

Clinical Articles

THE USE OF HYPNOTIC DREAMING IN PSYCHOTHERAPY

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This article details the rationale behind using hypnotic dreaming in the treatment of various psychological disorders. It addresses as well the scientific underpinning of hypnotic dreaming. The clinical significance, indications and contra-indications of this treatment modality are pointed out, and the different methods of working with hypnotic dreaming are discussed. An illustrative case example is presented to highlight the usefulness of using Ericksonian linguistic patterns in formulating a hypnotic dream suggestion.

One of the rationales behind using hypnotically induced dreams in psychotherapy dates back to Freud (1938). Freud maintained that one could have some degree of control over one's own dreams and cited an example of Marquis Harvey who could gain such power over his dreams as to accelerate them at will, and turn them in any direction. The study of the psychology of dreams, however, dates much further back, since we know that Antiphon, the sophist, had taught and written about dreams and their interpretations (Jaeger, 1965).

Recent research indicates that one under hypnosis could be told what to dream about and one would likely respond (Sacerdote, 1974; Stovva, 1974), and that a person in dreaming will generally follow suggestions given when hypnotised (Mazer, 1951; Barrett, 1979).

THE STUDY OF (HYPNOTIC) DREAMS: A scientific endeavour or a fable?

Mainstream psychologists have dismissed dreams as irrational processes and, according to them, research on experiential modes including dreaming or imagery, could never become a scientific locus of investigation. Rychiak (1968), for example, stresses that "Psychology's problems are at heart the fundamental problems of man's use of intellect" (p.3). Rychiak relates the objectives of current psychological research to the intellect, and to knowing as function of intellect a capacity commonly called rational process.

This position, however, has been, to a certain extent, a consequence of an unfortunate historical event, namely, the advent of the Cartesian revolution in Western thought (Al Rubaie, 1996a, 1998a), since in "the pre-Cartesian dualistic era, medicine was invariably holistic or psychosomatic. In the post-Cartesian dualistic era, mechanistic physiopathology gained ascendancy, and psychophysiology events were forbidden on logical grounds" (McMahon, 1976, p.184). And indeed what to be treated in psychological investigations is the non-rational processes, as in Abraham Isaac Kuk's words. "The perception of ontological truth is dependant upon the development of the power of imagination, a special non-rational faculty" (Agus, 1972, p.163). But because of prejudices within science (particularly positivistic science) in general and psychology (especially behavioural or deterministic psychology) in particular, these processes have been erroneously labelled "irrational", the denotation and connotation of this designation being "unreal" (Epstein, 1981, p.26).

Fortunately, many psychologists believe that psychology is neither to concern itself with the

investigation of commonalities nor is it to aim at the discovery of laws supposedly governing the psychic apparatus and life: both criteria considered by traditional psychologists as *sin qua non* for defining psychology as a scientific discipline. Given these criteria, Allport (1954) would conclude that psychology cannot (or should not) be a (positive) science.

Arguing this point from a different perspective, Wilber (1977) as well as Ten Houten and Kaplan (1973) have indicated how psychology by its own tenets can only investigate logical thought processes and hence cannot investigate those processes that they term *appositional*, that is, processes that cannot be framed within the propositional framework of syllogistic logic. In the framework of propositional thought or syllogistic logic, the thought process is described as rational or irrational or logical or illogical. But those processes mediated by right cerebral hemisphere (Al Rubaie, 1996b), such as dreaming and hypnotic processes, are mistakenly described by a terminology which applies to left cerebral hemispheric functioning alone. These processes are also termed *non-deterministic* because they do not operate in accordance with the causal laws and principles which govern the linear mode of thinking. Haley (1993) indicates that the therapy of Erickson, more than any other therapy, seems to compel us to question whether the map of logic is the appropriate one to explain the behaviour and dilemmas of human beings.

Hence, instead of calling the processes mediated by right hemispheric functioning irrational or illogical, these processes ought to be called *non-rational* or *non-logical* (Epstein, 1981). The change in terminology is not an exercise in semantic platitudes; it constitutes a more balanced way of defining what is real. That is, right hemispheric activities, despite their non-rationality and non-logicality, are legitimately real. By definition, dreams are unconscious processes. The right cerebral hemisphere is considered as the anatomical host of the unconscious mind and its activity as the physiological correlate of the unconscious mode of thinking (Al Rubaie, 1997). Watzlawick (1978) indicates that hypnosis distracts the left hemisphere while the right hemisphere's impressionistic and intuitive processes become dominant in a person's mental activity.

According to the postmodern approach (Al Rubaie, 1998b; Lyotard, 1984), knowledge is not the same as science, nor can knowledge be reduced to science. That is, irrespective of whether science is viewed as a subset of learning or as an individual mode of (rational) thinking, it might serve to impair knowledge

about the world within the self or without. Dreams, though, might not survive the language of positive sciences, nevertheless they, are powerful forces of transformation, growth, and knowledge. The same is also applied to hypnosis. In the same vein, Verene (1997) notes, "Vico in his new science of nations and Freud in his new science of psychoanalysis, each confront[s] the personal flaw of modernity: the loss of memory and the dismissal of the imagination as access to the truth of the human. The world of modernity would have us believe only in the present and believe that the causes of all events personal and social are intelligible in terms of the logical understanding of the present. Freud and Vico show what can be accomplished when we refuse to accept this and insist that there is a genuine archaeology of the human being and the human culture" (p. 505).

The clinical significance of hypnotic dreaming

Hypnotically induced dreams have all the features of spontaneous dreams, and are dynamically just as significant (Waxman, 1989). Wolberg (1946) has indicated that dreams that follow the first attempts at hypnosis are tremendously significant and often constitute the essence of the patient's problem. Further, the similarities between cognition in dreaming and trance states have been noticed for over a hundred years (Hobson, 1988). The use of hypnotic dreaming in psychotherapy offers us the potentials of recovering a mode of learning, the loss of which Carl Rogers (1989) bemoaned, as he said, "We are learning how sadly we have neglected the capacities of the non-rational, creative "metaphoric mind" - the right half of our brain" (p.46).

Therefore, we can confidently conclude that a hypnotically induced dream is a completely valid and well-suited tool to use in order to modify or investigate psychological processes, particularly unconscious processes.

INDUCING AND WORKING WITH HYPNOTIC DREAMS

The hypnotic dream suggestion may elicit different responses, e.g. static images, daydreaming or night dreams (Degun & Degun, 1988). The hypnotically induced dream can manifest as either pseudodreaming (similar to daydreaming), dreaming during trance, or responding to posthypnotic suggestion for dreaming at night during sleep (Edgette & Edgette, 1995).

There are different ways in which a hypnotic dream suggestion is given. The response to suggestions can also vary to a great degree from one client to another, which may be related to the settings and demand characteristics (Degun & Degun, 1988).

There seem to be at least two types of hypnotic dream suggestion (Degun & Degun, 1988): 1) a suggestion is given to the client to dream on a specific topic during hypnosis and the client is asked to relate the dream, and 2) a posthypnotic suggestion is given to dream on a topic during the normal night's sleep.

Although Tart (1964) suggests five different ways in which hypnotic dream suggestions are given, Degun and Degun (1988), indicate that there is insufficient evidence to indicate that these methods affect the client's response. According to Tart (1965), there are four types of response to hypnotic dream suggestion, which seem to be directly influenced by the characteristics of the client.

The four types of response are:

- 1) a dream-like hypnotic experience, in which the body is located in a dream world;
- 2) intense hypnotic imagery or hallucinatory experience akin to watching a film;
- 3) day dreaming; and
- 4) focusing one's thought on a specific topic with little or no imagery.

Beigel and Johnson (1980, p.134) report that there are two types of hypnotic dreaming: (a) Hypnagogic reveries; and (b) the topical dream. In hypnagogic reveries the client is instructed to dream about anything that could have a bearing on his or her problem. Discussion of the dreamed products then takes place in the waking state. Some authorities (e.g. Waxman, 1989) have expressed their objection, claiming that the interpretation of the dreamed material should be carried out while the client is still in trance, since the dream symbolism is much more obvious during the hypnotic state. The phenomenological-analyst Medard Boss (1977), however, has argued for the interpretation of dreams in the waking state.

Schroedinger's (1954) view in this respect is crucial; the laws of the waking world, governed by linear cognition, are used to account for the existence and insight of imaginal and dream worlds, which operate along acausal, non deterministic lines. According to Schroedinger, this misapplication is misleading.

Erickson stressed that the unconscious language had laws so constant that the unconscious of one individual was better equipped to understand the unconscious of another than the conscious aspect of the personality of either (Haley, 1993).

Arguing the point from a different perspective, the father of Client-Centred therapy, Carl Rogers (1989),

emphasised the high significance of a therapist operating intuitively (unconsciously), as he stated, "In these moments [of therapy] I am perhaps in a slightly altered state of consciousness, indwelling in the client's world, completely in tune with that world. My non-conscious intellect takes over. I know much more than my conscious mind is aware of. I do not form my responses consciously, they simply arise in me, from my non-conscious sensing of the world of other" (p.148).

Erickson's and Roger's views make complete sense if we are to avoid the processes of distortion and intellectualisation that necessarily occur by describing unconscious processes in a language constructed for Conscious modes of operation. Here we are reminded of Harry Stack Sullivan (1954), who struggled to define interpersonal relations in a language designed for describing individuals.

Topical dreams, as the name implies, are suggested to gain insight into a specific emotional occurrence. They can also be programmed to focus on unpleasant feelings about undesirable behaviour or pleasant feelings that hitherto have been clouded by self doubts or anxiety.

"The Rehearsal Technique"

Milton Erickson (1952/1980) frequently used "the rehearsal technique" in working with dreams hypnotically. This technique is primarily a matter of having the client repeat over and over a dream, or, less preferably, a fantasy, in constantly different guises. That is, the client repeats the spontaneous dream or an induced dream with a different cast of characters, possibly in a different setting with the same meaning. After the second dreaming the same instructions are given again. This continues until the purposes to be served are accomplished. Erickson used this technique so that the client could draw his or her own conclusions as to the best way of resolving the problem.

Edgette and Edgette (1995, p.166) liken this technique to a "flower beginning to bloom, with the petals becoming more and more open with each dream," or to "an onion with the different layers being peeled off successively," that is, Erickson's technique was converting something static into something fluid and dynamic, thus offering new potentials for existence.

THE FACILITATORY AND INHIBITORY EFFECTS OF HYPNOSIS

In their experimental work, Albert and Boone (1975) have demonstrated that hypnosis can facilitate and enhance dreaming, that is, persons report not only

more frequent dreams, but also that dreams become more pleasurable. The authors also report that hypnotic suggestion can induce dream deprivation such that experimental subjects experience a blocking of their dreams. This bit of information can have some useful implications for clients who are chronically troubled at night by frightening dreams or frank nightmares. However, clinicians using hypnosis for this sake should be cautious about the medium or long term effects of dream deprivation on the general well-being of the client.

INDICATIONS

The use of hypnotic dreaming is indicated in the following (Edgette & Edgette, 1995):

1. for people who are good at dreaming; particularly those who spontaneously report their dreams without any, or only with little, prompting by the therapist;
2. when the hypnotic dream acts as a metaphor or as a symbol for therapy. Edgette and Edgette (1995) give account of some relevant examples. A depressed person with feelings of hopelessness about the future can have a hypnotic dream about a better future. A workaholic can be asked to have a dream of going on vacation. Someone who has difficulties in dating and courtship can dream about dating the person of one's dreams;
3. as stated above, hypnotic dreaming is indicated for people who are troubled by nightmares and sleepwalking. Instead of having nightmares, the hypnotic dreaming directs the person to have more pleasant dreams;
4. when the client prefers the change process to be private or autonomous. A well-known example is Erickson's (1966/1980) suggestion for a patient suffering from catatonic schizophrenia to "dream informatively about his problem" (p.59). With this patient a dream was preferred to a dialogue with the therapist because dream, like catatonia, was considered a completely inner experience;
5. Hypnotic dreaming serves as a medium of rehearsing imaginal behaviour. Edgette and Edgette (1995) report of a bulimic female who, with the use of hypnosis, had repeatedly dreamed of appropriately asserting her boundaries with domineering mother. Consequently, the client managed to draw healthier boundaries with her mother by enacting the verbal assertions of which she dreamed;
6. hypnotic dreaming is used to engage the client in

a creative, unconscious search process to resolve his or her own problems. This has been a rationale behind using hypnotic dreaming in the successful treatment of sexual and relationship problems (Araoz, 1982; Hammond, 1990; Hawkins, 1996). Sacerdote (1967) has stressed that the experience of dream itself can be sufficient to achieve the desirable outcome, irrespective of other techniques;

7. Stickney (1980) combined hypnotic dreaming and hypnotic age regression to unlock unconscious traumatic experiences.

CONTRAINDICATIONS

Hypnotic dreaming is contraindicated (Edgette & Edgette, 1995) with clients who:

1. show an increased degree of introspection and inward mental processing. including pain patients who are exclusively focusing on their body, as well as clients who are predominantly and unproductively analytical.
2. need a certain amount of structuring in therapy in order to benefit of it, this being due to the fact that hypnotic dreaming is somewhat considered as an unstructured and open-ended therapeutic technique.

AN ILLUSTRATIVE EXAMPLE

A 44-year-old man came to treatment for his loss of sexual desire. His interest in sex declined suddenly after he lost his post three years before. There was no evidence of current or past psychiatric or physical illness of any relevance. He neither smoked nor did he drink. The quality of the relationship with his wife was described as adequate. My hypnotic treatment of the sexual problem involved the use of hypnotic dreaming.

The following hypnotic dream suggestion was given:

"Every one of us dreams...Dreams are very useful. They are ways of rejuvenating us and maintaining our physical and emotional well-being. Dreams can be very sexually exiting... you also can have your exciting and pleasurable dream...If you have this dream, then you can find out much more about what you can do...And your unconscious mind has all the wisdom required to give you the dream you need... you can use all your previous experiences for learning how to deal with the current situation...Your unconscious mind has all the resources to allow your conscious mind to utilise and find the right solution, even when you are asleep, and assist you in what you want to do...And what greater joy is there than

doing what you want to do?"

In the following session, the client reported having had an intensely erotic dream of oral sex with his wife. Oral sex was an important part of the couple's sexual repertoire when they were newly married. The client also reported a substantial improvement in his sexual desire towards his wife.

Chomsky regards linguistics as a branch of psychology (Lyons, 1991). The hypnotic dream suggestion used with the client implicated specific Ericksonian linguistic patterns (Kershaw, 1992). The aims were to secure an easier access to the unconscious by bypassing the conscious, and to expand the client's set of choices.

The linguistic patterns were as follows:

1. "Every one of us dreams" is an example of a truism. Truism is a statement entailing something generally agreed upon.
2. "If you have this dream, then you can find out much more about what you can do" is an example of an implication. Implication generally consists of a statement or question that leads someone else to think of unspoken thought and to behave accordingly.
3. "You can use all your previous experiences for learning how to deal with the current situation" is an example of an open-ended suggestion. Open-ended suggestion offers the client many possibilities to choose from, and to select the one which suits him or her the best.
4. "Your unconscious mind has all the resources to allow your conscious mind to utilise and find the right solution" is an example of the linguistic conscious-unconscious bind. Conscious-unconscious bind is a suggestion which separates the conscious from the unconscious mind and predicts that both minds do different things. Acknowledging the differences between conscious and unconscious characteristics is highly relevant to the formulation of effective suggestions (Yapko, 1995).

The multiple level of communication in hypnosis (crudely speaking, we have at least two levels of communication, the conscious and the unconscious) can be traced back to the ancient teachings of the Sufis. The Sufis used stories to communicate highly sophisticated, multiple levels of meaning (Shah, 1964). The messages in these stories may be considered blueprints stored in the mind, waiting for

the appropriate moment to recognise the subtle meanings implicit in the stories. This recognition can result in a cognitive reevaluation of life events in the light of new understanding brought by the stories (Griffin, 1997).

CONCLUSION

Hypnotic dreaming is an effective therapeutic tool that has been used with a wide spectrum of psychological and emotional problems. When taking the usual precautions required in any hypnotic work, this technique is considerably safe and can be used by therapists of different theoretical orientations to enhance the effectiveness and shorten the duration of their therapies.

The process of exploring and using (hypnotic) dreaming is not intended to do away with the linear logical thinking and the language it begets; it attempts to overcome the effects of social

conditioning that attenuate the harmonisation of hemispheric functioning, a process which consequently enables us to capture the beauty and richness of life, that is, to bring the world of imagination into harmony with the world of the empirical, and to bring the visual mode into harmony with the lexical. This is particularly vital, since, in Keats' (1952, p.67) eloquent words, "what the imagination seizes as Beauty must be truth."

The use of hypnotically induced dreams as internal resources that therapy can draw on is rooted in the New Hypnosis (Araoz, 1985). New Hypnosis stresses that clients find the power and motivation for change within themselves. Here we are reminded of what the German dramatist, Berthold Brecht, once said, "You cannot teach a person anything, you can only help them find it within themselves" (De Broux, undated, p.19).

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