream lucidity may be "more than a dream". He measured the H-reflex while in the lucid dream state. The suppression of the H-reflex is known to be a key indicator of presence of the REM state of sleep as during REM sleep we are paralyzed from the neck down so that the H-reflex is stifled. This body paralysis does not occur during any other time of the sleep cycle nor, obviously, while awake. During the lucid dream state in REM Browloski found that the H-reflex was significantly more suppressed than during nonlucid REM sleep. The implication seems to be that during the lucid state you are not moving toward deeper sleep nor are you moving toward awakening (as the significantly higher arousal signs while lucid might indicate) but rather you are moving toward "more dreaming"!

Finally, recent work by LaBerge adds another wrinkle to this already complex picture of the lucid dream. He found that eye movements while in the lucid dream were significantly more like eye movements while awake and fantasizing than like eye movements while in nonlucid dreams. So while lucid we are "more dreaming" yet we respond to this experience as though it were real!

Now that some of the physiological characteristics of the lucid dream have been considered, let's turn to a brief discussion of the psychological characteristics of this dream. This question has been the focus of my research into the lucid dream. My goal has been to determine what is a "normal" lucid dream experience. I've found that dream lucidity is typically characterized by the presence of auditory phenomena such as sounds, voices and singing. This is not generally the case with the nonlucid dream experience, which is predominantly visual. There also seem to be more touching and body-orientation activities, although fewer dream characters, during lucid dreaming than during nonlucid dreaming. Not surprisingly, we have also found that while knowing you are dreaming, you tend to engage in more cognitive or thought-like activities than when you are ignorant of the true nature of your state. This is specifically manifested in the success with which lucid dreamers are able to control the content of their dreams while they are ongoing. This latter finding lies the implications for both psychological and physiological healing.

Implications for Healing: Psychological

The bulk of the work to date on the potential psychotherapeutic applications of dream lucidity has been done by Paul Tholey of West Germany. Unfortunately most of his work is, as yet, in German but enough has crossed the Atlantic to make us appreciate the potential of the lucid dream. His work is based in the theoretical assumptions of Gestalt psychology that the personality is capable of self-healing and growth. He points
lucid dreams have proven to be helpful. One can discern unconscious conflicts and contribute to solving them during these dreams, through the dream ego's appropriate behavior. With regard to diagnosis and therapy, conciliatory interaction with threatening dream figures seems to be of special importance (p. 2; Tholey, in press).

Tholey emphasizes the role of dream characters in helping the dreamer deal with psychological problems by giving advice or acting out dream situations.

However, Tholey's approach is predicated on the assumption of dream control while lucid. Worsley, the first person to ever signal in the sleep laboratory that he knew he was dreaming, argues that there are some limits to the extent of one's dream control. However, others have argued that limits on dream control may simply be a function of the dreamers expectations. In other words, if you think there is a limitation to what you can do there will be a limitation. But the important point is that you do have some control over the dream while lucid.

Is that control beneficial? Critics argue that if you start controlling your dreams, they are going to lose their spontaneity and you will lose a rich source of psychological self-information. But, as Worsley has argued, you can't have complete control and such control is not entirely a function of expectation, perhaps even while lucid there remains a "dream generator" continuing to have a significant influence on the dream. It may be that, as while awake, even though we are conscious we are still sometimes amazed at the things we say and do.

Thus there is potential through the lucid dream for the nightmare sufferer or the self explorer to learn to identify his or her experience as a dream while it is ongoing and to either wake him-or-her-self up in the case of the nightmare or to change the dream in the case of the self explorer. Some clinicians suggest that you should confront nightmare imagery while it is ongoing and try to work with it while others urge you to try to make a peace offering or to share love. Yet others argue that passive, quiet, peaceful observation of the events of the dream constitutes the proper perspective.

Implications for Healing: Physiological

Working with your lucid dreams may also have implications for healing the body as well as the mind. (Editors note: See the LaBerge article for more details on these possibilities.) We know that waking imagery techniques can be used to treat, for example, cancer patients. A person will be told to image that his while blood cells are soldiers killing deadly cancer tissues. The patient is led through these guided imagery exercises while awake and then practices them on his own (see Simonton et al.'s "Getting Well
Again and Achterberg's "Imagery in Healing"). Although these procedures are controversial there is some indication that they may be effective. They are especially effective, it appears, with children because their imagery is extremely vivid. As adults we generally lose the ability to become totally absorbed in our fantasies. Dream imagery continues to provide a rich source of "realistic" imaginations, for when you dream you are climbing a mountain that mountain is real in every sense of the word. You can touch it. You can smell the trees. You can see the rocks. You can fall on the side of it and feel the pain! All of our senses are convinced that it is a mountain. This sense of the "reality" of the dream mountain is not lost when you realize that it is a dream. You simply gain some control over that mountain.

It may be that we can take the same waking imagery techniques used in healing cancer patients, teach the person to have lucid dreams and apply these techniques during this much more vivid imaginal state. To my knowledge this has not been tested, but is certainly worth investigating.

Reference