

DREAMS AND GUIDED IMAGERY: GIFTS FOR TRANSFORMING ILLNESS AND CRISIS

Updates: Group Dream Work in Healthcare Settings

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Background: In the last ten years there has been expansion of wellness programs associated with hospitals and other settings that offer standard medical care. Most of these programs offer a wide variety of support groups along with stress management classes that include various forms of meditation, exercise, expressive arts, and nutrition. However, very few include group dream work. In the last ten years there has been continuing development of integrative curricula in medical schools. Few, if any, include dream work. In 2006, the first book on integrative oncology was published and there was no mention of dreams.¹ The second book on integrative oncology came out in 2009 – still no dream work.²

In 2005, Wendy and Tallulah collaborated and received grants that were administered through IASD. These grants helped fund the development of a cancer dream work project, the Healing Power of Dreams, which includes a three-hour workshop, guidelines for dream groups, a participants' manual, and a set of evaluation questions. In 2006, the grants were extended to enable the creation of a facilitators' manual and the training of additional facilitators.

With the participation of several IASD members, we have offered dream workshops in over a dozen centers across the country, and established periodic dream groups in eight locations. Several hundred participants have received the dream work manual, and countless queries about dreams have been answered through the Healing Power of Dreams website (www.healingpowerofdreams.com).

This May, Tallulah published *Dreams and Guided Imagery: Gifts for Transforming Illness and Crisis*, a book which summarizes approaches and findings from the project. Matthew Mumber, M.D., who edited the first book on integrative oncology, wrote an endorsement for the back cover!

Strategy: It is very hard for anyone who wants to offer dream work to get a foot in the door of a wellness center that is associated with a hospital or standard medical facility. Credentials and “evidence based” research are administrative priorities. As soon as one mentions *dreams*, eyes glaze over. Gradually, we have developed an approach that is usually well received.

First, when we meet with an administrator, we speak of our practice as *dream appreciation*. Administrators are particularly leery of the words, *dream interpretation*. We explain that a dream

group is very much like an art appreciation group, a poetry or short story appreciation group. We emphasize that each person listens to another's dreams in order to share how the dream is making a personal impact. We display a copy of dream group guidelines for healthcare settings.³ We express understanding that a dream group needs to be conducted within the guidelines of the facility. This almost always means that the sessions will be short and that the group will be open. New people can wander in at any time. It means that anything of a personal nature said in the group remains confidential. We display the IASD Ethics Statement, and we offer our credentials that show us to be qualified professionals.

Second, when we meet with an administrator, we demonstrate that we are knowledgeable about mind-body and stress reduction practices. There is now a wealth of "evidence based" research showing positive effects of many practices for people facing illness. The positive effects are not only on quality of life, but also on the immune system. "Evidence" comes from abundant studies conducted with art therapy, mindfulness meditation, guided imagery, yoga, tai chi, qi gong, therapeutic writing, and other stress-reduction practices.

We emphasize that **dreams bring targeted imagery** that can be integrated through guided imagery as well as through all the other integrative practices that are offered at the wellness center. Targeted treatment is highly touted, particularly for cancer. If questioned about how we know dreams bring targeted imagery, we cite the extensive research of Ernest Hartmann.⁴

Third, we have discovered the value of combining projective dream work approaches of with widely researched guided imagery approaches. Guided Imagery is a standard offering in most facilities we have visited. Relaxation is the key component. Guided imagery is a practice that can immerse the dreamer in a transformative space between consciousness and unconsciousness. In this creative, meditative space, rational and verbal processing can dialogue with intuitive and sensate processing, compounding the wisdom of both. For research findings on the positive effects of imagery with cancer patients, see the work of Martin Rossman, M.D.⁵ and Belleruth Naparstek.⁶ A good summary of imagery research with cancer patients is found in the archives of www.healthjourneys.com.⁷

Goals: The three primary goals of the Healing Power of Dreams project are 1) to facilitate participants in transforming nightmare imagery/energy into imagery and energy that is perceived as healing, 2) to facilitate participants in gathering healing imagery, 3) to facilitate participants in integrating healing imagery/energy into all aspects of their lives including treatment sessions such as chemotherapy and radiation.

Findings:

Survey outcomes: Each year since 2005 we have conducted a survey of participants in ongoing dream groups. Consistently the surveys have shown:

- Decreased feelings of anxiety and stress

- Increased sense of connection with others
- Increased sense of connection to inner resources
- Increased understanding of healing at multiple levels
- Increased sense of quality of life, particularly emotional, social, and spiritual
- Increased feelings of confidence and control over life and health issues
- Increased feelings of hope
- Increased feelings of how to live fully now, despite cancer

Precognitive and guidance dreams: Many participants in the Cancer Project have reported dreams about their disease before diagnosis. Sometimes these dreams have enabled the dreamer to begin early treatment. Many participants report dreams that guide them in making decisions about health-care options and life-style changes. Most report an increase in dreams and their intensity throughout the treatment and recovery process. It is time to conduct formal documentation of these dreams.

Dreams that re-activate past personal traumas: In workshops and ongoing groups, participants report many dreams about past personal traumas. However, the feelings in the dreams are often quite different from those associated with the past. Such dreams allow dreamers to use past experience to reconnect with enduring strengths and capacities that brought them through crisis long ago and can now be used to move through present illness and future crisis. This is an area ripe for research!

Pain management: In 2009 and 2010, members of an ongoing Atlanta group participated in a pain-management study. Four dreamers selected a healing dream experience for a meditation focus on a personal guided imagery CD. The CDs were used twice a day along with other pain-management approaches. Dreamers rated their level of pain both before and after listening. The study was informal and without rigorous controls, and there was not enough data for valid conclusions. Individual accounts were consistently positive, and controlled studies are planned for the future.

Living fully no matter the outcome of disease: Dreamers often connect with a unique sense of meaning and purpose. They report frequent dreams of support, renewal, and reconciliation. They report dreams that bring a sense of wholeness and of being loved. Many survivors and care givers who work with their dreams over time report that cancer becomes a turning point in which they begin to see challenges as opportunities to learn and grow. Many begin to relate to the cancer situation as teacher and guide. We now need to track these responses in a systematic way.

Healing and cure: Skeptical health-care administrators sometimes ask if we plan to teach that dreams cure cancer. We reply that the word healing describes a process of returning to a state of balance and harmony from a state of imbalance and dis-ease. Healing is more comprehensive than cure which implies disappearance of the cancer. Healing and cure sometimes occur

together, but there can be healing on multiple levels of mind, body, and spirit, no matter the outcome of the disease.

We reiterate that our goal is to help participants connect with energy of healing through their images of strength, support, wholeness, love, and to move into a sense of expanded living, no matter the circumstances.

Healing Dreams: Imagery carries energy, and our mantra is *Dreams Bring Targeted Imagery for Healing Energy*. We find that healing dreams usually fall into six categories. **First** and most powerful are dreams of numinous encounter. In such dreams, the dreamer encounters a being, a person, animal, or object that elicits a total positive shift in mind, body, and spirit. **Second** there are other dreams of resolution and renewal, in which the dreamer does not feel the visceral wrenching of a numinous dream, yet awakens with a sense that everything is going to be all right. **Third**, dreams of guidance bring clarity and direction about healthcare providers, treatment options, life-style changes, finances, and about every imaginable conflict in the dreamer's life. **Fourth**, healing dreams arise as the culmination of long-term dream work. Dreamers learn how to watch for evolving transformation as they learn to work through a series of dreams and meditative sessions. These series often begin with a nightmare. **Fifth**, we have mentioned that after diagnosis, dreams about past trauma often increase. These dreams provide an opportunity for the dreamer to reconnect with inner strengths that once provided energy for survival. **Sixth**, there are dreams of spontaneous remission. With our participants, we know of only one experience of spontaneous remission and this one was indeed connected to a dream.⁸ On the other hand, there are many from our dream groups who have passed the magic "five year survival marker" who live a full and expanded life.

In our workshops and dream groups, we help participants identify the areas of mind, body, and spirit that the dream is spotlighting as needing special attention. Facilitators use their own approaches to dream work in accordance with IASD ethics. Toward the end of each session, we include group exploration of suggestions for transforming disturbing imagery, allowing imagery to evolve, and integrating imagery as energy for healing.

Waking Dreams: Since medical treatment often reduces a person's ability to remember dreams, we invite participants to share synchronicities and emotionally-charged waking situations. The group can work with these waking situations using dream appreciation approaches. One of our facilitators, Zoe Newman, has published a book that can be helpful to anyone working in a healthcare setting: *Lucid Waking: Using Dreamwork Principles to Transform Your Everyday Life*.⁹

Guided Imagery Dreams: For six years, Tallulah has facilitated a guided imagery group at a cancer center in an Atlanta hospital. In each session, she guides participants into a deeply relaxed state of consciousness and then invites them to invite an experience that will bring insight and energy for moving through the day. She concurs with the findings of guided imagery

researchers – that guided sessions can bring highly targeted imagery and energy for working with the “dreamer’s” primary concerns.¹⁰

Guided Imagery for relaxation, transformation and integration: In all stress-reduction and mind-body practices, the emphasis is on relaxing and settling into a centered place where one can experience a deep sense of connection. This goal is stated over and over in meditation classes, yoga and other meditative movement classes. Dream work facilitators can emphasize that dream work is a process for connecting with a sense of underlying support and of moving toward an experience of wholeness. They can integrate the practice of guided imagery into dream work sessions to help achieve this goal. In the Healing Power of Dreams project, there are four areas where guided imagery is found to be most useful.

- **Opening meditation:** A guided progressive relaxation is a powerful way to open a dream-group session. Members of the group are guided into a liminal state of consciousness where dialogue with the realm of the dream is most efficacious. The group can share and explore dreams while maintaining meditative space. Samples of opening meditations can be found in *Dreams and Guided Imagery* and a script for the progressive relaxation is in the Appendix. You can listen to the meditation and download it if you choose from www.healingpowerofdreams.com.
 - **Dream re-entry with guided imagery:** Dream re-entry is a popular practice among many dream workers, but in a healthcare setting, the use of a guided imagery approach instead of the better known Shamanistic approach with drumming is likely to be far more acceptable to administrators. Dream re-entry is a wonderful process for allowing the transformation of nightmares and for clarifying and intensifying healing experiences. Tallulah follows the process of relaxing into a safe healing sanctuary, inviting an image of Supportive Presence, then re-entering the dream and allowing the imagery and energy to transform. Sample scripts are in the book and a guided dream re-entry is on the website.
 - **Guided Waking Dreams:** We have spoken briefly of guided meditative dreams. These are intentional imaginal journeys to gather resources for healing and growth. Samples are in the book and you may listen and download from the website.
 - **Integrating Healing Imagery:** When you have clearly identified and connected with your healing symbols, you can direct their energy through self-guided imagery journeys to targeted areas of concern. Scripts are in the book and a recording is on the website.
1. **Targeted energy for the body:** Many patients take their healing imagery into treatment sessions and call upon relaxation and imagery to alleviate pain and the side

effects of treatment. Many patients allow their images to become focused beams of healing light that they direct toward specific areas in the body that need healing.

2. **Targeted energy for the mind:** Martin Rossman, M.D., teaches techniques for transforming mental and emotional conflict through imaginal dialogue with personified images of concern such as pain and resistance.¹¹ When the image of concern has become a positive image, its energy can be sent to clear the mind and fill the heart through meditative intention.
3. **Targeted energy for deeper connection with spiritual life:** We find that many who participate in our cancer dream groups or guided imagery groups discover a new relationship with the spiritual realm. This relationship is grounded in sensate, personal experience and most report that these personal encounters in no way conflict with their “religious” views. Instead, many report that their personal experiences with inspiring symbols actually help to deepen their relationship with a lost or forgotten religious heritage. Through self-guided imagery, anyone can allow the energy of healing imagery to be a guide into the realm of mystery. For many, this new relationship becomes the center of the healing journey.

From a dream group participant: “I kindle my healing images by re-imagining them. Then I send the energy into my body. I did this as a daily practice during my radiation treatments. Most days I call upon my imagery intentionally to touch into sensate feelings of supportive presence. Then I access and direct the energy inward to places in my body and mind, and outward to others. I also allow imagery to take me into new emotional and spiritual places. For me, any of my healing images serves as a match to ignite energy.”

We invite your questions and comments and look forward to hearing about your experiences with dreams and group dream work in the field of healthcare. We hope that the time has come for dream work to take its place with the therapeutic practices that make up the core curriculum of integrative medicine.

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ENDNOTES

1. Matthew P. Mumber, M.D. ed.
2. Donald Abrams, M.D. and Andrew Weil, M.D.
3. Tallulah Lyons, M.Ed., Dream Group Guidelines, p.231-238
4. Ernest Hartmann, M. D., (All Hartmann's books demonstrate that the central images of dreams reflect the dreamer's primary emotional concerns.)
5. Martin L. Rossman, M.D.
6. Belleruth Naparstek
7. At www.healthjourneys.com, type *Archives* in the search box. Click *Solutions and Support*. Choose *Cancer/Oncology* from topics on the left. Research summaries are interspersed among case studies.
8. Lyons, p.132-133
9. Zoe Newman
10. Naparstek and Rossman
11. Rossman, *Fighting Cancer from Within*, p.92-94, 119-120, 227

