

## Healing Through Lucid Dreams

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According to Jaffe and Bresler (1980), “mental imagery mobilizes the latent, inner powers of the person, which have immense potential to aid in the healing process and in the promotion of health.” We believe this statement applies a fortiori to lucid dreaming, a state that possesses the most vivid imagery possible. In the following, we will survey potential applications of lucid dreaming to healing.

### Health and Healing

In general terms, we conceive of health as the ability of the human being to respond adaptively to the challenges of life (cf. Dubos, 1978). Adaptive responses mean viable responses: those that do not disrupt the integrity i.e., wholeness or health of the person. This involves more than a mere homeostasis--if the life situation is sufficiently demanding, a healthy response will include personal growth and learning. Since these environmental challenges occur on all levels of the hierarchical organization of the person, from cellular to social, and we are speaking of the whole person's responses, our concept of health is necessarily holistic.

In these terms, maladaptive responses are unhealthy ones and healing refers to any processes correcting for the disrupted integrity of the person. In this sense, any healthy response, by definition leads to improved systemic integration, and hence is a healing process.

### The Natural Healing Function of Sleep and Dreams

We believe that one of the major functions served by sleep and dreams is recuperation and adaptation. Sleep, as a time of relative isolation from environmental challenges, allows the person to recover optimal health or, to repeat, the ability to respond adaptively.

The healing processes of sleep are again, holistic, taking place on all levels of the system. On the higher levels (psychological and social), these self-regulatory functions are normally accomplished during dreams. We say “normally” because due to maladaptive mental attitudes and habits, dreams do not always accomplish their functions, as can be seen in the case of nightmares. We do not view nightmares as masochistic with fulfillments, but rather as the result of unhealthy reactions. The anxiety experienced in such dreams is, in fact, an indication of the failure of the process to function effectively.

Lucidity, allowing as it does flexibility and creative response, presents a means of resolving dream conflicts and hence fosters a return to effective self-regulation. This is the basis of our approach to healing through lucid dreaming: to facilitate the person's self-healing mechanisms by means of intentional imagery on the mental level.

The following dream illustrates the self-integrative potential of lucid dreams:

I am in the middle of a riot in the classroom. A furious mob is raging about throwing chairs and fighting. Most of them are Third World types and one of them has a hold on me—he is huge with a pock marked face and repulsive. I realize that I'm dreaming and stop struggling. I find love in my heart and look him in the eyes, and, while holding his hands, speak to him in a loving way, trusting my intuition to supply the beautiful words of acceptance that flow out of me. As I do so, he melts into me; the riot has vanished, the dream fades, and I awaken feeling wonderfully calm and "together".

That this is a healing dream is clear on several levels. First, the initial conflict, an unhealthy condition of stress, was resolved positively. Secondly, the dreamer was able to reintegrate the ogre, a part of himself, and third, we have the direct evidence of the feeling of increased wholeness and well-being experienced upon awakening.

The use of dreams for healing was widespread in the ancient world. The sick would sleep in temples of healing, seeking dreams that would themselves cure or at least diagnose the illness and suggest a remedy. We mention dream "incubation" as a reminder that healing through lucid dreaming is a partly new and partly old idea.

Incidentally, the contrary of our thesis that positive dream imagery facilitates health, i.e., that negative dream imagery contributes to illness, has been hypothesized by Levitan (1980). He studied repetitive traumatic dreams in psychosomatic patients. These dreams typically involved injury to the body of the dreamer. Levitan suggested that "the repetitive experience of consummated trauma contributes to the malfunctioning of the physiological systems, and therefore, to the production of illness."

### **Lucid Dreaming Facilitates Psychological Growth**

Let us recall that growth is a healing response of the person to a life situation in which the person's old patterns of behavior were inadequate and hence unhealthy. Persisting in these old patterns would perhaps result in disease; anything leading to the development of new, more viable patterns amounts to healing.

In this regard, Rossi (1972) has argued extensively for the notion that self-reflection (of which lucidity is the paradigm) plays a key role in psychological growth through dreams. Self-reflection evidently allows the dreamer to stand outside of his or her old patterns and thus to conceive new ones.

Moreover, the intentional self-integration illustrated by the lucid dream reported above shows the potential of lucid dreaming for psychosynthesis. Psychological growth often requires the reintegration of neglected or rejected aspects of the person which can be deliberately achieved through the symbolic encounters of lucid dreaming.

There are many alternatives to the process of assimilation and reintegration. For instance, here is an example of symbolic transformation:

...having returned from a journey, I am carrying a bundle of bedding and clothes down the

street when a taxi pulls up and blocks my way. Two men in the taxi and one outside it are threatening me with robbery and violence... Somehow I realize that I'm dreaming and at this I attack the three muggers, heaping them in a formless pile and setting fire to them. Then out of the ashes I arrange for flowers to grow. My body is filled with vibrant energy as I awaken.

That this was a healing dream is evidenced by the increased feeling of well-being experienced when the dreamer awoke. What evidence do we have to suggest that dreaming in the manner illustrated by the examples leads to any lasting benefit?

The experience of realizing with (partial) relief that a nightmare is 'just a dream' (and usually awakening) seems to be very widespread. Accordingly, LaBerge (1980a) reported that anxiety appeared to lead to lucidity in 36% of his first year's lucid dreams (60% during the first six months). In contrast, anxiety was present when he recognized that he was dreaming in only about 5% of his lucid dreams during the third year of his study. It seems likely that the decrease in the number and proportion of anxiety dreams was due to his practice of resolving conflicts during lucid dreams as has been illustrated. Moreover, he seems to have learned to recognize any dream with sufficient anxiety to be a dream since he no longer awakens from anxiety dreams without first becoming lucid and thereby having the opportunity to resolve the dream conflict.

This is a very important potential of lucid dreaming, for when we 'escape' from a nightmare by awakening, we have merely repressed our awareness of it, and are left with an unresolved conflict, as well as, in all likelihood, negative and unhealthy affect. Staying with the nightmare, on the other hand, allows us to lucidly resolve the problem in a fashion that leaves the person healthier than before. Healing was the original intent of the dream; lucidity merely facilitated the process.

### **Therapeutic Uses of Imagery**

Imagery is used in a great variety of psychotherapeutic approaches ranging from psychoanalysis to behavior modification (Singer & Pope, 1979; Watkins, 1976). Rather than exhaustively reviewing these uses, we will focus on two examples after reiterating the point that lucid dreaming is the most vivid form of imagery available to normal persons. Since the efficacy of imagery seems to be dependent upon its status of "as-if reality, we can expect the experienced reality of lucid dream healing imagery to be particularly effective.

One of the most intriguing applications of imagery to therapy is the Simonton's work with cancer patients. Simonton et al. (1980) report that patients supplementing standard treatment for advanced cancer with healing imagery survived, on the average, twice as long as expected by national averages. Given the special connection between mind and body observed by us (see LaBerge et al., 1981) and the high level of experienced participation in lucid dreams, it seems reasonable to expect that healing imagery during lucid dreaming might be even more effective.

The other imagery technique we wish to discuss is hypnosis. Deep--trance hypnotic

subjects are able to exert remarkable control over many physiological functions. For example, deep trance subjects can inhibit allergic reactions, stop bleeding and experience anaesthesia at will (Bowers, 1976). Unfortunately, these dramatic responses are limited to the 5-10% of the population who are capable of entering hypnosis most deeply. Moreover, this deep-trance ability does not seem to be trainable. Lucid dreaming, on the other hand may be learnable (LaBerge, 1980b), and may hold the same potentials for self-regulation as deep-trance hypnosis, yet be applicable to a much greater proportion of the population. In this regard, it should be noted that a majority of persons with substantial dream recall report having had spontaneous lucid dreams (LaBerge, 1980a).

### **Voluntary Control of REM Sleep Physiology**

The fact that we have found (see LaBerge et al., 1981) a correlation between dream behavior and physiological responses presents an unusual opportunity for self-regulation. Lucid dreams can carry out dream actions designed to have desirable physiological consequences.

In general, a person can only learn to consciously control a physiological parameter (e.g., heart rate, alpha rhythm, etc.) within the normal range of variation for a given state of consciousness. Since REM sleep presents the widest range of variation of physiological parameters, it also presents the greatest control possibilities. One of the most intriguing questions is the long term effect of dream self-control. One of the functions suggested for REM sleep is the determination of physiological reference levels for motivational behavior. Will, for instance, lowered blood pressure during lucid dreaming result in real lowered blood pressure?

Imagining the patient in a state of perfect health is an essential part of the techniques commonly used by paranormal healers. Since while dreaming we generate body images in the form of our dream bodies, we ought to be able to initiate self-healing processes by consciously experiencing our dream bodies as perfectly healthy. Furthermore, if our dream bodies do not at first appear perfectly healthy, we can “magically” heal them through the control that lucidity brings (LaBerge, 1980a); phenomenologically, we know these things can be done. The question for future research to answer is “if we heal the dream body, to what extent will we also heal the physical body?”

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