

Waking the unconscious: An exploration into the incorporation of lucid dreaming within integrative counselling practice

Joshua Gahonia

University of Derby, Derby, England

Summary. This study explores how lucid dreaming might inform Integrative Counselling Practice (ICP). A thematic analysis of 14 existing studies identified four key themes: *Healing Mechanisms of Lucid Dreaming*, *Therapeutic Applications of Lucid Dreaming*, *Risks Associated with Lucid Dreaming*, and *Characteristics of the Lucid Dreaming State and Experience*. Findings suggest that the lucid dreaming state appears to hold intrinsic therapeutic qualities, potential applicability as an intervention in therapeutic practice, whilst also requiring serious considerations of the potential risks involved. There is still much which remains unknown that requires more in-depth research. Further research is required to explore how therapists might safely incorporate lucid dreaming into their practice and to consider cross-cultural perspectives.

Keywords: Lucid dreaming therapy, thematic analysis, integrative counselling, lucid dreaming and mental health, therapeutic applications of lucid dreams, dreamwork in psychotherapy

1. Introduction

1.1. Background Context

The unknown can inspire both fear and curiosity; dreams are an example of this intriguing bind, attracting interest across cultures and disciplines. Lucid dreaming, the experience of expanding one's awareness and control over a dream, opens the door to questions of the mind, the self, and consciousness (Hearne, 1978; LaBerge, 1985). If 'dreams are the guiding words of the soul', as stated by Jung, then perhaps lucidity marks the transition from receiving messages to active engagement with the unconscious (Jung, 2009).

This paper uses thematic analysis of secondary literature to explore lucid dreaming through the lens of Integrative Counselling Practice. One of the known strengths of thematic analysis lies in the ability to perform fine exploration of the intricacies involved in a topic area, this allows for nuanced examination which lends itself to the advancement of theory in areas that are under researched (Pistrang & Barker, 2012). This ties in with the lack of research surrounding the topic of lucid dreaming and its therapeutic value in a counselling context.

1.2. The Role of Dreams

Dream theories and accounts are sown throughout the literature and artwork of ancient cultures. For example, the Sumerians left accounts of dream interpretation dating back to at least 3100 BC, which is said to be highly valued (Black

& Green, 1992; Seligman, 1948). The modern evolutionary perspective on the function of dreams has developed, from providing a survival advantage through threat simulation, to playing a significant role in the development of human cognitive capacity (Franklin & Zyper, 2005; Revonsuo, 2000). Brain imaging now suggests dreams may be the process via which memories are reorganised, consolidated, and linked to personal beliefs (Hobson, 2009; Payne & Nadel, 2004).

1.3. Dreams and Psychotherapy

While dreams are not a core component of many therapists' formal training, they will often appear in therapy sessions (Schredl et al., 2000). Research suggests that working with dreams in therapy can increase client participation, improve understanding of client dynamics, and enhance client insights (Pesant & Zadra, 2004). Dreams also transcend cultural barriers; individuals in both Eastern and Western cultures have been shown to view dreams as providing deeper insights into the world as compared to similar waking ideas (Morewedge & Norton, 2009).

1.4. Mystery of Lucid Dreaming

A lucid dream is when an individual becomes consciously aware whilst in the dream and can exert a level of control over it (Holzinger et al., 2006). Research suggests lucidity exists on a continuum which includes varying degrees of dream awareness and control (Mallett et al., 2021). This can range from the feeling of watching an intensely vivid dream, to being able to control everything within a hyper-real, almost transcendent state (Holzinger, 2018). With lucidity, comes the vast possibilities for use of the dream space ranging from the recreational to the therapeutic (Macedo et al., 2019; Schädlich & Erlacher, 2012).

1.5. Integrative Counselling Practice and Personal Motivations

The researcher is a qualified Integrative Counsellor, utilising a framework of practice which combines Person-Centred

Corresponding address:
Joshua Gahonia, University of Derby, Derby, England

Email: joshgahonia@gmail.com

Submitted for publication: July 2025

Accepted for publication: November 2025

Published online first: January 23, 2026

Therapy, Attachment Theory, and Cognitive Behavioural Therapy (Beck, 1979; Bowlby, 1971; Rogers, 1961). The researcher has had personal experiences of lucid dreaming, ranging from the euphoric to the outright terrifying. It is precisely this variety of experience which has left the researcher with a deep desire for greater understanding, alongside a genuine value held for the cautious approach to this topic area.

1.6. Research Question

How might an understanding of lucid dreaming inform Integrative Counselling theory and practice?

1.7. Research Aims

- To explore the healing mechanisms of lucid dreaming in the treatment of mental health issues.
- To explore the potential applications of lucid dreaming within Integrative Practice.
- To understand the possible risks associated with incorporating lucid dreaming techniques into Integrative Practice.

2. Background Literature Review

This section provides the reader with background context of the research that has currently been done on the topic, with links made throughout to the research aims above. It addresses three key areas: lucid dreaming and mental wellbeing, potential risks, and therapeutic applications. A limitation to the literature on this topic is the lack of research that has been done into lucid dreaming as a therapeutic accompaniment. Whilst there are studies which investigate lucid dreaming as a tool for the treatment of various mental health presentations (such as anxiety, depression, PTSD), and one study which looks at the effectiveness of lucid dreaming alongside Gestalt therapy, the researcher could find no papers relating to lucid dreaming and Integrative Practice (Stumbrys, 2021; Sackwild & Stumbrys, 2021; Stumbrys, et al., 2023; Holzinger, et al., 2015). There exists a chasm for practitioners in understanding how this integrates within their theoretical framework and practice. This paper attempts to bridge this gap in knowledge by exploring the convergences between lucid dreaming and Integrative Practice.

2.1. Lucid Dreaming and Mental Wellbeing

In the 1980s, lucid dream researcher Stephen LaBerge hypothesised that lucid dreaming may have beneficial effects on mental health (LaBerge, 1986). Just over two decades later, when testing LaBerge's theory, Doll Et al. found frequent lucid dreamers scored higher on scales of autonomy and 'acceptance of oneself' (Doll et al., 2009). The researchers conclude that it is conceivable that lucid dreaming, with therapeutic accompaniment, may have positive influence on the managing of mental conflicts.

Yount et al. performed a study measuring the effects of a 6-day online lucid dreaming workshop on a group of individuals experiencing chronic posttraumatic stress disorder (Yount et al., 2023). Significant improvements were found in self-reported PTSD symptoms, overall wellbeing, and nightmare distress. Despite limitations, such as lack of controls for cognitive bias, the findings support the therapeutic po-

tential of lucid dreaming, though replication in Integrative frameworks remains unexplored (MacLean & Dror, 2016).

2.2. Potential Risks Associated with Lucid Dreaming

Along with Freud postulating that psychosis emerged from a bleeding of the REM state into waking life, there have been a wealth of theories around the relation between dreams and psychosis (Freud, 1900). A 2016 study found associations between lucid dreaming and psychosis, suggesting that lucid dreaming treatment could potentially further hallucinations and disrupt reality perception in psychotic populations (Mota et al., 2016). While the study noted lucid dreaming is likely to be a safe and strengthening endeavor in 'non-psychotic' populations, investigation into the relationship between lucid dreaming and psychosis is required (Stumbrys et al., 2012).

For Jung, dreams were a part of a human being's natural unconscious process of self-regulation; spontaneous, purely objective in its process and uninfluenced by an individual's will (Jung, 1966). Therapeutic value emerged through the diminishing of control and allowing the unconscious to take its natural course. The risk being alluded to here is that of the unknown consequences of lucid dreaming bringing conscious awareness (and control) to a previously unconscious state. Although Jung's technique of 'Active Imagination' showed a willingness to bridge the gap between the conscious and unconscious, the broader potential psychological and physiological implications remain unclear (Höneri et al., 2019). This research attempts to examine such risks through the lens of ICP.

2.3. Therapeutic Applications of Lucid Dreaming

Holzinger et al. set out to evaluate the effectiveness of using lucid dreaming as an add-on to Gestalt therapy for the treatment of nightmares (Holzinger et al., 2015). The conclusion was that Gestalt therapy in combination with lucid dreaming was a very efficient way to treat nightmares and improve sleep quality. Whilst this study does not include any mention of how Integrative Practice may combine with lucid dreaming, it does demonstrate that lucid dreaming practice can prove effective alongside a therapeutic modality (in the treatment of nightmares). This leaves the questions of whether there is something about the nature of Gestalt therapy (the focus on felt experience of the present moment) which lends itself to a coexistence with lucid dreaming, or whether another approach such as ICP would pair as effectively (Latner, 2000).

Schädlich & Erlacher's research found lucid dreams were commonly used for creative endeavors and problem-solving (Schädlich & Erlacher, 2012). However, its selective sampling of participants limits validity and generalisability (Tripepi et al., 2010). The study concluded that lucid dreaming research is of great interest for the future development of practical applications in psychotherapy, among other fields. This research attempts to highlight the parallels and divergences between ICP and the lucid dreaming state.

3. Methodology

3.1. Research Approach

This study explored how an understanding of lucid dreaming might inform Integrative Counselling Practice. Due to

the limited existing literature on the topic, the method of research was chosen because of its exploratory nature and ability to guide future research, namely Thematic Analysis of Secondary Research (Pederson et al., 2020). With the nature of dreams being an uncertain and debated topic, the advantages of qualitative research such as its processual nature and ability to glean nuanced insights into complex phenomena, tie in with the intricacies involved in exploring subjective dream states and underlying psychological processes (Hammersley, 2000).

3.2. Philosophical Position

Given the social, cultural, and religious influences on dreams along with their highly subjective nature, the study adopts an interpretivist research paradigm (Gemma, 2018). The interpretivist view asserts that validity and truth do not generate from a single objective reality, but rather emerge from understandings of multiple, fluid, subjective realities (Angen, 2000). This viewpoint contradicts the positivist perspective, which, while it might yield more scientifically accurate conclusions, may be challenging to reconcile with the elusive, ethereal, and ambiguous nature of dreams (Hudson & Ozanne, 1988). Once one begins to start talking about dream realities, the assertion that reality exists only independent of human beings becomes difficult to harmonize (Rehman & Alharthi, 2016).

If remaining within modern Eurocentric ideas of dreams (dreams serving a natural human function and generated entirely within the mind of the individual); with dream experience and interpretations being almost entirely subjective, the task of extracting meaning from those experiences becomes difficult without the researcher adopting some form of relativist ontological position (Wamsley, 2013). The relativist position being that of reality and human experience being indistinguishable; that which is true is the subjective experience, therefore there exists multiple realities and truths which are negotiated through the convergence of these different worlds (Denzin & Lincoln, 2005; Stajduhar, et al., 2009). An argument could be made that the view in opposition to this, the realist perspective (which holds that phenomena exists entirely apart from human perception and thought), is almost antithetical to the lucid dream experience (Pope & Mays, 2020). However, the researcher also acknowledges that there may be consistent, reliable, and repeatable aspects at play in the objective process and outcomes of lucid dreaming therapy, which suggests a more nuanced position rather than a wholly relativist viewpoint.

The researcher will favor a subjectivist epistemological position, which contends that knowledge is derived subjectively and cannot be free from an individual's experience, prejudice, or bias (Macleod, 2011). Denzin and Lincoln describe some of the goals of subjective research as developing understanding of a topic whilst increasing sensitization to moral and ethical issues (Denzin & Lincoln, 2005). These goals appear to tie in with the open-ended question postulated in this research along with the complex ethical questions that arise from the convergence of lucid dreaming and therapy.

Whether dreams provide an insight into a pure form of consciousness, a bridge that connects humans with alternate spiritual realities, or merely a waking retelling of perceived unconscious mental activity; the researcher believes it unwise to assert any definitive position until the collective understanding of dreams develops substantially.

4. Method

4.1. Thematic Analysis

This paper presents a secondary research literature review using the qualitative data analysis method of Thematic Analysis. A comprehensive literature search was performed to find the analysis material. To access a broad range of sources relevant to the topic, the researcher made use of a variety of research databases. The main databases used for searching for records were the University of Derby's Library Search (including APA PsycInfo, APA PsycArticles, Psychology and Behavioural Sciences Collection), SCOPUS, EMBASE and Web of Science. With the published research on this topic being limited, the researcher endeavored to use all reliable avenues for exploration. Inclusion and exclusion criteria were created to aid the filtering process; details of this process can be found in Appendix 4. As a result, 14 papers were chosen for the data analysis, these can be found in Appendix 3. Coding was used to highlight areas of significance within the data, which were clustered into 'sub-themes' and then broader 'themes' (Clarke & Braun, 2013; Vaismoradi et al., 2016).

The rigorous but flexible approach involved in thematic analysis which allows space for complex topics to be understood, aligns with both the complexity of dreams and the value that the field of psychotherapy places on context and diversity (Jason & Glenwick, 2016).

4.2. Strengths and Limitations

There are valid critiques of thematic analysis which deserve serious consideration in the pursuit of producing reliable and trusted results. It is one of the methods strengths, namely the flexibility of thematic analysis, that can also lead to a lack of precision and consistency in theme development, this can engender questions around a studies credibility and trustworthiness (Holloway & Todres, 2003; Nowell, et al., 2017). Braun and Clark's widely adopted 6-step process for guiding analysis was used to add a level of structure and transparency to the research task (Braun & Clarke, 2006).

The advantages of performing this kind of analysis are the ability to cast a large net for data sources, followed by a systematic filtering down of these sources for quality and relevance (King, 2004). One of the limitations of the data analysis done here is to do with the variety of methods that the chosen data sets have used to measure distress and mental wellbeing. The diversity of measurement tools used across studies brings into question the potential limits of this study in comparing results from inconsistent and heterogeneous assessment tools (Newson et al., 2020). Despite this, thematic analysis allowed for a structured yet flexible means of exploring patterns in existing literature and offered a foundation for further theoretical development in this area.

Another limitation of the study is its primarily Western focus on perspectives of lucid dreaming. The reasons for this include a reliance on English language sources, working within the constraints of Western academic discourse, and time limitations on this work which made adequate inclusion of non-western perspectives more difficult.

5. Ethics

The researcher is a practicing counsellor who, as a member of the BACP, adheres to the *Ethical Framework for the*

Counselling Profession (BACP, 2018). An ethical form was submitted to and approved by the University of Derby prior to undertaking the research, this included details of the proposed study design, aims, and ethical considerations. Due to performing secondary research, no research participants were recruited, only studies which had already been published were examined. This reduces the number of ethical considerations as the original studies already address participant safety. Each study's approach to ethical practice was reviewed by the researcher with the CASP checklist, an endeavor for ethical and responsible approach to practice (Bond, 2006; CASP, 2022).

6. Results and Discussion

This section explores the themes that emerged from the analysis of the 14 chosen papers (seen in Appendix 3). By doing this, the researcher seeks to answer the original research question of *'How might an understanding of lucid dreaming inform Integrative Counselling theory and practice?'* Each theme is explored through the lens of ICP, linking theory with relevant literature to examine lucid dreaming's potential role in therapeutic practice (see Table 1).

Theme 1: Healing Mechanisms of Lucid Dreaming

Enhanced control of one's inner world and facilitation of cognitive reframing were key components within this theme. The emergence of awareness and consequent ability to control lucid dreams, appears to provide the opportunity for individuals to enact change on their cognitive processes, patterns, and sense of agency (Macêdo et al., 2019; Sackwild & Stumbrys, 2021). This aligns with ICP, particularly its cognitive-behavioural components.

1a) Reframing Cognitions

The findings suggest lucid dreaming can allow for an increased sense of objectivity over thoughts and internal conflicts. Interaction with symbolic dream elements may allow an individual to challenge and modify deeply held beliefs and assumptions (Macêdo et al., 2019; Sackwild & Stumbrys, 2021):

"Rewiring negative thought patterns was an evident and extremely empowering part of their lucid dream practice." (Sackwild & Stumbrys, 2021, p.314)

This is similar to the process of 'guided discovery' in CBT, which is facilitated by a therapist's use of Socratic questioning to help clients explore new ways of thinking (Padesky, 1993). The findings also echo components of Acceptance and Commitment Therapy (ACT), particularly 'cognitive defusion'. The lucid dream state offers a distancing between oneself and one's thoughts, analogous to therapeutic exercises such as visualising thoughts on a movie screen, with the aim of reducing immersion and attachment to negative cognitions (Masuda et al., 2004; McKay et al., 2020; Mota-Rolim et al., 2020).

In person-centered counselling, client safety is foundational, with psychological growth happening only when the therapeutic environment is accepting, without judgement, and safe (Rogers, 1951). There can be a sense of safety associated with dreams which could account for the ability for individuals to experiment with alternate ways of viewing the world:

"The attitude of "this is just a dream" may play an important role in the modification of belief, decrease of arousal and prevention of avoidance" (Macêdo, et al., 2019, p. 6)

In PCT, a therapist will aim to facilitate an environment in which a client feels safe and comfortable enough to look at different ways of being (Rogers, 1980). It is some of these environmental factors which were found to be mirrored in the findings, with lucid dreaming often presenting the safety to experiment, re-experience, and develop new ways of responding to situations (Zhunussova et al., 2022).

1b) Control of Inner World

Control here refers to the individual's ability to exert will over themselves and the environment within the lucid dream. There appears to be varying degrees to which one can experience control, from simply witnessing a dream, to being able to change any aspect of the experience. Whilst the findings are mixed over whether control is inherently positive or negative, there are benefits highlighted related to achieving a level of control over the lucid dream experience:

"Thus, such exercises helped patients to increase the sense of control over their dreams, consequently, increasing their self-confidence." (Macêdo et al., 2019, p.6)

Table 1. Results of the Thematic Analysis.

Superordinate themes	Subordinate themes
Healing Mechanisms of Lucid Dreaming	1a) Reframing Cognitions 1b) Control of Inner World 1c) Impact on Sleep and Waking Emotions
Therapeutic Applications of Lucid Dreaming	2a) Raising Awareness of the Self 2b) Use of Lucid Dreaming State to Develop Coping Mechanisms 2c) Treatment of Mental Health Issues 2d) The Role of a Therapist when working with Lucid Dreams
Risks Associated with Lucid Dreaming	3a) Altered Perception of Reality 3b) Trapped in Lucidity 3c) The Effect of Lucid Dreaming on Sleep Quality
Characteristics of the Lucid Dreaming State and Experience	4a) Psychological State Displayed Through Dream Imagery 4b) Lucid Dreaming as a Transcendent Experience 4c) The Dream Journey

Taking control of one's life speaks to the concept of agency, the sense that an individual can effect change in their world through intentional actions. It is a key concept in person-centred therapy which aims to develop the client's innate capacity for self-direction and problem-solving (Rogers, 1951; Williams & Levitt, 2007). Lucid dreams may present a safe opportunity for clients to experience empowerment and regain agency over aspects of their life, which is at the heart of the person-centred process and desired outcomes (Mearns & Thorne, 1988). This could be particularly relevant in therapy when working with a client's internalised 'conditions of worth', rules and beliefs that cannot be broken for fear of rejection, or in CBT terms, rigid 'rules for living' (Fenn & Byrne, 2013; Rogers, 1951).

Control is a persistent and nuanced theme which is associated in the findings with a sense of mastery, empowerment, and a possible mechanism for coping with nightmares. Much remains unclear on this area, such as how control emerges within lucid dreams, and what difference the degree of control has over the experience.

1c) Impact on Sleeping and Waking Emotions

The vast spectrum of an individual's emotional experience is clearly present within the lucid dream state. The findings show lucidity can impact emotions in a multitude of ways; the intensity of emotion both positive and negative, changes to perspective of and relationship to emotions, and opportunity for the creative expression of emotion:

“It promotes creativity and empowerment, by providing access to immediate pleasurable and freeing experiences that could be near impossible to achieve for a person suffering with depression whilst awake” (Sackwild & Stumbrys, 2021, p.314)

The research also suggests lucidity can shift perspectives on difficult emotions, such as sadness and depression, allowing for greater insight into these feelings along with processing through creative expression. From the perspective of attachment theory, lucid dreams could allow for exploration of emotional patterns developed in early relational experiences. These patterns form our 'internal working models', frameworks affecting the way we interpret and respond to situations in the present (Bowlby, 1980). Lucidity may allow for re-evaluation of these models and provide a practice arena for emotional regulation.

It is difficult to know how our waking strategies for emotional regulation would translate to the lucid state. There are a multitude of conceptual questions around how lucidity is defined, and the interplay between lucid, dream, sleep, and waking states. Windt's work on the philosophy of dreaming speaks to this difficulty of descriptions, she makes the point that differences between these states may not be as "clearly distinguished as commonly assumed on the phenomenological level" (Windt, 2015, p.113).

Theme 2: Therapeutic Applications of Lucid Dreaming

The therapeutic applications of lucid dreaming were prevalent across most reviewed papers. These include raising self-awareness, developing tools to cope with difficulties, treatment of specific mental health issues, along with suggestions for what role a therapist may play in integration of lucid dreaming with counselling.

2a) Raising Awareness of the Self

Many of the components associated with self-awareness (namely insight, reflection, mindfulness, and self-reflection) are present in the findings of the data analysis (Sutton, 2016). A requirement of lucidity is an increased awareness of the present dream state, this move to a more objective stance over one's state of being appears to engender greater insight into oneself:

“to know that one is asleep and dreaming, requires that one can take on a third person perspective, i.e., to look at oneself as if through the eyes of an outsider” (Voss et al., 2018, p.3)

There appears to be opportunities for meaningful insights built into the narrative structure of the dreams. For example, dream characters can personify aspects of the dreamer's identity. Dialogue with these characters and observation of the dynamics are used as a tool for self-exploration. Viewed through PCT, this process may be seen as an emerging of the organic self, an individual's authentic expression which is often obstructed by 'conditions of worth' (Tudor & Merry, 2006; Merry, 2014). The lucid dream state may mirror the secure and non-judgemental environment created by a person-centred therapist, allowing the individual to safely look at different ways of being and move towards an internal 'locus of evaluation' (Rogers, 1980; Zhunussova et al., 2022). These insights may also reflect the 'self re-evaluation' process in the Trans-Theoretical Model (TTM), where individuals relive and reflect upon parts of their personality and issues (Prochaska & Norcross, 2018).

An Integrative viewpoint might see the lucid dreaming state acting as a safe intermediate between an individual's 'Open Self' and 'Blind Spot', as described in the levels of awareness in the Johari Window (Luft & Ingham, 1955). Analogous to a client becoming more aware of their organic self through the counselling process, the lucid dream may allow an individual to access parts of their unconscious which remain opaque and uninterpretable in waking life.

The increased self-awareness found here runs contrary to the cognitive deficiency argument that has been put forward on dreams. This is the idea that dreams lack coherence, critical reasoning, self-reflection, and in some cases even a questioning of them as genuine experiences (Dennett, 1967; Foulkes, 1985; Malcolm, 1959). As outlined by Rosen, whilst varying degrees of control and ability exist within lucidity, the existence of greater cognitive abilities and insight proves a strong counter to these claims. This highlights a need for distinction between lucid and non-lucid dreams (Rosen, 2024).

2b) Use of Lucid Dreaming State to Develop Coping Mechanisms

The lucid dream state has been compared to the virtual reality experience, described as an environment whereby simulation of waking situations can be tested, learned from, and experienced (Erlacher & Chapin, 2010). It is this ability to simulate events which the literature suggests could lead to the development of coping mechanisms such as overcoming fears and practicing new adaptive responses to distress. A significant finding was the ability to encounter and manage fear within lucid dreams, often done through turning towards dream threats, interaction with said threats, and acceptance of one's present state:

“When the dream ego looks courageously and openly at hostile dream figures, their appearance often becomes less threatening” (Macêdo et al., 2019, p.6; Stumbrys & Erlacher, 2017; Tholey, 1988)

“LDs seem very effective for curing fears, especially intense fears and phobias” (Zhunusova et al., 2022, p.4)

This process aligns closely with CBT’s exposure therapy techniques, where through confrontation with the source of anxiety, therapists support a client’s ability to tolerate fear and counter-condition unhelpful responses (Abramowitz, 2013; Myers & Davis, 2007). As in CBT, lucid dreams allow for intentional observation and reframing of emotional reactions, potentially reducing avoidance and alleviating distress long-term (Eifert & Heffner, 2003). This testing of new behaviours within lucid dreams could be applicable to clients moving into the ‘action’ stage of the TTM, when areas of change have been identified and clients are ready to experiment with new ways of responding (Prochaska & Norcross, 2018). Lucid dreaming allows clients to perform these experiments in a uniquely personalised environment. This may encourage a client’s self-direction and reinforce autonomy, which aligns with both PCT and Integrative perspectives (Mearns & Thorne, 1988). It provides a clear example of potential therapeutic application in line with the Integrative emphasis on tailoring interventions to the client’s individual needs (Norcross & Goldfried, 2005).

There are diverse and rich non-western traditions, such as Buddhist practices of dream yoga, which understand dreaming to be a powerful space for the emergence of novel ideas and cultivation of new skills (Sheehy, 2020). It is this latter point which is echoed here in the findings. Sincere and directed intention is often seen as a vital part of dream yoga practice, preparing the dream body to perform lucidly whilst asleep (Tārañātha, 2008). This suggests the nature of a client’s intention, when using the lucid state to develop coping mechanisms, may be of great importance.

2c) Treatment of Mental Health Issues

Lucid dreaming appears to be used in the treatment of varying mental health issues, both within therapeutic programs and as a self-prescribed tool. The findings suggest it could reduce depression severity through experience of positive emotions and be used as a tool to manage anxiety:

“This is a stimulating modality for those with depression as it allows them to begin having fun and enjoying themselves again” (Sackwild & Stumbrys, 2021, p.314)

For individuals who experience PTSD, the raising of dream control (but not necessarily lucidity itself) was associated with a reduction of nightmare intensity (Macêdo et al., 2019, p.5).

From the perspective of attachment theory, what we experience in the present may be influenced by ‘internal workings models’, cognitive patterns shaped by our early attachment experiences (Bowlby, 1969). In relation to the research topic, Bowlby saw dreams as representations of waking life attachment relations (Horst et al., 2020). The findings suggest threats encountered within lucid dreams often contain psychological significance with regards to internal conflicts. Lucid dreams may activate these thinking patterns which influence our self-concept and responses to perceived or real threats, comparable to ‘maladaptive schemas’ in Schema Therapy (Young, 1999). The process of encountering and reframing these threats in lucid dreams could enable

a reworking of internal models developed in early life. This aligns with both CBT aims of identifying and re-evaluating core beliefs, and PCT’s emphasis on encouraging client autonomy (Beck et al., 1979; Rogers, 1951). However, research suggests any kind of dreamwork with avoidant attachment styles may be difficult, as they tend to have lower levels of dream awareness and a more defensive stance on cultivating inner awareness (Cassidy & Kobak, 1988; Mikulincer, 1997; Mikulincer et al., 2020).

If Bowlby is correct that dreams offer reflections of our attachment relations, lucidity could provide a radical tool for altering deep-rooted attachment patterns (Stumbrys, 2018).

2d) The Role of a Therapist when working with Lucid Dreams

The findings show suggestions made for the potential role of a therapist in the use of lucid dreaming as a therapeutic tool. These include working with clients to understand the content of lucid dreams, the teaching of induction techniques, psychoeducation around lucid dreams, and collaboration with clients for lucid dream therapeutic exploration:

“The therapist guides patients to develop LD induction techniques, and help them to deal with the fear that can follow LD discovery” (Macêdo et al., 2019, p.6)

Mentioned less frequently, but of significance, was the importance of a therapist’s own experience and knowledge of the lucid dreaming phenomenon, to ensure safe and informed guidance:

“The therapist’s familiarity with lucid dream experience, phenomenology, and underlying mechanisms would be important to provide the context” (Stumbrys, 2018, p.182)

It appears that there could be varying degrees to which lucid dreams are integrated into a therapist’s practice. Appendix 8 suggests a potential framework showing how therapist requirements may alter with the ‘level’ of lucid dream integration into practice. An Integrative approach would suggest therapists continually assess when and how lucid dream work is appropriate, tailoring its inclusion to a client’s goals, presentation, and personality (Norcross & Goldfried, 2005).

Theme 3: Risks Associated with Lucid Dreaming

This theme explores the potential adverse effects of lucid dreaming. Three key areas emerged from the findings: a distorted sense of reality, experiences of being trapped in lucidity, and detrimental impacts on sleep quality.

3a) Altered Perception of Reality

The literature suggests that lucid dreaming has the potential to expedite blurring of waking and dreaming realities, specifically among individuals with experience of psychosis or dissociation (Aviram & Soffer-Dudek, 2018; Mota et al., 2016; Voss et al., 2018):

“In a psychotic population LD practice may further empower deliria and hallucinations, giving internal reality the appearance of external reality” (Mota et al., 2016, p.8)

Lucid dreams can range from hyper-real experiences to a sense of derealisation, which appear able to influence an individual’s relationship with reality and the self. The findings suggest there is a risk of lucid dreaming worsening symptoms in individuals experiencing psychosis, such as difficulty distinguishing internal and external phenomena. The

literature cautions the frequent use of lucid dream induction techniques (such as 'reality testing'), as it may disrupt sleep-wake boundaries and increase feelings of detachment (Aviram & Soffer-Dudek, 2018). However, the findings also highlighted the influence of cultural perspectives on reality perception and altered states, which led to stark differences in the framing of these experiences:

"While on one hand this may indicate a shift toward dissociation, conversely, it may signify a deeper insight into the nature of waking reality" (Stumbrys, 2023, p.158)

What may be seen as a dissociative symptom by one, may be viewed as a marker of spiritual development by another (Mota-Rolim et al., 2020). There is example of this in Buddhist tradition, whereby our ordinary waking perception is viewed as dreamlike in comparison to the deeper levels of our consciousness (Wallace & Hodel, 2012). It is not assumed that the waking state is the bedrock of consciousness and reality.

From a person-centered perspective, psychosis may indicate a retreat into the inner world in the face of isolation and misunderstanding (Oberreither, 2021). When dealing with reality confusion that can come with lucid dreaming, attempting to understand a client's frame of reference and establishing a strong therapeutic alliance could be vital. An Integrative therapist may use a structured approach such as Emotion-Focused Therapy's 'systematic evocative unfolding' to support clients in making sense of their reality (Elliott & Greenberg, 2016). While CBT techniques such as 'thought records' may support the development of more grounded thinking (Beck et al., 1979). Nevertheless, the findings are clear that lucid dreaming as an intervention for individuals who have experienced psychosis may not be suitable. Further, in-depth research is required to examine the nature of the association between psychosis and lucid dreaming (Mota et al., 2016).

3b) Trapped in Lucidity

The increased awareness and vividness of experience that accompanies the lucid dream state can lead to quite negative and terrifying experiences in the context of nightmares:

"Lucid nightmares are LD with a scary and unpleasant content, in which dreamers have no control over the situation, thus they just "witness" the unfolding of the dream, being unable to deliberately wake up" (Hurd, 2009; Macêdo et al., 2019; Schredl & Göritz, 2018; Stumbrys, 2018)

False awakenings, sleep paralysis, and out-of-body experiences were also found to be associated with lucid dreaming practice, sometimes causing confusion of sleep-wake states (Mallett et al., 2022, p.8). The nature of this causal relationship between lucid dreaming practices and these kinds of experiences has not yet been well established (Raduga et al., 2020; Stumbrys, 2023). The findings also show accounts of these experiences being framed in a positive context, such as using sleep paralysis being used to induce lucidity (Mallett et al., 2022, p.8).

A coupling of the hyper-realism of lucid dreams and low levels of lucid control can result in acute feelings of terror and confusion; such experiences may be particularly dysregulating for individuals who have experienced trauma. Nightmares are also a common symptom of complex trauma (Germain, 2013). From an Integrative perspective, working with these kinds of frightening lucid dream experi-

ences would likely follow a similar approach to working with trauma responses. This would require careful pacing and a phased approach, with the initial focus on safety and stabilisation (Rothschild, 2000). A therapist may introduce clients to grounding strategies, psychoeducation, and work with models such as the '3 systems model' in Compassion-focused Therapy. This helps to raise awareness and validate a client's natural internal processes (Gilbert, 2009). For those with insecure attachment histories, therapist consistency and provision of a secure base become essential (Farber & Metzger, 2009; Paetzold et al., 2015).

The findings are conflicted in exactly what role lucid control plays in the alleviation of nightmares; more consensus is found in the power of observation. The mindful watching of frightening content within the lucid dream can open the door to integration of the deep-rooted psychological issue, particularly effective in the treatment of PTSD symptoms (Holzinger et al., 2020; Yount et al., 2023). Further research is required to determine how emotional regulation strategies translate into the altered state of lucid dreams.

3c) The Effect of Lucid Dreaming on Sleep Quality

Lucid dreaming induction techniques will often require an individual to disrupt their sleep cycle through intentionally waking up during REM sleep to attempt to re-enter sleep with awareness (Stumbrys et al., 2012). Findings suggest that consistent failed attempts at lucidity can cause frustration and negatively impact one's sleep cycle (Aviram & Soffer-Dudek, 2018). However, it is unclear as to whether induction attempts lead to sleep disruption, or those with disrupted sleep already (such as individuals experiencing depression) are more likely to attempt to achieve lucidity more often (Aviram & Soffer-Dudek, 2018). Sleep is vitally important to physiological and psychological functioning, with both the short and long-term adverse effects of sleep disruption being well known (Finan et al., 2015; Medic et al., 2017). Caution is expressed in the literature of the potential for preoccupation with such practices:

"A word of caution could also be expressed toward an intense preoccupation with lucid dream induction techniques, which may result in certain detrimental effects on sleep quality and mental health for some people, however, this trend was not observed in the present study" (Stumbrys, 2023, p.161)

A CBT approach to a client's sleep issues may involve forming a collaborative case formulation, such as the '5 aspects model', to explore these patterns (Padesky, 2020). From a humanistic perspective, if physiological needs (adequate sleep for example) are unmet, clients may struggle engaging in deeper therapeutic work, such as interpersonal relationships and self-esteem (Maslow, 1943). Therefore, also likely to inhibit a client's exploration of attachment needs and experiences. Integrative practice may involve monitoring sleep quality and patterns when working with lucid dreams, alongside providing psychoeducation on sleep hygiene. While overall the risk here appears low, therapist awareness and tailored guidance remains essential.

Theme 4: Characteristics of the Lucid Dreaming State and Experience

This section speaks to the nature of the lucid dream state and experience in general, its visceral relationship with the unconscious, the appearance of narrative structure within

its foundations, and consistent inclusion of spiritual elements.

4a) Psychological State Displayed Through Dream Imagery

It's often been said that dreams mark some kind of exchange between unconscious and conscious fragments of the self (Jung, 1960; Sackwild & Stumbrys, 2021; Tholey, 1988). The findings suggest lucid dream imagery could form some representation of an individual's psychological state, from dream characters embodying unintegrated aspects of the self, to obstacles within the dream signifying unresolved conflict:

"Lucid dreaming facilitates self-exploration, enabling the individual to better understand new and old emotional experiences through insightful dialogues with conscious and subconscious parts of the self" (Sackwild & Stumbrys, 2021, p.314)

Drawing of the unconscious into the conscious aligns with Beck's cognitive model and its different levels of thinking. From a CBT perspective, lucid dreams may provide visual form or representation of multiple levels of cognition, from surface level automatic thoughts to deeply held beliefs or truths (Beck, 2011). Dialogue with these dream parts may be akin to a therapist's use of the 'downward arrow technique' with clients, acting as a conduit for raising awareness of the deeper levels of a client's cognitions (Leahy, 2017). The effectiveness and practicability of these suggestions are limited by the lack of information found in the analysis regarding exactly how these interactions unfold.

PCT traditions often distance themselves from the concept of the unconscious, perhaps more relevant is the concept of a client's denied or distorted parts of the self, which could be akin to the unprocessed or fragmented parts present within lucid dreams which are seen throughout the findings (Rogers, 1951). Through attentive and non-judgmental exploration of the attitudes and dynamics alive in lucid dream depictions, a therapist may attempt to step into the client's frame of reference, encouraging congruent expression (Tudor & Merry, 2006).

Whether dream images do represent parts of one's unconscious mind ultimately comes down to subjective interpretation. However, counselling theory is not averse to the use of cognitive metaphors to help clients raise self-awareness. The inner critic, the inner child, and the compassionate self are some examples of these conceptualizations which span various theoretical approaches (Earley, 2009; Gilbert, 2009; Stone & Stone, 1993).

4b) Lucid Dreaming as a Transcendent Experience

Lucid dreaming is frequently described as a gateway to the transcendent, experiences which go beyond the limits of what is considered 'normal' modes of being (Roy, 2001). The analysis showed frequent references to the elicitation of spiritual responses, profound effects through mystical experience, and similarities to altered states such as out-of-body experiences and shamanic journeying (Craffert, 2009; Stumbrys, 2018):

"Taken together, the two studies suggest that spiritual experiences can be sought and facilitated in lucid dreams and be transformative for the dreamer." (Stumbrys, 2018, p.183)

These spiritual responses are experienced by individuals without religious affiliation, suggesting they are not bound by cultural influences (Mota-Rolim et al., 2020, p.7). Whilst transcendence of the self, and experience of a higher order of consciousness are mentioned as possible outcomes of the lucid dream state, there is also discussion around the potential for psycho-spiritual damage (Grof & Grof, 1989; Lukoff et al., 1992; Stumbrys, 2018). Italian psychiatrist Roberto Assagioli, saw negative experiences of these kind as essential stages in an individual's spiritual transformation (Assagioli, 1989).

The 'entropic theory of consciousness', put forward by Robin Carhart-Harris, asserts that mental health issues such as depression can arise from a lack of cognitive flexibility. This inflexibility is marked by negative habits of thinking which become engrained and difficult to break out of. Carhart-Harris sees psychedelics as one tool for unclogging these negative patterns by providing a powerful, perspective-expanding experience. He also suggests psychedelics could provide insight into the unconscious mind which he says has been largely under-researched and ignored by mainstream psychology (Carhart-Harris et al., 2014). There are similarities in mechanisms of action found in lucid dreaming, namely the facilitation of mystical experiences and interaction with the unconscious. Leaving the question of whether lucid dreaming could provide a natural, learnable technique for the increasing of psychological flexibility through a radical shift in awareness.

4c) The Dream Journey

The lucid dream experience is often framed as a type of healing journey with individualized narrative structure. A path with obstacles which must be overcome, a protagonist with ensemble dream characters which hold significance over the journey, and dramatic relief through engagement with conflict:

"The contents of one's unconscious are translated into images or narratives, or they are personified as separate entities" (Davis, 2019; Zhunussova et al., 2022, p.4)

The findings suggest that conscious engagement by the individual with manifested parts of their self within lucid dreams, forms part of an ongoing healing journey. This ties in with the well-established psychological benefits that can come from a client's engagement with their own life story and contact with inner disturbances (Brewster, 2022; Divinyi, 1995; Gray, 2009). When individuals actively engage with the dream narrative, there appears to be spontaneous appearance of dream objects which prove significant to the journey (Hamilton & Waggoner, 2020, p.158). From a person-centred perspective, this natural emergence of significant material may be seen as an expression of the organismic self, our foundational drive towards integration and growth.

Personal narratives can shape how we navigate uncertainty and understand our identity (Murray, 2003). Lucid dreams may offer individuals an opportunity to engage with these narratives through communication with dream characters. An attachment perspective may see these narratives as reflecting the 'internal working models' which influence a client's present-day relationships. Therapeutic work which includes corrective emotional experiences, such as offering empathy in response to unmet childhood needs, can support clients towards a reframing of these internal stories (Knight, 2005). This introspection relates to the 'intraper-

sonal' level of the TTM, supporting deeper change through increased self-awareness (Prochaska & Velicer, 1997).

Story structure is deeply embedded in human cognitive and emotional development on an evolutionary level (Smith et al., 2017). The personalised narrative of lucid dreams could present a living, interactive model of the stories that inform our conscious and unconscious processes. Enabling greater lucid dream control therefore may be a powerful therapeutic tool for narrative and attachment-based work, giving agency to clients rewriting the stories that shape them.

7. Recommendations for Future Research

The current literature is limited on how lucid dreaming might be incorporated within Integrative practice. Future research might explore how lucid dreams are integrated within the therapeutic space; this may include the structure of lucid dreaming as an intervention, psychoeducation on lucid dreams, and how clients are supported with significant lucid dream experiences. Studying therapists already integrating lucid dreaming into their practice could be of great value. More extensive research into the risks associated with lucid dreaming is required, particularly around the association with psychosis and dissociation. Additionally, due to the impact that differing cultural perspective can have on lucid dream interpretation, future research could explore these nuances to promote cross-cultural approaches to working with lucid dreams.

8. Conclusion

The study presents key findings on the therapeutic potential and risks of lucid dreaming within the context of Integrative Counselling. *Core healing mechanisms* found were cognitive reframing, the sense of mastery and control over the inner world, and intense positive emotional experience. *Therapeutic applications* include raising awareness of a client's identity and unconscious processes, developing coping methods for fear inducing situations (including nightmares), and treatment of mental health issues such as anxiety, depression, and PTSD. *The risks associated* were the disorientating experience of a change in perception of reality, feeling unable to escape a negative experience within lucidity, and detrimental impact on sleep quality. *Significant characteristics* of the lucid dream state were the opportunity for transcendent experience, symbolic engagement with unconscious parts of the self, and personalised dream narratives which can facilitate an individual's sense-making.

This is the first paper to explore the use of lucid dreaming as a therapeutic tool within Integrative Counselling. This research highlights clear convergences between lucid dreaming and psychotherapeutic process and principles. The lucid dreaming state appears to hold intrinsic therapeutic qualities, potential applicability as an intervention in Integrative practice, whilst also requiring serious considerations of the potential risks involved. The main drawback of this study is the limits to which conclusions can be drawn from secondary data analysis. This bolsters the case for future primary in-depth research, particularly around the structured use of lucid dreaming within ICP. There is hope that this research will encourage continued investigation into the uses of this potentially transformative state within a therapeutic context.

References

Abramowitz, J.S., 2013. The Practice of Exposure Therapy: Relevance of Cognitive-Behavioural Theory and Extinction Theory. *Behavior Therapy*, 44, pp.548-58. <https://pubmed.ncbi.nlm.nih.gov/24094780/>

Angen, M. J., 2000. Evaluating interpretive inquiry: reviewing the validity debate and opening the dialogue. *Qualitative Health Research*, 10(3), pp. 378-395.

Assagioli, R., 1989. Self-Realization and Psychological Disturbances. In *Spiritual Emergency: When Personal Transformation Becomes a Crisis*. New York: Penguin Putnam Inc. pp.27-48.

Aviram, L. & Soffer-Dudek, N., 2018. Lucid Dreaming: Intensity, But Not Frequency, Is Inversely Related to Psychopathology. *Frontiers in Psychology*, 9. <https://pubmed.ncbi.nlm.nih.gov/29623062/>

BACP, 2018. Ethical Framework for the Counselling Professions. [Online] Available at: <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/> [Accessed 26 December 2022].

Beck, A., 1979. *Cognitive Therapy and Emotional Disorders*. Blume.

Beck, A.T., 1987. *Cognitive Therapy of Depression*. 1st ed. The Guilford Press.

Beck, J.S., 2011. *Cognitive behavior therapy: Basics and beyond*. 2nd ed. Guilford Press.

Beck, A.T., Rush, A.J., Shaw, B.F. & Emery, G., 1979. *Cognitive therapy of depression*. New York: Guilford Press.

Black, J. & Green, A., 1992. *Gods, Demons and Symbols of Ancient Mesopotamia: An Illustrated Dictionary*. In *Gods, Demons and Symbols of Ancient Mesopotamia: An Illustrated Dictionary*. Austin, Texas: University of Texas Press. pp.71-72, 89-90.

Bond, T., 2006. Ethical guidelines for researching counselling and psychotherapy. *Behavioural Sciences Journal*, 4(2), pp.10-19.

Bowlby, J., 1969. *Attachment and Loss*, Vol 1: *Attachment*. New York: Basic Books.

Bowlby, J., 1971. *Attachment and Loss*. 1st ed. London: Penguin Books.

Bowlby, J., 1980. *Attachment and Loss*. Vol. 3: *Loss, Sadness and Depression*. New York: Basic Books.

Braun, V. & Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(1), pp.77-101. <https://www.tandfonline.com/doi/abs/10.1191/1478088706qp063oa>

Braun, V. & Clarke, V., 2013. Chapter 1: Some very important starting information. In *Successful Qualitative Research: A Practical Guide for Beginners*. SAGE.

Brewster, A., 2022. *The Healing Power of Storytelling: Using Personal Narrative to Navigate Illness, Trauma, and Loss*. North Atlantic Books.

Carhart-Harris, R. et al., 2014. The entropic brain: a theory of conscious states informed by neuroimaging research with psychedelic drugs. *Frontiers in Human Neuroscience: Cognitive Neuroscience*, 8. <https://www.frontiersin.org/journals/human-neuroscience/articles/10.3389/fnhum.2014.00020/full>

CASP, 2022. CASP Checklists. [Online] Available at: <https://casp-uk.net/casp-tools-checklists/> [Accessed 26 December 2022].

Cassidy, J. & Kobak, R.R., 1988. Avoidance and its relationship with other defensive processes. In *Clinical implications of attachment*. Hillsdale, NJ: Lawrence Erlbaum Associates. pp.300-23. <https://psycnet.apa.org/record/1987-98825-009>

Clarke, V. & Braun, V., 2013. *Successful Qualitative Research: A Practical Guide for Beginners*. 1st ed. Sage.

Craffert, P.F., 2009. *Altered States of Consciousness: Visions, Spirit Possession, Sky Journeys*. In *Understanding the Social WOrld of the New Testament*. Routledge. pp.126-46.

Davis, J., 2019. Active Imagination in Psychotherapy. *Encyclopedia of Psychology and Religion*, pp.1-3. Dennett, D.C. 1976. 'Are dreams experiences?', *The Philosophical Review*, 85(2), pp. 151–171

Denzin, N.K. & Lincoln, Y.S., 2005. Introduction: The discipline and practice of qualitative research. In T. Oaks, ed. *The SAGE handbook of qualitative research*. CA: Sage. pp.1-32.

Divinyi, J., 1995. Storytelling: An enjoyable and effective therapeutic tool. *Contemporary Family Therapy*, 17, pp.27-37. <https://psycnet.apa.org/record/1995-44663-001>

Doll, E., Gittler, G. & Holzinger, B., 2009. Dreaming, Lucid Dreaming and Personality. *International Journal of Dream Research*, 2(2), pp.52-57. <https://journals.ub.uni-heidelberg.de/index.php/IJoDR/article/view/142>

Earley, J., 2009. *Self-therapy: A step-by-step guide to creating wholeness and healing your inner child using IFS*. Larkspur, CA: Pattern System Books.

Eifert, G.H. & Heffner, M., 2003. The effects of acceptance versus control contexts on avoidance of panic-related symptoms. *Journal of Behaviour Therapy and Experimental Psychiatry*, 34(3-4), pp.292-312. <https://pubmed.ncbi.nlm.nih.gov/14972675/>

Elliott, R. & Greenberg, L., 2016. *Emotion-focused therapy*. In *The Person-Centred Counselling and Psychotherapy Handbook*. McGraw-Hill / Open University Press. pp.212-22.

Erlacher, D. & Chapin, H., 2010. Lucid dreaming: Neural virtual reality as a mechanism for performance enhancement. *International Journal of Dream Research*, 3(1), pp.7-10. <https://journals.ub.uni-heidelberg.de/index.php/IJoDR/article/view/588>

Erskine, R.G., 2008. *Pyschotherapy of Unconscious Experience*. *Transactional Analysis Journal*, 38(2), pp.128-38.

Farber, B.A. & Metzger, J.A., 2009. The therapist as a secure base. In *Attachment theory and research in clinical work with adults*. The Guilford Press. pp.46-70.

Fenn, K. & Byrne, M., 2013. The key principles of cognitive behavioural therapy. *InnovAiT: Education and inspiration for general practice*, 6(9), pp.579-85. <https://journals.sagepub.com/doi/10.1177/1755738012471029>

Finan, P.H., Quartana, P.J. & Smith, M.T., 2015. The Effects of Sleep Continuity Disruption on Positive Mood and Sleep Architecture in Healthy Adults. *Sleep*, 38(11), pp.1735-42. <https://pubmed.ncbi.nlm.nih.gov/26085289/>

Foulkes, D. 1985. *Dreaming: A cognitive-psychological analysis*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Franklin, M.S. & Zyphur, M.J., 2005. The Role of Dreams in the Evolution of the Human Mind. *Evolutionary Psychology*, pp.59-78. <https://psycnet.apa.org/record/2006-23138-006>

Freud, S., 1900. *The Interpretation of Dreams*. 1st ed. New York: NY: Basic Books

Freud, S., 1915. *The Unconscious*. SE14, pp.159-215.

Garrett, L., 2017. Utilising dreambody choreutics to integrate somatics with lucid dream criteria. *Body, Movement and Dance in Psychotherapy*, 12(2), pp.145-58. <https://www.tandfonline.com/doi/abs/10.1080/17432979.2016.1231134>

Gemma, R., 2018. Introduction to positivism, interpretivism and critical theory. The Open University's repository of research publications and other research outputs, 25(4), pp.41-49

Germain, A., 2013. Sleep Disturbances as the Hallmark of PTSD: Where Are We Now? *The American Journal of Psychiatry*, 170(4), pp.372-82. <https://pubmed.ncbi.nlm.nih.gov/23223954/>

Gilbert, P., 2009. *The Compassionate Mind (Compassion Focused Therapy)*. Constable.

Gray, J.B., 2009. The power of storytelling: Using narrative in the healthcare context. *Journal of Communication in Healthcare*, 2(3), pp.258-73. https://www.researchgate.net/publication/275560691_The_power_of_storytelling_Using_narrative_in_the_healthcare_context

Grof, S. & Grof, C., 1989. *Spiritual Emergency: Understanding Evolutionary Crisis*. In *Spiritual Emergency: When Personal Transformation Becomes a Crisis*. New York: Penguin Putnam Inc. pp.1-26.

Hamilton, N. & Waggoner, R., 2020. Pilot Study on Geometrical Movement in. *International Journal of Dream Research*, 13(2), pp.151-59. <https://journals.ub.uni-heidelberg.de/index.php/IJoDR/article/view/70496>

Hammersley, M., 2000. The Relevance of Qualitative Research. *Oxford Review of Education*, 26(3/4), pp.393-405. <https://tinyurl.com/2strp4un>

Hearne, K.M.T., 1978. *Lucid Dreams: An Electro-Physiological and Psychological Study*. Dept. of Psychology, University of Liverpool. <https://livrepository.liverpool.ac.uk/3174691/>

Hobson, A.J., 2009. REM sleep and dreaming: towards a theory of protoconsciousness. *Nature Reviews Neuroscience*, 10(11), pp.803-13. <https://www.nature.com/articles/nrn2716>

Hoerni, U., Fischer, T. & Kaufmann, B., 2019. *The Art of C.G. Jung*. W. W. Norton & Company.

Holloway, I. & Todres, L., 2003. The Status of Method: Flexibility, Consistency and Coherence.. *Qualitative Research*, pp. 345-357. <https://journals.sagepub.com/doi/10.1177/1468794103033004>

Holzinger, B., 2009. *Lucid Dreaming – Dreams of Clarity*. *Contemporary Hypnosis*, 26(4), pp.216-24.

Holzinger, B., 2014. Lucid dreaming in psychotherapy. In *New perspectives on consciousness in sleep: Science, psychology, and education; Religion, creativity, and culture*. Praeger/ABC-CLIO. pp.37-61. <https://psycnet.apa.org/record/2015-46616-003>

Holzinger, B., 2018. *To Dream - Perchance to Sleep*. 3-9501952.

Holzinger, B., Klösch, G. & Saletu, B., 2015. Studies with lucid dreaming as add-on to Gestalt therapy. *Acta Neurologica Scandinavica*, pp.355-63. <https://pubmed.ncbi.nlm.nih.gov/25639732/>

Holzinger, B., LaBerge, S. & Levitan, L., 2006. *Psychophysiological Correlates of Lucid Dreaming*. *Dreaming*, 16(2), pp.88-95. <https://psycnet.apa.org/record/2006-09527-002>

Holzinger, B., Saletu, B. & Klösch, G., 2020. Cognitions in Sleep: Lucid Dreaming as an Intervention for Nightmares in Patients With Posttraumatic Stress Disorder. *Frontiers in Psychology*, 11(1826). <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2020.01826/full>

Hudson, L. A. & Ozanne, J. L., 1988. Alternative Ways of Seeking Knowledge in Consumer Research. *Journal of Consumer Research*, 14(4), pp. 508-521. <https://psycnet.apa.org/record/1988-28241-001>

Horst, F.C.P.v.d., Veer, R.v.d. & Duschinsky, R., 2020. Such stuff as dreams are made on: John Bowlby and the interpretation of dreams. *Attachment & Human Development*,

22(6), pp.593-605. <https://www.tandfonline.com/doi/10.1080/14616734.2020.1748671>

Hurd, R., 2009. Lucid nightmares: The dark side of self-awareness in dreams. Annual Conference of the International Association for the Study of Dreams. https://www.academia.edu/34277759/Lucid_Nightmares_the_Dark_Side_of_Self_Awareness_in_Dreams

Jason, L.A. & Glenwick, D.S., 2016. *Handbook of Methodological Approaches to Community-Based Research: Qualitative, Quantitative, and Mixed Method*. Oxford University Press

Jung, C.G., 1960. *The Psychogenesis of Mental Disease: Volume 3 of the Collected Works of C. G. Jung*. Princeton University Press.

Jung, C.G., 1966. *Collected Works of C.G. Jung. Volume 17*. 2nd ed. Princeton University Press.

Jung, C.G., 2009. *The Red Book: Liber Novus*. Philemon Foundation & W. W. Norton & Co.

Kim, C.-T., 1987. Transcendence and Immanence. *Journal of the American Academy of Religion*, 55(3), pp.537-49. <https://www.jstor.org/stable/1464069>

King, N., 2004. Using templates in the thematic analysis of text. In *Essential guide to qualitative methods in organizational research*. London: Sage. pp.257-70. https://www.researchgate.net/publication/224892354_Using_Templates_in_the_Thematic_Analysis_of_Text

Knight, Z.G., 2005. The Use of the 'Corrective Emotional Experience' and the Search for the Bad Object in Psychotherapy. *American Journal of Psychotherapy*, 59(1), pp.30-41. <https://pubmed.ncbi.nlm.nih.gov/15895767/>

LaBerge, S., 1985. *Lucid Dreaming*. 1st ed. New York: Ballantine Books.

LaBerge, S., 1986. *The Power of Being Awake & Aware in Your Dreams*. Ballantine Books.

Latner, J., 2000. *The Theory of Gestalt Therapy. In Gestalt Therapy: Perspectives and Applications*. Cambridge: Gestalt Press.

Leahy, R.L., 2017. *Cognitive Therapy Techniques: A Practitioner's Guide*. 2nd ed. New York, NY: Guilford Press.

Luft, J. & Ingham, H., 1955. The Johari Window, a Graphic Model of Interpersonal Awareness. *Proceedings of the Western Laboratory in Group Development*, 246.

Lukoff, D., Lu, F. & Turner, R., 1992. Towards a More Culturally Sensitive DSM-IV: Psychoreligious and Psychospiritual Problems. *The Journal of Nervous and Mental Disease*, 180(11), pp.673-82. <https://pubmed.ncbi.nlm.nih.gov/1431819/>

Macêdo, T.C.F.d. et al., 2019. My Dream, My Rules: Can Lucid Dreaming Treat Nightmares? *Frontiers in Psychology*, 10. <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2019.02618/full>

MacLean, C.L. & Dror, I.E., 2016. *A Primer on the Psychology of Cognitive Bias. In Blinding As A Solution To Bias*. London: Academic Press. pp.13-14.

Macleod, J., 2011. The philosophical basis of qualitative research. In *Qualitative Research in Counselling and Psychotherapy*. London, California, New Dehli, Singapore: SAGE Publications. pp.18-56.

Malcolm, N. 1959. *Dreaming*. London: Routledge & Kegan Paul

Mallett, R. et al., 2021. Exploring the range of reported dream lucidity. *Philosophy and the Mind Sciences*, 2(1). <https://philosophymindscience.org/index.php/phimisci/article/view/8941>

Mallett, R. et al., 2022. The Relationship Between Dreams and Subsequent Morning Mood Using Self-Reports and Text Analysis. *Affective Science*, 3, pp.400-05. <https://pubmed.ncbi.nlm.nih.gov/36046002/>

Mallett, R. et al., 2022. Benefits and concerns of seeking and experiencing lucid dreams: benefits are tied to successful induction and dream control. *Sleep Advances*, 3(1). <https://pmc.ncbi.nlm.nih.gov/articles/PMC10104404/>

Maslow, A.H., 1943. A theory of human motivation. *Psychological Review*, 50(4), pp.370-96. <https://psycnet.apa.org/record/1943-03751-001>

Masuda, A., Hayes, S.C., Sackett, C.F. & Twohig, M.P., 2004. Cognitive defusion and self-relevant negative thoughts: examining the impact of a ninety year old technique. *Behaviour Research and Therapy*, 42(4), pp.477-85. <https://pubmed.ncbi.nlm.nih.gov/14998740/>

McKay, M., Greenberg, M.J. & Fanning, P., 2020. Chapter 7: Defusion. In *The ACT workbook for depression and shame: Overcome thoughts of defectiveness and increase well-being using Acceptance and Commitment Therapy*. New Harbinger Publications.

Mearns, P. & Thorne, B., 1988. *Person-Centred Counselling in Action*. London: SAGE Publications Ltd.

Medic, G., Wille, M. & Hemels, M.E.H., 2017. Short- and long-term health consequences of sleep disruption. *Nature and Science of Sleep*, 9, pp.151-61. <https://pubmed.ncbi.nlm.nih.gov/28579842/>

Merry, T., 2014. *Learning and Being in Person-Centred Counselling*. PCCS Books.

Mikulincer, M., 1997. Adult attachment style and information processing: Individual differences in curiosity and cognitive closure. *Journal of Personality and Social Psychology*, 72, pp.1217-30. <https://psycnet.apa.org/record/1997-04066-019>

Mikulincer, M., Agam, T. & Shaver, P.R., 2020. A secure base for mindful dreaming: dispositional and contextually variable attachment security and the experiential quality of dreams. *Attachment & Human Development*, 22(6), pp.606-26. <https://pubmed.ncbi.nlm.nih.gov/31530092/>

Monroe, R., 1971. *Journeys Out of the Body*. Harmony/Rodale.

Morewedge, C.K. & Norton, M.I., 2009. When dreaming is believing: The (motivated) interpretation of dreams. *Journal of Personality and Social Psychology*, 96(2), pp.249-64. <https://psycnet.apa.org/record/2009-00255-001>

Mota, N.B. et al., 2016. Psychosis and the Control of Lucid Dreaming. *Frontiers in Psychology*, 7. <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2016.00294/full>

Mota-Rolim, S.A. et al., 2020. The Dream of God: How Do Religion and Science See Lucid Dreaming and Other Conscious States During Sleep? *Frontiers in Psychology*, 11. <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2020.555731/full>

Murray, M., 2003. *Narrative psychology*. In J.A. Smith, ed. *Qualitative Psychology: A Practical Guide to Research Methods*. SAGE Publications Ltd. pp.111-31.

Myers, K.M. & Davis, M., 2007. Mechanisms of fear extinction. *Molecular Psychiatry*, 12(2), pp.120-50. <https://pubmed.ncbi.nlm.nih.gov/17160066/>

Newson, J.J., Hunter, D. & Thiagarajan, T.C., 2020. The Heterogeneity of Mental Health Assessment. *Frontiers in Psychiatry*, 11(76). <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2020.00076/full>

NHS, 2023. Sleep paralysis. [Online] Available at: <https://www.nhs.uk/conditions/sleep-paralysis/#:~:text=Sleep%20paralysis%20happens%20when%20you,insomnia> [Accessed 27 June 2024].

Norcross, J.C. & Goldfried, M.R., 2005. *Handbook of Psychotherapy Integration* (2nd ed.). Oxford University Press.

Nowell, L. S., Norris, J. M., Moules, N. J. & White, D. E., 2017. Thematic Analysis: Striving to Meet the Trust-

worthiness Criteria. International Journal of Qualitative Methods. <https://journals.sagepub.com/doi/10.1177/1609406917733847>

Oberreither, D., 2021. Carl Rogers and Schizophrenia. The evolution of Carl Rogers' thinking on psychosis and schizophrenia: a literature survey. *Person-Centered & Experiential Psychotherapies*, 20(2), pp.152-73. <https://www.tandfonline.com/doi/full/10.1080/14779757.2021.1898456>

Padesky, C., 1993. Socratic questioning: Changing minds or guiding discovery? Keynote address delivered at the European Congress of Behavioural and Cognitive Therapies, London, September 24, 1993, pp.1-6.

Padesky, C.A., 2020. Collaborative Case Conceptualization: Client Knows Best. *Cognitive Behavioral Practice*, pp.1-35. <https://www.sciencedirect.com/science/article/abs/pii/S1077722920300754>

Paetzold, R.L., Rholes, S.W. & Kohn, J.L., 2015. Disorganized Attachment in Adulthood: Theory, Measurement, and Implications for Romantic Relationships. *Review of General Psychology*, 19(2), pp.146-56. <https://psycnet.apa.org/record/2018-70151-001>

Payne, J.D. & Nadel, L., 2004. Sleep, dreams, and memory consolidation: the role of the stress hormone cortisol. *Learning & Memory*, 11(6), pp.671-78. <https://pmc.ncbi.nlm.nih.gov/articles/PMC534695/>

Pederson, L.L. et al., 2020. Use of secondary data analyses in research: Pros and Cons. *Journal of Addiction Medicine and Therapeutic Science*, 6(1). https://www.researchgate.net/publication/343551750_Use_of_secondary_data_analyses_in_research_Pro and_Cons

Pesant, N. & Zadra, A., 2004. Working with dreams in therapy: What do we know and what should we do?. *Clinical Psychology Review*, 24(5), pp.489-512. <https://pubmed.ncbi.nlm.nih.gov/15325742/>

Pistrang, N. & Barker, C., 2012. Varieties of qualitative research: A pragmatic approach to selecting methods. In: *APA handbook of research methods in psychology*, Vol. 2, Research designs: Quantitative, qualitative, neuropsychological, and biological. s.l.:American Psychological Association, pp. 5-18. <https://shorturl.at/CvTSG>

Pope, C. & Mays, N., 2020. *Qualitative Research in Health Care*. 4th ed. Wiley-Blackwell.

Prochaska, J.O. & Norcross, J.C., 2018. *Systems of Psychotherapy: A Transtheoretical Analysis*. 9th ed. Oxford University Press.

Prochaska, J.O. & Velicer, W.F., 1997. The transtheoretical model of health behaviour change. *American Journal of Health Promotion*, 12(1), pp.38-48. <https://pubmed.ncbi.nlm.nih.gov/10170434/>

Raduga, M., Kuyava, O. & Sevcenko, N., 2020. Is there a relation among REM sleep dissociated phenomena, like lucid dreaming, sleep paralysis, out-of-body experiences, and false awakening? *Medical Hypotheses*, 144. <https://pubmed.ncbi.nlm.nih.gov/32795836/>

Rehman, A. A. & Alharthi, K., 2016. An Introduction to Research Paradigms. *International Journal of Educational Investigations*, 3(8), pp. 51-59. https://www.researchgate.net/publication/325022648_An_introduction_to_research_paradigms

Rehscher, H.N., Roth, L.J., Villareal, J.A. & McAdams, D.P., 2021. Self-transcendence and life stories of humanistic growth among late-midlife adults. *Journal of Personality*, 89(2), pp.305-24. <https://pubmed.ncbi.nlm.nih.gov/32779766/>

Revonsuo, A., 2000. The reinterpretation of dreams: An evolutionary hypothesis of the function of dreaming. *Behavior and brain sciences*, 23(6), pp.877-901. <https://shorturl.at/HHpxU>

Robson Jr, J.P. & Troutman-Jordan, M., 2014. A Concept Analysis of Cognitive Reframing. *Journal of Theory Construction and Testing*, 18(2). <https://shorturl.at/xLZMn>

Rogers, C., 1951. *Client Centred Therapy: Its Current Practice, Implication and Theory*. Houghton Mifflin.

Rogers, C., 1951. The therapeutic relationship as experienced by the client. In *Client-centered therapy*. Constable & Company. pp.65-130.

Rogers, C., 1961. *On becoming a person: A therapist's view of psychotherapy*. 1st ed. Boston: Houghton Mifflin.

Rogers, C., 1980. *Way of Being*. Boston: Houghton Mifflin.

Rosen, M.G. 2024. *The Dreaming Mind: Understanding Consciousness During Sleep*. London: Publisher

Rothschild, B., 2000. *The Body Remembers*. W. W. Norton & Company.

Roy, L.O.P., 2001. A Phenomenological Approach. In *Transcendent Experiences: Phenomenology and Critique*. Toronto - Buffalo - London: University of Toronto Press. pp.11-12.

Sackwild, L. & Stumbrys, T., 2021. The healing and transformative potential of lucid dreaming for treating clinical depression. *International journal of dream research*, 14(2), pp.296-308. <https://journals.ub.uni-heidelberg.de/index.php/IJodR/article/view/81533>

Schädlich, M. & Erlacher, D., 2012. Applications of lucid dreams: An online study. *International Journal of Dream Research*, 5(2), pp.134-38. <https://journals.ub.uni-heidelberg.de/index.php/IJodR/article/view/9505>

Schredl, M. et al., 2000. The Use of Dreams in Psychotherapy. *The Journal of Psychotherapy Practice and Research*, 9(2), pp.81-87. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3330585/>

Schredl, M. & Göritz, A.S., 2018. Nightmare Themes: An Online Study of Most Recent Nightmares and Childhood Nightmares. *Journal of Clinical Sleep Medicine*, 14(3). <https://jicsm.aasm.org/doi/full/10.5664/jicsm.7002>

Seligman, K., 1948. *Magic, Supernaturalism and Religion*. New York: New York: Random House.

Sheehy, M. R. 2020. Materializing dreams and omens: The autobiographical subjectivity of the Tibetan yogini Kun dga' Phrin las dbang mo (1585-1668). *Revue d'Etudes Tibétaines*, 56, 263-292.

Smith, D. et al., 2017. Cooperation and the evolution of hunter-gatherer storytelling. *Nature Communications*, 8. <https://www.nature.com/articles/s41467-017-02036-8>

Stajduhar, K. I., Balneaves, L. & Thorne, S. E., 2009. A case for the 'middle ground': exploring the tensions of postmodern thought in nursing. *Nursing Philosophy*, 2(1), pp. 72-82. <https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1466-769x.2001.00033.x>

Stone, H. & Stone, S., 1993. *Embracing Your Inner Critic: Turning Self-Criticism into a Creative Asset*. Bravo Ltd.

Stumbrys, T., 2018. Bridging Lucid Dream Research and Transpersonal Psychology: Toward Transpersonal Studies of Lucid Dreams. *The journal of transpersonal psychology*, 50(2), pp.176-93. <https://psycnet.apa.org/record/2019-35432-005>

Stumbrys, T., 2018. Lucid nightmares: A survey of their frequency, features, and factors in lucid dreamers. *International Association for the Study of Dreams*, 28(3), pp.193-204. https://www.researchgate.net/publication/327714326_Lucid_nightmares_A_survey_of_their_frequency_features_and_factors_in_lucid_dreamers

Stumbrys, T., 2023. *Dispelling the Shadows of the Lucid Night: An Exploration of Potential Adverse Effects of Lucid Dreaming*. *Psychology of Consciousness: Theory, Research, and Application*, 16(1), pp.1-15. <https://doi.org/10.1037/con.0000210>

search, and Practice, 10(2), pp.152-63. <https://psycnet.apa.org/record/2021-80526-001>

Stumbrys, T., Erlacher, D., Schadlich, M. & Schredl, M., 2012. Induction of lucid dreams: A systematic review of evidence. *Consciousness and Cognition*, 21(3), pp.1456-75. <https://pubmed.ncbi.nlm.nih.gov/22841958/>

Sutton, A., 2016. Measuring the Effects of Self-Awareness: Construction of the Self-Awareness Outcomes Questionnaire. *Europe's Journal of Psychology*, 12(4), pp.645-58. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5114878/>

Tāranātha. (2008). *Zab lam ni gu chos drug gi khrid yig zab don thang mar brdal ba* [The expansive plain of profound meaning: An instruction manual on the profound path of the xix teachings of niguma]. In *Jo nang rje btsun t'ra n tha'i gsung 'bum dpe bsdur ma* [The collected works of Jonang Jetsun Tāranātha] (Vol. 66, pp. 213–314). Krung go'i bod rig pa dpe skrun khang.

Tholey, P., 1980. Klarträume als Gegenstand empirischer Untersuchungen [Conscious Dreams as an Object of Empirical Examination]. *Gestalt Theory*, 2, pp.175-91.

Tholey, P., 1988. A model for lucidity training as a means of self-healing and psychological growth. In Gackenbach, J. & LaBerge, S. *Conscious Mind, Sleeping Brains: Perspectives on Lucid Dreaming*. Plenum Press. pp.263-87. <https://philpapers.org/rec/GACCMS>

Tripepi, G., Jager, K.J., Dekker, F.W. & Zoccali, C., 2010. Selection Bias and Information Bias in Clinical Research. *Nephron Clinical Practice*, 115(2), pp.94-99. <https://pubmed.ncbi.nlm.nih.gov/20407272/>

Tudor, K. & Merry, T., 2006. Dictionary of Person-Centred Psychology. In *Dictionary of Person-Centred Psychology*. Ross-on-Wye: PCCS Books. p.72.

Vaismoradi, M., Jones, J., Turunen, H. & Snelgrove, S., 2016. Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice*, 6(5), pp.100-10.

Voss, U. et al., 2018. Insight and Dissociation in Lucid Dreaming and Psychosis. *Frontiers in Psychology*, 9.

Wallace, B.A. and Hodel, B. 2012. *Dreaming Yourself Awake: Lucid Dreaming and Tibetan Dream Yoga for Insight and Transformation*. Boston: Shambhala

Wamsley, E.J., 2013. Dreaming, waking conscious experience, and the resting brain: report of subjective experience as a tool in the cognitive neurosciences. *Consciousness Research*, 4.

Williams, D.C. & Levitt, H.M., 2007. Principles for facilitating agency in psychotherapy. *Psychotherapy Research*, 17(1), pp.66-82.

Windt, J., 2015. *Dreaming - A Conceptual Framework for Philosophy of Mind and Empirical Research* (The MIT Press), pp. 113.

Young, J.E., 1999. Cognitive therapy for personality disorders: A schema-focused approach. Sarasota, FL: Professional Resources Press.

Yount, G. et al., 2023. Decreased posttraumatic stress disorder symptoms following a lucid dream healing workshop. *Traumatology*.

Zhunussova, Z., Raduga, M. & Shashkov, A., 2022. Overcoming Phobias by Lucid Dreaming. *Psychology of Consciousness: Theory, Research, and Practice*.

Appendices

Appendix 1 – Abbreviations

Abbreviation	Meaning
ICP	Integrative Counselling Practice
PCT	Person-Centred Theory
CBT	Cognitive Behavioural Theory
AT	Attachment Theory
TTM	Trans-Theoretical Model (of Change)
TA	Thematic Analysis
BACP	British Association of Counselling and Psychotherapy
LD(s)	Lucid Dream(s)
LDT	Lucid Dreaming Treatment
OBE(s)	Out-of-body experience(s)
PTSD	Post-traumatic stress disorder
ACEs	Adverse Childhood Experiences
IWMS	Internal Working Models

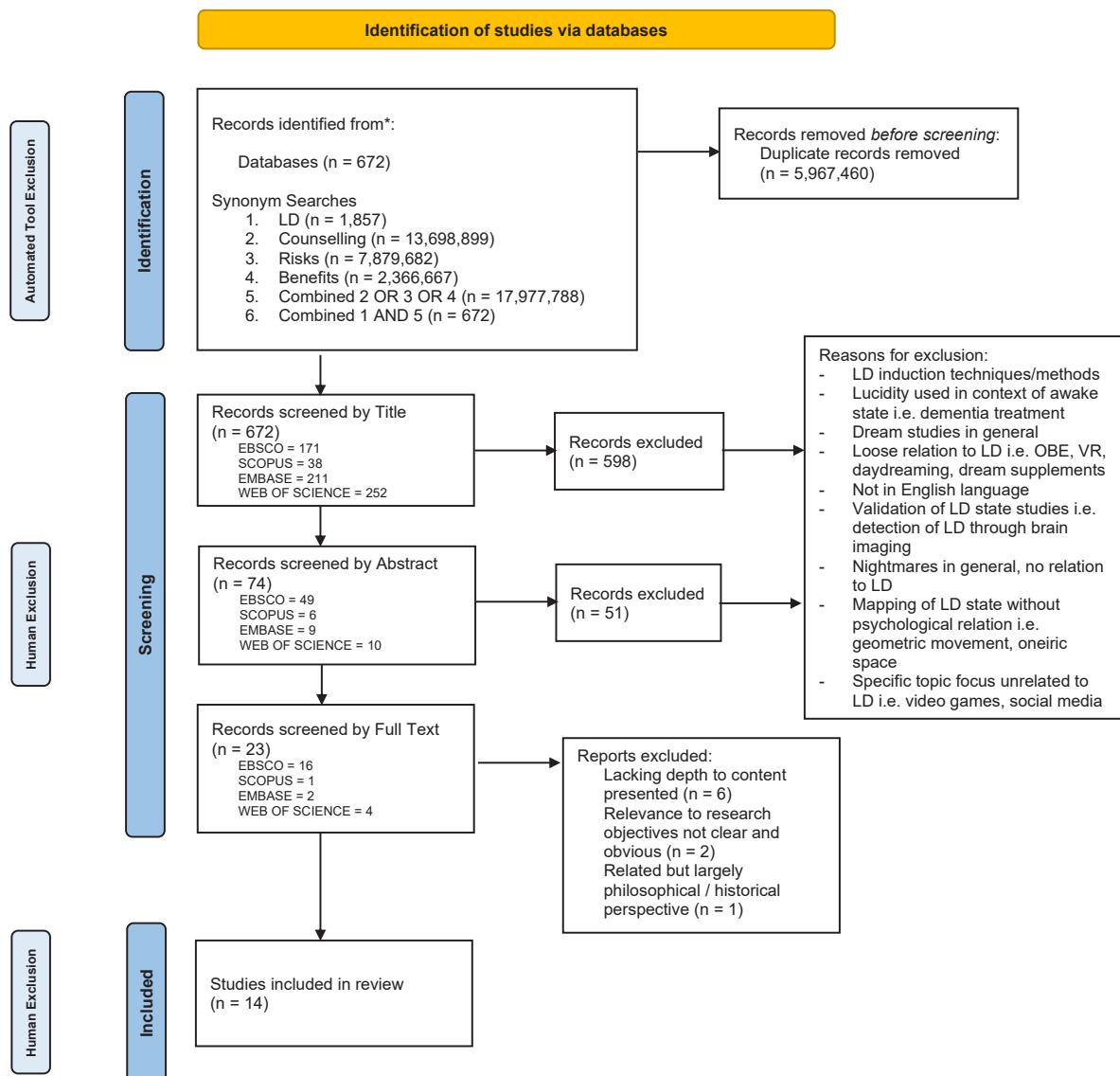
Appendix 2 – Definitions of Terms

Term	Definition
Lucid Dream	A dream whereby the individual has awareness of the dream state along with the ability to exert a level of control over it (Holzinger, et al., 2006). There are more expansive definitions available, such as Paul Tholey's seven conditions of a lucid dream, but this is how the term is broadly used in this study (Tholey, 1980).
Cognitive Reframing	The general process of identifying a situation and changing one's perspective on it, leading to the associated negative thoughts and feelings being transformed into more positive ones (Robson Jr & Troutman-Jordan, 2014).
Lucid Dreaming Treatment	A type of cognitive restructuring tool predominantly used in the treatment of nightmares. It is a relatively new method which has shown some effectiveness especially in clients with psychological disorders such as PTSD (Holzinger, et al., 2020). This potential avenue for treatment was borne out of the promising results that came from another cognitive restructuring technique, namely IRT (Image Rehearsal Therapy) (Krakow, et al., 1995).
The Unconscious	The term 'unconscious' has various psychotherapeutic connotations. Whilst Freud's idea that the unconscious is formed solely of a defensive repression of one's thoughts, desires, and memories, this is not quite how the term will be used here (Freud, 1915). The researcher's perspective is closer to the updated conceptualization offered by the Integrative therapist Richard Erskine, who describes the unconscious as an "expression of developmental and neurological processing of significant experiences" (Erskine, 2008, p. 128). This does not rule out that repression of unwanted or painful memories happens, but also includes alternative types of unconscious experience such as the preverbal and the unacknowledged.
Transcendence	The concept of 'transcendence' has a variety of philosophical and psychotherapeutic interpretations, often intertwined with religious and spiritual tradition (Kim, 1987). In broad terms it refers to that which is beyond or ascends the 'normal' range of human experience. 'Self-transcendence' is a common goal for psychotherapies to move towards. This trait in an individual is defined as a strong sense of belonging, an ability to accept and continue through difficult experiences, and a connection with something bigger than the individual (Relscher, et al., 2021).
Lucid Dysphoria	This is when an individual experiences lucidity which is accompanied by confusion, discomfort and often an inability to control the experience (Mallett, et al., 2022).
Sleep Paralysis	When you are unable to move the muscles in your body as you are either awaking or falling asleep (NHS, 2023).
Out-of-body experience	A phenomenon whereby an individual experiences the world from outside of their physical body. 'Astral projection', 'shamanic journeying', and 'spirit walking' are states that have been described as sharing similar qualities (Monroe, 1971).

Appendix 3 – Chosen Data Set

No.	Title	Citation
1	Benefits and Concerns of Seeking and Experiencing Lucid Dreams: Benefits are Tied to Successful Induction and Dream Control (Mallett, et al., 2022)	Mallett, R. et al., 2022. Benefits and Concerns of Seeking and Experiencing Lucid Dreams: Benefits are Tied to Successful Induction and Dream Control. <i>Sleep Advances</i> , pp. 1-12.
2	Bridging Lucid Dream Research and Transpersonal Psychology: Toward Transpersonal Studies of Lucid Dreams (Stumbrys, 2018)	Stumbrys, T., 2018. Bridging Lucid Dream Research and Transpersonal Psychology: Toward Transpersonal Studies of Lucid Dreams. <i>The journal of transpersonal psychology</i> , 50(2), pp. 176-193.
3	Dispelling the Shadows of the Lucid Night: An Exploration of Potential Adverse Effects of Lucid Dreaming (Stumbrys, 2023)	Stumbrys, T., 2023. Dispelling the Shadows of the Lucid Night: An Exploration of Potential Adverse Effects of Lucid Dreaming. <i>Psychology of Consciousness: Theory, Research, and Practice</i> , 10(2), pp. 152-163.
4	Insight and Dissociation in Lucid Dreaming and Psychosis (Voss, et al., 2018)	Voss, U. et al., 2018. Insight and Dissociation in Lucid Dreaming and Psychosis. <i>Frontiers in Psychology</i> , Volume 9.
5	Lucid Dreaming – Dreams of Clarity (Holzinger, 2009)	Holzinger, B., 2009. Lucid Dreaming – Dreams of Clarity. <i>Contemporary Hypnosis</i> , 26(4), pp. 216-224.
6	Lucid Dreaming: Intensity, But Not Frequency, Is Inversely Related to Psychopathology (Aviram & Soffer-Dudek, 2018)	Aviram, L. & Soffer-Dudek, N., 2018. Lucid Dreaming: Intensity, But Not Frequency, Is Inversely Related to Psychopathology. <i>Frontiers in Psychology</i> , Volume 9.
7	My Dream, My Rules: Can Lucid Dreaming Treat Nightmares? (Macêdo, et al., 2019)	Macêdo, T. C. F. d. et al., 2019. My Dream, My Rules: Can Lucid Dreaming Treat Nightmares? <i>Frontiers in Psychology</i> , Volume 10.
8	Overcoming Phobias by Lucid Dreaming (Zhunusova, et al., 2022)	Zhunusova, Z., Raduga, M. & Shashkov, A., 2022. Overcoming Phobias by Lucid Dreaming. <i>Psychology of Consciousness: Theory, Research, and Practice</i> .
9	Pilot Study on Geometrical Movement in Lucid Dreams (Hamilton & Waggoner, 2020)	Hamilton, N. & Waggoner, R., 2020. Pilot Study on Geometrical Movement in. <i>Internation Journal of Dream Research</i> , 13(2), pp. 151-159.
10	Psychosis and the Control of Lucid Dreaming (Mota, , et al., 2016)	Mota, , N. B. et al., 2016. Psychosis and the Control of Lucid Dreaming. <i>Frontiers in Psychology</i> , Volume 7.
11	Studies with lucid dreaming as add-on therapy to Gestalt therapy (Holzinger, et al., 2015)	Holzinger, B., Klösch, G. & Saletu, B., 2015. Studies with lucid dreaming as add-on to Gestalt therapy. <i>Acta Neurologica Scandinavica</i> , pp. 355-363.
12	The Dream of God: How Do Religion and Science See Lucid Dreaming and Other Conscious States During Sleep? (Mota-Rolim, et al., 2020)	Mota-Rolim, S. A. et al., 2020. The Dream of God: How Do Religion and Science See Lucid Dreaming and Other Conscious States During Sleep? <i>Frontiers in Psychology</i> , Volume 11.
13	The healing and transformative potential of lucid dreaming for treating clinical depression (Sackwild & Stumbrys, 2021)	Sackwild, L. & Stumbrys, T., 2021. The healing and transformative potential of. <i>International Journal of Dream Research</i> , 14(2), pp. 307-319.
14	Utilising dreambody choreutics to integrate somatics with lucid dream criteria (Garrett, 2017)	Garrett, L., 2017. Utilising dreambody choreutics to integrate. <i>Body, Movement and Dance in Psychotherapy</i> , 12(2), pp. 145-158.

Appendix 4 – PRISMA Diagram



Appendix 5 –Example of Coding

List of codes

Name	Files	References	Created on
Therapeutic Applications of Lucid Dreaming	14	490	12/05/2024 22:27
Treatment of Mental Health Issues	13	141	13/05/2024 22:27
Potential in LD as effective treatment for depression within	1	1	04/05/2024 17:47
Client begins deep energetic healing on mind-body depre	1	1	04/05/2024 17:45
Lack of therapeutic programs using LD to treat depressi	1	1	04/05/2024 17:25
Effective treatment of mental health issues for range of peo	1	1	04/05/2024 17:24
LD for 'treatment resistant depression'	1	1	04/05/2024 17:13
LD practice as an alternative treatment for depression	1	1	04/05/2024 17:13
Interest for LD to become an option in the treatment of de	1	1	04/05/2024 17:10
LD as a therapeutic modality	1	1	04/05/2024 17:10
Radical transformation for depressed individuals	1	1	04/05/2024 17:09
Depressed individuals able to have fun and enjoy again	1	1	04/05/2024 16:51
Depressed individuals experience emotions previously unfel	1	1	04/05/2024 16:33
Treatment of depression	1	1	04/05/2024 16:33
Contributing to mental wellbeing	1	1	04/05/2024 16:29

JG 1449 Items

Codes grouped within subthemes

Name	Files	Reference	Created on
Treatment of Mental Health Issues	13	141	13/05/2024 22:27
Similarities Between Lucid Dreaming and Therapeutic Programs	7	47	12/05/2024 22:40
The Role of a Therapist when working with Lucid Dreams	9	71	12/05/2024 22:34
Raising Awareness of the Self	12	83	12/05/2024 22:33
Use of Lucid Dreaming State to Develop Coping Mechanisms	12	109	12/05/2024 22:33
Resolving Inner Conflicts	6	39	12/05/2024 22:33
Characteristics of the Lucid Dreaming State and Experience	13	282	12/05/2024 22:27
General	8	41	15/05/2024 21:21
History, Culture, and Tradition of Lucid Dreaming	5	43	14/05/2024 21:38
Lucid Dreaming as a Transcendent Experience	6	75	12/05/2024 22:33
The Dream Journey	7	18	12/05/2024 22:32
Psychological State Displayed Through Dream Imagery	8	67	12/05/2024 22:32
Lucid Dreaming as a Hybrid State of Conscious and Unconsciousn	6	38	12/05/2024 22:31
Risks Associated with Lucid Dreaming	13	331	12/05/2024 22:26

JG 1449 Items

Themes formed

Name	Files	References	Created on
Therapeutic Applications of Lucid Dreaming	14	490	12/05/2024 22:27
Characteristics of the Lucid Dreaming State and Experience	13	282	12/05/2024 22:27
Risks Associated with Lucid Dreaming	13	331	12/05/2024 22:26
Healing Mechanisms of Lucid Dreaming	14	323	12/05/2024 22:24

Example of coding within a study

Lucid Dreaming for Treating Clinical Depression I J O D R

of their depression. At this stage a plan can be created for how the participant can continue dreaming and living lucidly upon completing the programme.

4.2. Conclusion

This study indicates that lucid dreaming might be a feasible and transformative modality for mitigating depression and transformation. Lucid dream experiences can be utilized for self-exploration, creativity and empowerment, transpersonal and spiritual practices, empowering depressed individuals to redefine themselves, re-wire negative thought patterns, integrate new life skills and creative techniques, and facilitate personal growth and development, a better relationship with their mental health. [\[12-15\]](#) The potential of lucid dream and its new potential as a healing and transformative transpersonal modality for mitigating depression. Utilizing a 12-step programme, like the one outlined in this study, within a clinical or therapeutic setting for depressed individuals should be explored in future research.

References

Aviram, L., & Soffer-Dudek, N. (2018). Lucid dreaming: intensity, but not frequency, is inversely related to psychopathology. *Journal of Psychopathology*, 9, 38. <https://doi.org/10.1037/fpsyg.2017.00009>

Bard, B., Riedner, B. A., Boly, M., Davidson, R. J., & Tononi, G. (2019). Increased lucid dream frequency in long-term meditators but not in long-term Mindfulness-Based Stress Reduction. *Journal of Psychopathology and Behavioral Research*, 11, 40-54. <https://doi.org/10.1037/csn00000176>

Bondy, B. (2018). *Pathophysiology of depression and mechanisms of antidepressants*. In *Principles in Clinical Neuroscience*.

Erlacher, D., & Schredl, M. (2010). Practicing a motor task in a lucid dream enhances subsequent performance: A pilot study. *The Sport Psychologist*, 24(2), 157-167.

Erlacher, D., Schredl, M., & Schedler, T. (2020). Self-perceived effects of lucid dreaming on mental health and well-being. *International Journal of Dream Research*, 13(2), 309-313. <https://doi.org/10.11588/ijdr.2020.275952>

Fleivich, E., Dresler, M., Brick, T. R., & Kuhn, S. (2019). Metaphysical experiences in lucid dreams. *Journal of Dream Research*, 13(2), 198-206. <https://doi.org/10.11588/ijdr.2019.275953>

Frewen, P. A., Evans, E. M., Maris, N., Dozois, D. J. A., & Parfitt, C. (2015). Letting go: Mindfulness and negative automatic thinking. *Cognitive Therapy and Research*, 32(6), 758-771. <https://doi.org/10.1007/s10608-007-9145-0>

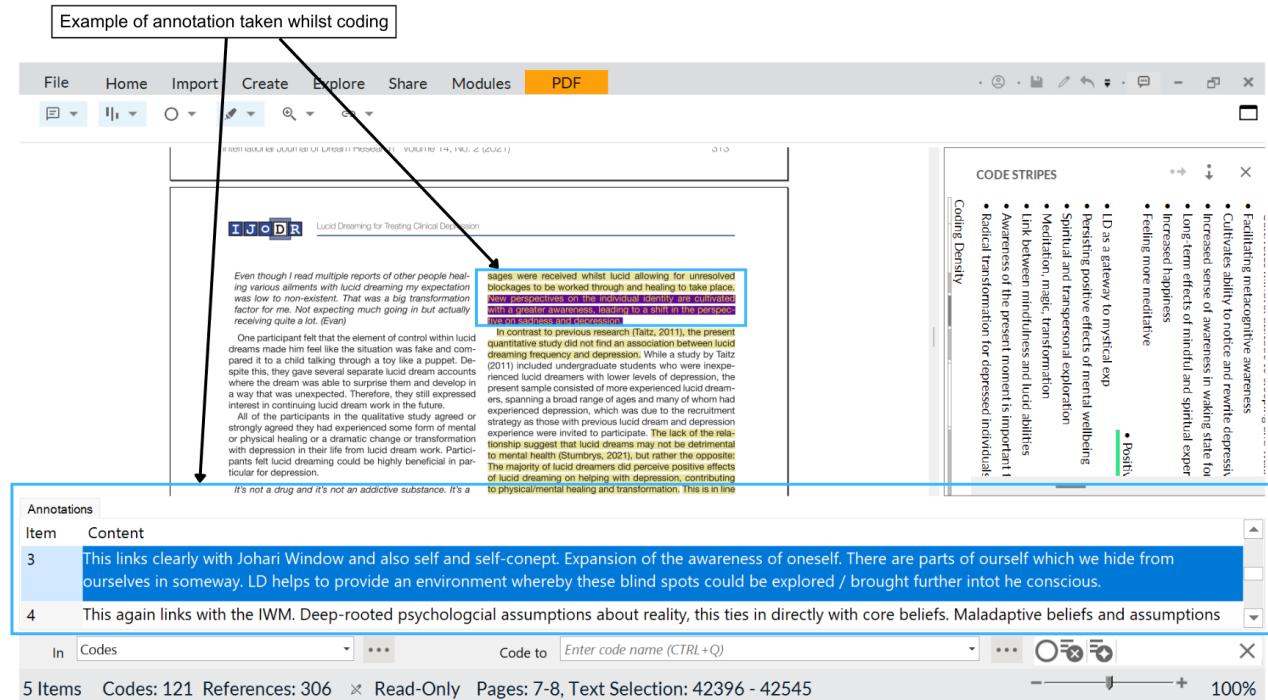
Gackenbach, J., & LaBerge, S. (Eds.). (1988). *Conscious Mind, Sleeping Brain: Perspectives on Lucid Dreaming*. Plenum Press.

Gavie, J., & Revonsuo, A. (2010). The future of lucid dream research: A commentary. Commentary on "The neurobiology of consciousness: Lucid dreaming wakes up" by J. Allan Hobson. *International Journal of Dream Research*, 3(1), 15-16.

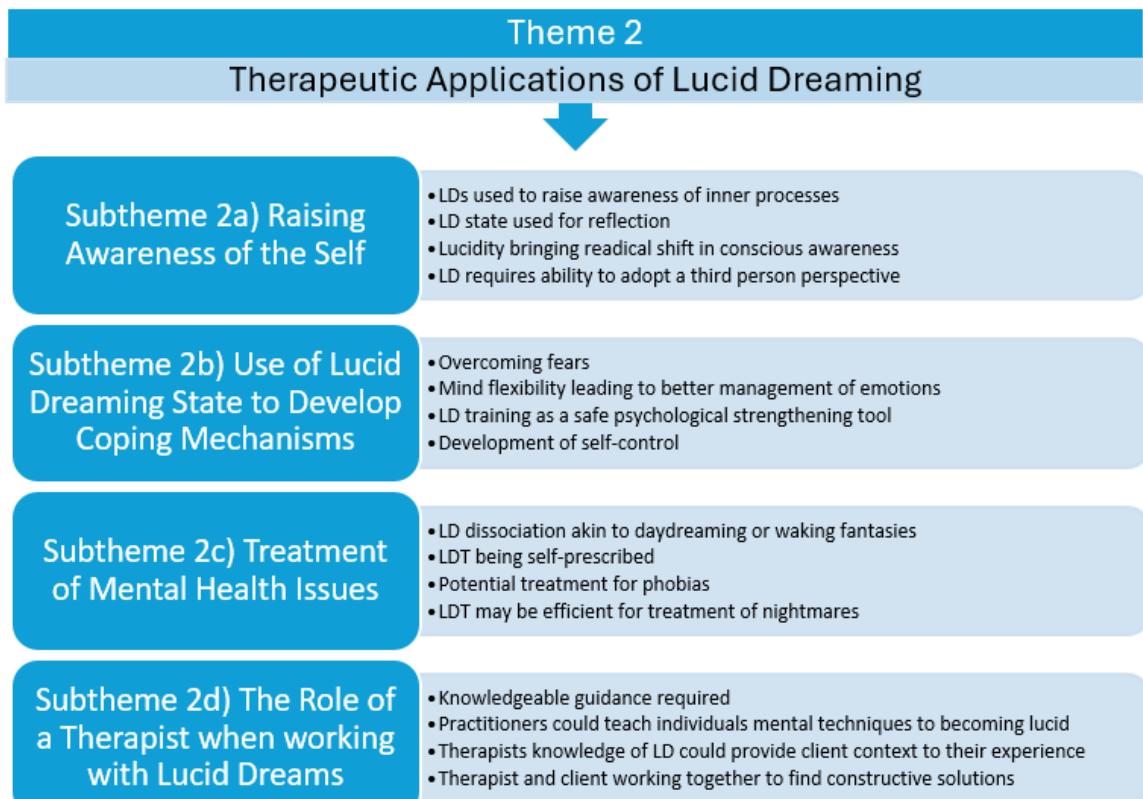
Gilchrist, S., Davidson, J., & Shakespeare-Finch, J. (2007). Dream emotions, waking emotions, personality characteristics, and well-being—A positive psychology approach. *Journal of Positive Psychology*, 2(2), 172-185. <https://doi.org/10.1080/1743976070173172>

Griffiths, C., Walker, K., Reid, I., da Silva, K. M., & O'Neill-Kerr, A. (2021). A qualitative study of personal experience of ketamine use for depression: The "Ketamine and me" project. *Journal of Affective Disorders Reports*, 4, 100079. <https://doi.org/10.1016/j.jadr.2021.100079>

Griffiths, R. R., Johnson, M. W., Richards, W. A., Richards, In Codes Code to Enter code name (CTRL+Q) 100% 100% 100%



Appendix 6 – Example of Theme Breakdown (Themes → Subthemes → Codes)



Appendix 7 – Process of Theme Formation

Screenshot of Microsoft Word showing the 'Coding (Comp...)' document. The table A2 contains a list of 27 codes, with the first few listed below:

A	B	C
1 CODE		
2 Awareness of dream state		
3 LD as recreational tool		
4 LD in social media		
5 LD as therapeutic tool		
6 LD online discussions		
7 Dream enhancement common amongst LDers		
8 LD leading to dream enhancement		
9 Vividness part of dream enhancement		
10 Dream control part of dream enhancement		
11 Dream control used to pursue desires		
12 LD used for flying		
13 LD used for sex		
14 Dream control unique and personalized		
15 LD used for magic		
16 LD used for travelling		
17 LD used for recreation of enjoyable events		
18 LD similarity to playing a video game		
19 Control no necessary for dream enhancement		
20 Dream control not required for positive LDs		
21 Investigation of LD environment		
22 Realism of the lucid state		
23 Detail of the lucid state		
24 Deep sense of awe		
25 Awe emerging from observation of lucid state		
26 Something important about the vivid perception within the LD		
27 Intense emotional experience from LD		

A callout box points to the list of codes with the text: "A list of all codes generated".

Diagram showing a flow from a list of codes to a list of over-arching ideas/concepts.

List of over-arching ideas / concepts that emerge from codes

↓

A	B	C	D	E	F	G	H	I	J	K
1 Awareness	Mindfulness and meditation	Present moment awareness	Focus / attention	Meta-cognition	Non-dual awareness	Higher level Clarity		Observation		
2 Recreational tool	Experimental	Creativity	Simulation							
3 Therapeutic tool	PTSD	Anxiety	Depression	Negative self-talk	Phobias					
4 Popular interest										
5 Dream enhancement										
6 Control	Empowerment	Decisions	Choice	Agency						
7 Wish fulfillment	Seeking	Desire	Curiosity							
8 Subjective experience	Stepping outside oneself									
9 Dream environment										
10 Emotions	Dream and waking emotions consist of	Fear								
11 Sense of achievement		Challenge and reward								
12 Benefits	Creativity	Enjoyment	Resolving inner conflicts	Problem solving	Deeper sense of connection with the world through LD					
13 Degree of lucidity										
14 Impact on waking state										
15 Waking mood										
16 Mechanisms	Mechanisms of benefits	Mechanisms of healing action	Coping mechanisms	Dialogue with the self	Avoidance / resistance	Breaking past	Changing beliefs about self and the world			
17 Reduction of nightmare intensity										
18 Risks	Sleep paralysis	False awakenings	Lucid nightmare	Psychosis	Dissociation	Psycho-spiritual	De-realization			
19 Reframing of perception	Detach or transcend									
20 Intention	Expectations									
21 Perception of reality	Observation?	Questioning reality	Blurred boundaries of sleep and wake	Insight into nature of reality						
22 Sleep quality	LD Induction									
23 Natural human processes										
24 Under-researched area										
25 Mental health impact										
26 Personal growth	Reflection	Inner healing	Psychological growth	Exploration of personality /	Insight into the self	Transform	Integrate experiences			

Final consolidation of sub-themes with overarching themes						
1	A Themes	B Sub-Theme 1	C Sub-Theme 2	D Sub-Theme 3	E Sub-Theme 4	F Sub-Theme 5
2	Healing Mechanisms of Lucid Dreaming	Reframing Beliefs	Developing Meta-Cognition	Positive Impact on Sleep and Waking Emotions	Empowerment Through Increased Control of Inner World	
3	Risks Associated with Lucid Dreaming	Blurring Boundaries of Sleep and Waking Realities	The Effect of Lucid Dreaming on Sleep Quality	Trapped in Lucidity	The Unknown	
4	Characteristics of the Lucid Dreaming State and Experience	LD as a Hybrid State of Conscious and Unconsciousness	Psychological Issues Displayed Through Dream Imagery	The Dream Journey	Lucid Dreaming as a Transpersonal Experience	
5	Therapeutic Applications of Lucid Dreaming	Resolving Inner Conflicts	Use of Lucid Dreaming State to Develop Coping Mechanisms	Raising Awareness of the Self	The Role of a Therapist When Working With Lucid Dreams	Similarities Between Lucid Dreaming and Existing Therapeutic Programs
						Themes Throughout
						Cultural Perspectives
						Traditional Perspectives

Appendix 8 – Framework for Potential Levels of Lucid Dreaming Integration within ICP

Level of Integration	Uses	Therapist Requirements
Knowledge of Lucid Dreaming	Working with client LD content and experiences as it arises within therapy	<ul style="list-style-type: none"> • Training / CPD on Lucid Dreaming
Lucid Dreaming as an Intervention Tool	Teaching of LD techniques to clients as a coping mechanism for mental health issues such as nightmares, anxiety, fear responses	<ul style="list-style-type: none"> • Training / CPD on Lucid Dreaming • Training Course for Mental Health Practitioners on Teaching Lucid Dreaming Practice • Personal Experience of Lucid Dreaming
Lucid Dreaming as an Accompanying Program Alongside Therapy	Working with clients who wish to deepen understandings of unconscious processes through dreamwork specifically	<ul style="list-style-type: none"> • Training / CPD on Lucid Dreaming • Training Course for Mental Health Practitioners on Teaching Lucid Dreaming Practice • Personal Experience of Lucid Dreaming