

More Commentary on Sparrow's Cautions Letter

Thank you very much for sending the copies of Scott Sparrow's and the others' letters (see *Lucidity Letter*, Vol. 7, No. 1, 1988) which I just received. I hasten to respond in order to encourage the level of interest which finally seems to be manifesting itself in this very important question of how best and most fairly to present the issues involved in fostering lucid dream induction. Like Scott, I choose to risk rambling, since being obsessive will only mean not answering you.

Quite simply put, my own position has little to add to what I feel is Scott's most eloquent set of arguments and examples concerning the down side of lucid dream induction. I admire and am envious of his clarity and precision in describing virtually all of the major points to be considered,

All that I can add is corroboration from my own experience with laboratory based lucid dream researcher. However, as a clinician/researcher doing and teaching hypnosis for pain control and enhanced healing in a medical setting, I may be able to add an additional perspective to the issues at hand.

With respect to "data", I would note that my dissertation study with previously non-lucid dreamers showed that in the majority of cases where negative affect occurred, the newly trained lucidity was clearly beneficial in confronting, or nullifying negative affect both within the dream and in subsequent waking state. However, I can also site 3 instances described in my dissertation (p. 237-303) wherein the lucid dream experience was accompanied by considerable fear and negative impact on the ability to drop off to sleep, one instance of which lasted couple of days. All of these instances were very successfully resolved. However, this resolution occurred in the context of active processing with myself in the waking state at the time of their occurrence. At the risk of overvaluing my clinical impact, I question whether these experiences would have been so positive in outcome if I as the experimenter had not also been clinically well grounded and experienced in general psychotherapy.

It is all well and fine to be stimulated by psychologically challenging "growth" experiences. I think most of us look forward to these. On the other hand, as a practicing clinical psychologist, the agony, humiliation and life disruption occasioned by psychiatric hospitalization which I have witnessed lead me to avoid unnecessary risks to psychologically vulnerable individuals. With all due respect, this same experience leads me to view the unguarded optimism and enthusiasm expressed by Linda Magallón in her letter as blushing naive. The fact is that psychologically vulnerable individuals do exist in all areas of our daily life, and no amount of reassurance about the eventual positive outcome of a precipitated decompensation will serve to undo that process in some individuals once it has been set in motion. For this reason, it seems unconscionably irresponsible not to explicitly acknowledge that risk up front. While such acknowledgement will obviously neither protect nor be needed by everyone, it will at least fulfill our obligation to be caring and compassionate about how we interact with our fellow human beings.

A possibly useful analogy exists with the status of stage hypnosis today. As

demonstrated in a recent study by Echterling and Emmerling (*American Journal of Clinical Hypnosis*, 29(3), 1987, 149-155), one can predict that in a given performance of stage hypnosis, the majority of observers and participants will have an entirely positive and enjoyable experience of the performance. However, approximately 20% will report some negative experiences as well as enjoyment, and approximately 5% will report significant negative impact and residual psychological disruption, with some individuals requiring brief to long-lasting psychological treatment. This level of fall-out from a seemingly “innocent” opportunity for social entertainment (or more aptly put, the manipulative exploitation of an extreme psychological ability) is simply unacceptable and out to be legislated out of existence. Likewise, because one cannot maintain personal contact with individuals in large groups, and one cannot predict what sorts of internal processes will be stimulated by even seemingly innocuous suggestions given during hypnosis random demonstrations of hypnotic inductions are inappropriate and unethical in large, unselected public groups.

I give these examples fully recognizing that I will inevitably be accused of saying we should legislate the control of lucid dream induction techniques. While I am against the absurd notion of legislating techniques for self-growth I am in favor of pointing out the known and demonstrable risks of these techniques to potential users. And when merely pointing out the risks of a technique might suggest or provoke the occurrence of exactly what I’m trying to avoid, and when the technique I’m teaching is psychologically powerful, I make every effort to appropriately screen how and to whom how I teach the technique, with provision for appropriate safeguards and follow-up.

Without being unkind, blind optimism seems grossly unwise and inadequate when faced with the experience of some individuals who have encountered difficulties while cultivating dream lucidity. As a fellow dreamer, I heartily appreciate and respect Nancy’s role in fostering the optimistic befriending and exploration of our dreams. As a fellow human being, I would implore her to use the responsibility of that role wisely.

I hope that these observations will be useful and will not be experienced as too harsh. However, as you well know, I have some rather strong feelings on the topic in question. In closing, I can do no better than to repeat Scott’s eloquent phrase: “As researchers, do we wish to promote a scintillating but potentially dangerous half-truth, or a less attractive but more complete view?”

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