Shelly, M. Personal communication. Kansas University. Lawrence, Kansas, 1976.

Chapter 6

THE EXPERIENCE OF WAKING DREAM IN PSYCHOTHERAPY
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In this chapter a technique is offered that can be employed as a useful clinical tool to help enhance the process of investigating dreams in psychotherapy. This technique is called Waking Dream. The chapter is divided into an introduction followed by an outline of the Waking Dream technique. Illustrative case reports and a discussion and summary follow.

INTRODUCTION

A little noticed trend in the treatment of emotional disturbance began to emerge in Europe in the 1930s. By that time Freud and other analysts' influence had been deeply felt both in Europe and elsewhere, so that little attention was paid to the work of individual therapists in Germany and France who were largely independent of each other and who were not solidified by any superordinate organization. They sought to apply the practical mental discipline of meditation to their work while more or less trying to incor-
porate an understanding of psychodynamics into the treatment as well. The aim was to introduce notions of Eastern psychology into a Western cultural tradition. The important contributors have been Carl Happich (1965), Robert Desoille (1966), Wolfgang Kretschmer (1965), Hanscarl Leuner (1969, 1975) and, tangentially, Roberto Assagioli (1965) and C. G. Jung (1954). I will concentrate primarily on the contribution of the first four authors and will only touch on the latter two.

Carl Happich and Robert Desoille both evolved their techniques in the 1930s. Of the two, Desoille has been the more prolific writer, but most of his writing is still untranslated from the original French. Desoille called his method *Rêve Éveillé*, or Directed Waking Dream. He worked with a set of given motifs devised by him, such as a mountain, cave, meadow, and so on, which he asked the patient to explore. The method presented in this chapter deviates from Desoille’s method in one particularly essential way: the experience to be used comes from the patient and specifically from the patient’s dream life. Therefore, it is the patient, not the therapist, who supplies and determines the mode of expression to be used. Both Happich and Desoille (as well as the others previously mentioned, exclusive of Jung), employed a meditational relaxation procedure at the beginning of each session as a way of having the patient probe mental imagery in a state of altered consciousness, albeit on a spectrum considered to be “higher” than the state we ordinarily experience in waking life. It was thought that in this state one would have easier access to the visual images that would emerge with a reportedly accompanying intense emotional response. Their methods were substantially the following: the patient was to lie down on a couch (preferably) or recline in a lounge chair not facing the therapist. Relaxation was then brought about by using a simple meditation technique that consisted primarily of regulated breathing. It was then suggested to the patient that a place such as a meadow, forest, mountain, or body of water be imagined. He or she was then to place himself or herself in this locale and imagine performing some activity there. For example, at the meadow or forest, the patient would walk through and describe to the therapist what he or she saw, heard, touched, tasted, smelled, and felt. The patient would be asked to climb the mountain also with the aim of describing the scene and the accompanying (if any) emotional experience. At the body of water, the patient would be asked to dive under, pick up any object found lying on the bottom and bring it up to the surface. The patient would subsequently take this object onto the shore, examine it, and report the findings to the therapist. The patient might then be asked to walk through the forest or meadow, or to climb a hill or mountain with this object while continuing to describe it. These excursions were called “Directed Waking Dreams.” There have been some attempts at theorizing about the action of these techniques from the psychiatric side, and I refer the reader to an article by Kosbab (1974). At present we must be content with describing what occurs and leave theorizing as a later consideration. Many reporters indicate that an unusual intensity of emotional response is aroused, whether the experienced emotion is pleasant or unpleasant.

Hanscarl Leuner (1969), a German psychoanalyst, has combined this approach with analytic technique. He has reported the successful conduct of analysis, completed within a period of 6 months, that has remained stable over a 6-year follow-up period (Leuner, 1969). His two papers, translated into English, include little or no mention about the nature of the transference, resistances, or defenses. There has been criticism of Leuner’s method (as well as those of others) because of the lack of information pertaining to these matters, or what appears to be a bypassing (Leuner, 1969) of these issues through the operation of imagery therapy.
In none of the work so far outlined is any mention made of any unusual use of dream analysis that departs from, or extends, Freud's formulations. Roberto Assagioli (1965), the founder of psychosynthesis, did add a certain twist, however, in relation to obtaining associations to dream elements. Basically, he would have the patient carry on a conversation with someone met in the dream, or have the patient undergo an extended mental imagery session, using as a starting point an unresolved or conflictual incident from the dream. Assagioli's followers placed less emphasis on dreams than psychoanalysts do. They used an imagery therapy that involves putting oneself in another's place and carrying out the behavior in imagination (as opposed to Moreno, who had the patient act out his or her thoughts). Assagioli also placed great emphasis on the function of conscious will, which could be developed by a series of mental exercises that can help the individual to overcome neurotic difficulties.

The bulk of the material worked with, whether it comes from the patient or from the therapist, centers on what these investigators consider to be symbolic elements, many of which are understood to be universal. Furthermore, the material used comes from waking life or from some point on the continuum between wakefulness and sleep. This means that day dreams, fantasies, consciously imposed symbols, or hypnotic phenomena are used as the primary "material."

The source for the work presented here is based on the technique and work of Mme. Colette Aboulker-Muscat, a psychologist, originally from Algeria, who now resides in Jerusalem. She was a pupil of Desoille, but departed from his teaching over the issue of what imagery to employ. She felt that the "what" should come from the patient directly, whereas Desoille sought to impose the imagery on the patient. This chapter (and all subsequent works in progress) represents the fruits of my translation of Mme. Muscat's teaching, combined with my own personal experience with Waking Dream over several years' time.

Simply, the technique consists in asking the patient to continue an aspect of a dream while awake during the course of the therapy session. The patient is asked to imagine himself or herself back at some point of the dream (to be discussed more fully later). At this point I ask the patient to describe the surroundings. What is described is very important because there will be mentioned, in the overwhelming number of instances, locations including staircases, paths, hills, beaches, bodies of water, mountains, rooms, tunnels, mazes, labyrinths, boxes, and so represents the patient's essential location in space and, by, extension in the world. The patient is asked to traverse these surroundings in his or her imagination. As the patient does so, he or she is asked to describe what is seen and/or heard (or to describe any sensory modality that comes into play—and it often does) and how he or she feels. The emergence of feelings and the patient's contact with feeling and actional experiences is apparent, with a vivid immediacy that often is startling to the patient. Along with this experience the patient begins to describe, and have access to, extremely significant existential situations and experiences. The experience then allows one to be in contact with the relevant existences that have persisted since childhood. The emergence of this phenomenon, bringing the patient into situational experiences of an earlier period, as present now, comes as a surprise to the patient and he or she may, sometimes, check its veracity, if recalled events of earlier years are described, with a family member. At the time the existences are experienced the patient knows what his or her relationships are to the people and things encountered. This knowing is not far removed from what is experienced as insight leading to subsequent understanding of one's present condition. The immediacy of gaining this understanding brings with it the recognition of options for change. Two of the cases to be described demonstrate this point.

The observations elicited show that the experiences of
In endeavoring to familiarize oneself with the manifold meanings of symbols, it is interesting to discover how the meaning of symbols in various cultures, traditions, and religions, how a particular symbol has evolved and not to aspects of material existence (Freud, 1913)....
in childhood when one begins to keep the diary. It also deals with the lexical mode of reporting. The dream notebook, on the other hand, is kept as a function of treatment. It is quite uncommon and, in fact rare, to find anyone who has regularly kept a dream “diary” either from childhood on, or as an adult. The mode of expression is ultimately visual, since the words used to describe the dream are *accompaniments to the visual images* in the Waking Dream work and are not the primary mode of expression. This mode represents a fundamentally different approach from the associational exploration of dreams where the visual representation is *translated into verbal, lexical expression*. By working in the imaginal realm, there appears to be an enhancing effect occurring whereby the imaginal enriches the lexical mode of expression; this synthesis in turn informs our ordinary daily activity.

**The Technique**

I will sketch only the outline of this technique for the sake of comprehensiveness.

The use of potential symbolic elements is the essential ingredient of this work. Particularly useful are: landscape elements, parts of houses, tunnels, labyrinths, passageways, and the like; or containers of various sorts (purses, pocketbooks, boxes, lockets, chests, etc.). After the patient or subject describes the dream, you might ask what element was striking or outstanding in the dream. It is interesting to note whether this coincides with what you thought. If there is variance at this point you should go with the patient. As the therapist and patient become more attuned, the coincidence should increase. Taking the patient’s lead, you may begin the “exploration.” *The patient is asked to explore the space* and to describe whatever it is that he or she sees, hears, and feels. In this work you act strictly as a guide and nothing more. This is similar to the fundamental task in doing therapeutic work. Interventions are kept to a minimum. This minimum varies for each exploration by the same patient, or for explorations by different patients. The role of intervention prevents the explorer from going off into “flights of fancy” (*vide infra*). Experience also plays a role. In working with landscapes or building interiors the exploration is most beneficial when conducted along the *vertical axis*—the attempt here is to impose concretely a dimension that is in accordance with our position on earth. Going up or down stairs, hills, down into water, through forests, in and out of rooms in a house or building, up and down escalators are some examples. Patients will quite often adhere in a very natural manner to the vertical axis without explicit reference being made to it. For example, when going through a forest or meadow, patients will spontaneously come upon a hill or mountain. They will often find bodies of water. Inside buildings they will describe staircases and doors to go through that open onto spaces that are inclined. Also during the excursions, patients will meet people and animals. Often these beings are unknown to the patient. The patient can look more closely at whom he or she meets, and will see exactly who it is (in the content of the dream, if a person is unknown to the dreamer, the therapist can find out who it is simply by asking the patient to walk up to and look closely at the person; if the individual is still unknown, the patient can ask his or her name; most often the name will be given). These people met with very commonly talk to the patient. If they are unknown people they will often tell the patient their names. The therapist has to be willing to suspend his or her skepticism. *Go with the patient!* This point is emphasized because of the very profound emotional experiences that occur that may cause the patient to feel very anxious or frightened. The tendency may be to recoil from continuing any further. However, if the patient knows that you are with him or her
in this work (i.e., you are not frightened, anxious, or skeptical), he or she will go on. However, it is quite common for the patient to provide, spontaneously, protective devices to enable him or her to continue. If the patient insists on turning back, he or she must not be forced to go on and must instead be permitted to return along the same route to the starting place. On the way back the patient should describe anything seen, heard, or felt while returning quickly.

The time is not an important factor in Waking Dream exploration. Ideally, the session should go on to its completion, whenever that might be for that particular patient. However, the therapist's time is limited, and often is, the limiting factor. In most instances the therapist is bound by, or follows a regulated schedule so that each patient's hour is to begin at a certain time. If that is the case, then make sure that you have the patient return by the end of the hour. Try not to leave the patient suspended somewhere in the imaginal realm. It is important to note that the initial Waking Dream exploration should go on for at least 2 hours. If time limits the exploration, then the continuation of that exploration can go on at the next meeting if the patient indicates that inclination. The emphasis is on the patient suggesting the exploration rather than the therapist. Many insights will arise out of this work, which can allow the patient to elucidate themes and motivations for existence more clearly. A Waking Dream exploration need not be done more than once a week, and perhaps not more than once every 2 or 3 weeks, depending on how you evaluate the work of that particular patient.

Other points should be mentioned before presenting the case illustrations.

1. You have to gauge the tolerance of the patient for this work. This is important because of the powerful feelings that emerge. In some patients you might see that it is better to ascend before descending (vide infra).

2. If you are going to apply this work in your treatment of patients, it is important not to be afraid to use it, waver about using it, be hesitant, or to follow the patient in the exploration. It is equally important when guiding the patient during the Waking Dream not to be anxious or flustered at what the patient encounters. It is also important not to communicate your anxiety to the patient.

3. The therapist should try to avoid suggesting what the patient is to do during the exploration. On some rare occasion, and for good reason, you might suggest an approach. For example, if the patient is swimming in water, you might ask the patient to dive under the water and to describe what happens. A strictly noninterventional approach might find the therapist asking the patient what happens during the swim. You have to be aware that interventions like these have a deep effect on the relationship, often in an adverse manner, causing the patient to become too dependent on you, especially seeing you as a "magical" person.

4. The patient can and should do the work of exploration with eyes closed. The effect of closing the eyes shuts out external stimuli and allows one to enter more readily into the experience of the Waking Dream. Of course, if the patient does not want to follow this procedure, then his or her eyes may be kept open. However, you might want to understand with the patient this reluctance before proceeding with the eyes opened. In face-to-face work, doing Waking Dream with the eyes closed can be easily instituted, with you
sitting alongside but slightly behind the patient. Certain obsessional, hysterical, and homosexual patients may be particularly concerned about closing their eyes.

5. There can be a saturation point during the course of using Waking Dream Technique. The experience is quite powerful and the suffusion, as it were, of this experience into waking life often needs to be "digested" before a new experience is encountered. Like the engine of a car, one has to be careful not to flood it. During this time there is often a lessening of dreaming while prominent existential areas are investigated. The lessening of dream reportage in this context is not to be taken as a resistance. One will observe the resumption of dreaming after some of the existential situations highlighted by Waking Dream have been sufficiently explored and understood.

**Case Illustrations**

**Case A.**

A, a 27-year-old married professional worker, came to treatment originally complaining of difficulties relating to men and women, concerns about competitiveness with her brothers, great feelings of dependency on her mother, and feelings of anxiety. The treatment lasted 4 years and was successfully terminated. There was an interruption of 3 years between the first 2 years and latter 2 years of therapy. This was occasioned by an unusual circumstance regarding my professional status. I was drafted into the Army during the early part of her treatment. I was able to continue the therapy because I was stationed relatively near New York. Her anxiety feelings were aroused when she had thoughts that I would be sent overseas (during the Vietnam War). This anxiety was an additional stress to a human existence given to, at that time, stereotypical behavior. At a point about 2 years into the treatment, I took a summer vacation to which the patient responded with anger, anxiety, and an increase in her establishing a closer relationship with a boyfriend with whom she had an off-and-on relationship for 7 years. When I returned in September, I received word from the Army that I would have to report to Texas for basic training in October for a period of 5 weeks. A became understandably agitated by this turn of events. When I returned to my practice in the third week of November, she informed me that during my absence she had gotten married (in November) and would be moving away from the city with her husband, thus discontinuing the treatment. When I returned to civilian life, she contacted me and resumed therapy. Toward the end of the work (i.e., toward the time we set as a termination date), I introduced the Waking Dream technique. Prior to the initial Waking Dream, she had been having dreams in which a staircase in some shape or form appeared. We discussed this image at length, but the form persisted in her dreaming. The Waking Dream was then used to explore the following dream: "I am in a house on the second floor and know there is a party in progress on the first floor. I find myself on the first floor. The party is being held in sort of a ballroom which is entered by going through French doors. I go into the party and only want to drink champagne in order to get drunk."

In discussing this dream she could not place the house in which this party was taking place. The dream, from her point of view, seemed to have to do with concerns about her relationship to her husband. Then I asked her how she got from the second to the first floor. She said, "By the staircase." I then asked her to imagine herself back in the dream at the second floor at the top of the staircase. I asked her how many steps, and she said, "Either twelve or fourteen." I asked her to descend the stairs. As she did, I asked her to stop at various levels and to describe what she saw and how she felt. (Stopping at levels helps the person to go deeper and become more involved in the imaginal experience.) The following is her description.

"I found myself at the top of a wooden staircase which wound around the outside of a big house which was set in the woods. I had never seen the house or staircase before, and had no idea where it was. I went down the stairs slowly, describing at various levels of my descent what I saw and how I felt. The staircase had a bend in it, around six or seven
steps down, and I think there I became aware that I was dressed in a long, flowing, thin black gown. I never had a gown like that in my life. I felt like I was floating. Then, as I turned the bend in the stairs, I saw at the foot of the stairs glass doors which led inside. As I drew nearer to the doors, I could see that inside, past a kind of foyer, was a large room where there was a party going on. I approached the doors and suddenly met there the son of some friends of my parents; at any other time I would have stopped to talk to him, but now I was feeling just too insubstantial, too uncaring, too—depressed. I went inside, to where the party was. All sorts of people were talking and laughing and dancing around. I heard everything as if from an enormous distance. And I was completely invisible, a ghost. I could float around in there and no one would see me, talk to me, know that I was there. A man was going around to the guests with champagne on a tray; I took a glass, but somehow could not drink it. Somehow there was an incredible inner imperative: I was absolutely not allowed to partake of anything there. It wasn’t for me. And then I felt the most overwhelming sadness and despair that I had ever felt in my whole life till then. I felt unequivocally, entirely, dead. I was dead, a ghost; I could float around this whole party in my thin black dress, and nobody would ever know. It is very hard to put into words the unqualified nature of this sadness, except to say perhaps that it made me feel, desire, require, nothing else. I was the sadness.

"Afterwards, we discussed this party and how it was my brother’s wedding. He was the only friend in my family, or really anywhere, that I had ever had, the only person I could trust and whom I felt didn’t have any designs on me. From the time of that wedding, when I was 14, he was gone, and I was alone. I didn’t even realize how depressed I had been since that time—even though I had been in analysis for four years. I simply never felt anything like that sadness in all my analysis.

"After that Waking Dream, I felt as if I could now go on. I had recognized my deadness, and now it was time to be alive."

The whole area of mourning over her brother and losing him, never adequately undertaken or integrated, was opened up. This led to her feelings regarding the termina-

tion of treatment and losing me, and the denied feelings regarding my going away in October 1969 and her "sudden" plunge into the marriage. She could not get over the profundity of emotion that she experienced while doing the Waking Dream. She felt that a whole area of experience to which she never had access was opened to her, and that the closing phase of therapy was thereby facilitated. Her experience of these feelings of sadness and depression brought with it a marked degree of equilibrium and maturity to her personality that was noticeable to both of us.

In a subsequent Waking Dream that took place about 1 to 1½ months following this event which she called "the turning point of my life," A. first dreamt that she was in the basement of an old summer camp building where she had spent some of her happiest times, especially when she was 16. She decided to explore this basement in the Waking Dream, and described her exploration as follows:

"I was in the corridor of this basement, and I was looking for something, although I didn’t know what. Off to the left there was a medium-sized room with a whole bunch of people sitting around a big table in the middle of the room, it was a class of some kind, and Dr. F. from school, was teaching it. I went in there, and couldn’t stay. I just didn’t matter to me to be there; what I was looking for wasn’t there. So I left that room, and turned left at the door; advancing down the corridor, I then saw that there was a library off to the right. I went in, and there was a librarian named Margaret sitting at the desk. She didn’t mind my being there and indicated that it was okay that I browse around, which I did. I wandered up and down the stacks and finally came upon what I was looking for: the book Patterns of Mothering by Sylvia Brody. I knew that what I needed to know was on page 300. I didn’t look right then, but since I knew I owned the book I decided to look on that page later on. With the book, I left the library. In front of me was another, short corridor, and at its end was a short staircase of 5 or 6 steps that led upwards from the basement. I decided to go up those stairs.

"As I climbed the stairs, one by one, I knew that something incredible was happening to me. As I climbed I could see the beautiful blue sky above, and the air was cool and clear and delicious. At the top of the stairs, I saw before me an expanse of lush green grass, and at the other side of the
grass was a lake. It was my lake. I became filled with indescribable joy. The lake looked something like the lake at my camp, but here there was no one but me right now. I went down to the lake and felt as if I had reached the center of my being, my true self. No one could intrude on me here. All my fears fell away. This was a place of my own, no one else's, yet if I wanted someone else here I could ask them to come in. And there was a joyous sense that here, I needed nothing else besides me. I had the book in my hand still, yet knew that I didn't need it anymore, indeed, didn't even care about the question I wanted to ask of it.

"I knew I had reached a pristine and beautiful place within myself where I could always go. I knew that I now had the answer to a question I had always asked myself: 'What were you like before everyone started to mess you up, before you began to play games?' I knew I would never play any games again, that everything I had done before that wasn't my true self would fall away. It was a peaceful, joyous, and awesome experience to be in that place. I didn't want to come back to the office and yet knew I carried that place within me. There was a paradoxical sense of being entirely independent and therefore being able, now, to love.

"Later, I looked on page 300 of the book. It contained a description of a mother, feeding her infant, and the description made the point that the mother seemed to be feeding the child at her own convenience and not when he wanted food. The description corresponded exactly to my lifelong feeling of being always second, of being manipulated, of having to deny my own needs in order to fill somebody else's. That was true enough. But the interesting thing was, that in the Waking Dream I seemed to transcend caring about that lifelong feeling of grievance having reached my lake, my place, my center, it just didn't matter any more. I no longer needed the book, or cared about it."

She did not want to return from this place, but did so readily when told that this was her place to which she could return whenever she liked on her own. Shortly after this work, about 2 weeks later, the treatment was concluded—by prior agreement. She left with the conviction that what had happened to her was what should be the ultimate conclusion to a successful analysis. She had reached a place and experienced a feeling not describable by words, but for which her verbal work previously had prepared her. She wondered aloud that she had not recognized this kind of event occurring in her friends and family members who had been analyzed. During the course of her experience, this young woman spontaneously said, "Now I know there is no unconscious!" She later commented that in pursuing Waking Dream work she recognized that there was no transference, nor any need to be concerned about it (the implications of these remarks and their bearing on understanding the nature of phenomenological science and its application to therapy will be reserved for another written occasion. Nevertheless, her observations are true and have been borne out in this work again and again).

In a follow-up inquiry done several years after this experience she reported: "I consider that through those Waking Dreams, the person that was me before them died. I feel reborn. Many, many unpleasant things about me seemed to disappear without my trying to 'deal' with them. I had an increasing feeling of flowing with the river of my life, and relied more and more on my internal knowledge of myself than on others or on things I learned from books. All I did took on an inner imperative that was not a compulsion but the most spontaneous welling up of action out of feeling and being.

"After the Waking Dreams, I left my marriage, which had been confining and stuffy unhealthy for me. I discovered the true way to do therapy, by using myself, by contacting people in a way I never could before. And, I found my true love, a beautiful vibrant man who gives me all I need, who recognizes and loves all that I am, and who greets with joy all the possibilities we find in ourselves and in each other. "My Waking Dreams awakened me to my inner life, a life which is beautiful, awesome, infinite. After them, how could everything outside not fall into its natural untroubling perspective?"

Case B.

B. was a 31-year-old white, divorced, Jewish, female who was a schoolteacher. She began treatment actually as a psychotherapy patient on a twice-weekly basis. Her original complaint concerned her deteriorating marriage to a rather sadistic, primitive, although brilliant professional man. She remained in psychotherapy for a year, concentrating her
attention primarily on the vicissitudes of the marriage. As she came to learn more about herself and her contribution to the state of affairs in the marriage in which she was a willing “masochistic” participant, she decided to enter analysis. She saw more clearly at that time that her problems had a repetitive quality to them. She thus began analysis four times a week (ultimately moving to five times per week). The remainder of her therapy lasted 2 years, with what we both considered to be a successful outcome.

Toward the end of her analysis, B. dreamt of a farmhouse, one that was not immediately recognizable, in which she found herself on the first floor. In her description of the farmhouse after the dream she described it as “red,” but still not a place familiar to her. She described the interior in more detail and saw there a staircase leading to what might be a loft. She was curious about the staircase, since it was not there in her view in the originally described dream. I asked her if she wished to ascend, and she said “Yes.” As she arrived at the top of the stairs she saw a statue there. Upon closer inspection, she saw that it was a statue of Buddha. This was a surprising find to both of us, because she had no knowledge of Eastern lore, was not particularly interested in spiritual life, and had not read in this area. She felt stunned by finding the Buddha and wanted to take it with her. She felt that something had awakened in her. She continued to explore the second floor and found a white telephone with an extremely long cord. This was quite consonant with her growing relationships and her growing ability to communicate clearly. The farmhouse became for her a retreat where she could contemplate and then find her way back to the world of human communication.

About 1 month after this experience, and approximately 1 week prior to the termination of the analysis, she reported a dream that was to be followed by Waking Dream work: “I am in a tomb. I have a guide, an old boyfriend, M. He offers to show me how to get out. It is easier than I thought. I am afraid to go by myself.” I asked her if she was willing to find the way out herself or with M. She was somewhat apprehensive, but said she was willing to give it a try by herself. When she looked closely at her location, she saw that she was in a labyrinth or tunnel. However, she seemed to be at the last traverse of this structure and there seemed to be light at the end, and the distance seemed short. At a closer inspection of her surroundings, she discovered that she was in a large, circular room. She saw the body of a dead English soldier dressed in a red uniform draped over a casket. She went to look more closely at this soldier and saw that he was a toy made out of wood or tin. It was something she no longer needed and could discard. She mused that this could represent her neurosis, which she suddenly saw in its true light, and it was reduced to a piece of tin. She wanted to walk to the light, which she saw was coming from behind a door. As she walked toward this door, she noted a large casket in the middle of the room (this place was a large burial vault). She did not have to, nor want to look into this casket because she knew who was in it—the Kennedy brothers, John and Robert. She loved these two men and was deeply moved at their deaths. She cried when both were killed. At the death of Robert, she wanted in line to see his body as it lay in state in New York. She paid her “final” respects to these two men in the Waking Dream by nodding toward their casket. She felt a sense of relief and moved on toward the door. She got to it and found it closed. She asked me for some help to open it. I asked her what prevented her from opening it herself. She said she really had not tried to open it, and now that she tried it was much easier to pull open than she anticipated. She walked outside and it was a beautiful, bright, sunny day. She found herself in a lovely park. She could see trees, grass, and benches. There were people sitting on the benches and people strolling. Some were families with children. She noted that upon emerging from the vault there was a staircase that led down to the park. The staircase was bounded on her right by a railing behind which were evenly trimmed hedges. She did not notice anything on her left. She walked into the park and saw a swimming pool. She felt extremely happy. She wanted to swim in the pool. She wanted to dive off the side of the pool into the water because she felt so “free.” I asked her if she wanted to wash herself in this beautiful, clear, fresh, pure water. She said she did not have to, because she felt cleansed after emerging from the tomb. As she swam around, she began to experience a feeling she had difficulty putting into words. There seemed to be no words to describe the quality and blissfulness of this feeling. I said that she felt as though
she were one with all those around her whom she had seen and with her entire surroundings. (This is of utmost importance. The therapist must have gone through some sort of similar experience or have an intuitive understanding of what the patient is experiencing in order to convey to the patient what is being experienced. The patient knows himself or herself, but often asks for verbal expression.) She said, “That’s it. You know because you must have gone through the similar experience!” She waved to the people sitting on the benches who were old bearded men with canes. She saw that they were Jewish sages. She sensed there was a man behind her who was smiling benevolently at her. She felt a great deal of love and she wanted to turn around to look at this man, but she was afraid because she would get confused with the actual turning around and looking at me. She did not think that the man and I were the same. She thought that her nervous state and problems were trivial and a thing of the past. She experienced a spiritual response and a feeling that her relationship to me was insignificant and that she no longer considered the so-called transference aspect of it relevant. (This was similarly experienced by A.) She wanted time to mull this over until the next session. She did not experience sexual feelings for me and regarded me as a spiritual companion and guide. The man behind her in the waking dream was the love in herself that she had refused to allow expression in her life. She said she felt completely free now to do that and that her love could go out to all creatures. She felt as though she could go out in the world and spread this feeling to all those she met. She wanted to make sure this was “real” and was “actually” happening to her. I asked her to leave the pool and to dry off, feel the sun’s rays, and come back to the couch. She felt extremely happy. She left, returned the following day, and remarked that she left her umbrella and raincoat in the office foyer closet. She did so because she had not completely come out of the Waking Dream in that she thought it to be beautiful and sunny out when in fact it was gloomy, drizzly, and overcast. She found that she was seeing the buildings with an unusual clarity. Everything was sharply focused and clearly demarcated. She thought that maybe the experience made her eyesight improve, so she got into her car removed her glasses and looked at the license plate of the car in front of her. The license plate was fuzzy and she needed to put on her glasses. What she then clearly understood was that the clarity had to do with the clear understanding and insight into her being. She put her entire family into perspective, and understood her relationship to men and women, the nature of her childhood experiences, and her marriage experience. She remarked that she felt as though shackles had been removed that had held her prisoner for many years. Her emotions of greed, envy, and lust had all dissipated. The anger was gone. A feeling of tolerance and understanding for the suffering of those around her came surging forth. Her desire was to help her parents, especially her mother, who was bound fast by her own problems. She recognized that her sexual feelings were a vital force that could blend harmoniously with her feeling of love. Her feelings for me were love, not sexual, and not as a patient to a doctor, but as a pupil to a guide who has led her to a spiritual path. This relates to the Oriental and Judaean Christian mystical thought in which the pupil has a spiritual guide or guru. I do not want to convey that I set myself up as a guru with special abilities. The response on A’s and B’s parts was spontaneous, and a natural consequence of achieving the state they experienced. It must be remembered that the emphasis here is on the method, the exploration, and not on the relationship of the participants.

She hoped that her friends who were suffering would have the same analytic experience she achieved. I pointed out that she achieved an analytic experience of the rarest sort (I was drawing on A’s pointing that out to me previously). She remarked that on reading recently some of the Freud-Jung letters she saw how unhappy a man he was (Freud). She thought that she arrived at a state of being that, in fact, Freud never attained. She had a sudden insight that there is knowledge beyond the intellectual sort that resides in books.

**Discussion**

To gain a proper perspective in relation to Waking Dream work and all of its potential uses (which will be elaborated on in works already in progress), it is necessary to operate with certain assumptions and an open mind. In regard to scientific work in general and psychological scientific work in particular, we have accepted a whole host of assump-
tions, entirely unproven, unprovable, and untestable, as the working tools of our trade. In doing so we must ask ourselves to overlook the magical qualities inherent in these assumptions (e.g., that something physical can turn into something mental) and suspend skepticism for the sake of perpetuating the course of natural science as it operates in our lives. However, in our field we are not bound by adherence to any system, and we strive for freedom and openness in understanding our humanness. This is important to remember in order to come to terms with the general principles of Waking Dream.

One of the major assumptions worked with in Waking Dream is that levels of reality exist. The point is that this so-called “objective” reality we exist in as human beings is only one level of reality. It is not the reality posited by natural science as the only reality against which all else is measured and that in itself is “real” by dint of its being capable of measurement and quantification. The notion of levels of reality is not new and is a common element and cardinal principle in all Eastern doctrine, Jewish mysticism, Islamic culture, and modern Western microphysics. In regard to the latter, findings in this field have cast doubt on the universality of theorems derived from the observations of microphysics. Apparently laws that apply to the macroworld do not hold true in the microworld. For instance, the laws of determinism that dominate mechanical physics are simply not so in the world of subatomic physics, where randomness is the general rule.

Also in the West the philosophy of Martin Heidegger and its elaboration into phenomenological analysis, called Daseinsanalysis, of which Medard Boss is the founder and greatest exponent (Boss, 1963, 1977), pays great attention to levels of reality and levels of existence. Boss has clearly stated this in his outstanding works on dreams available in two books—The Analysis of Dreams (1957), and Last Night I Had A Dream (1978). Simply, his thesis is that dream exis-

tence is one level of reality having properties of its own that distinguishes it from waking life. Dream life exists on a par with waking life as a meaningful reality in which the person exists. That is, a person exists in dream life as in waking life. Dream life is not judged by the standards of waking life but is looked at in, and as, its own right. The emphasis is on what level of reality the person exists as his or her human beingness. One can be seen to exist in dream life, in waking life, and in Waking Dream life. (Parenthetically, this idea can be carried into the realm of schizophrenic appearances. The person who sees or hears things exists at that time on that level of reality and is attuned to what addresses him or her from what is encountered on that level, although it is not mutually shared or consensually validated and is therefore psychotic.) It is well known that the effects of dreams can make themselves felt in the individual’s waking life following the dream. This speaks strongly for the impact and influence of this level, although the reverse (i.e., the impact of waking life on subsequent dreaming) is clearly emphasized in current psychology. The dream clearly influences and can, in some way, be responsible for informing our daily activity. Also important here is to begin to disabuse ourselves of a commonly used phrase that goes like this: “Last night I had a dream, but in real life....” This needs to be replaced by, “Last night I had a dream, but in waking life....” An opening up of ourselves to various levels of reality is thereby in order and hopefully should be reflected in the language we use.

Henry Corbin, a renowned scholar of Islamic culture and Sufism, has provided a very comprehensive view of the role of imagination in the Islamic culture, where it flourishes. The understanding of what in Islam is called the Imaginal Realm has great significance for understanding the Waking Dream. In his article, entitled “Mundus Imaginalis,” appearing in the 1972 issue of Spring, a magazine published by the C. G. Jung Institute, we find how the
The imaginal realm and imagination is viewed in Islam as a level of reality lying between our concrete reality and the reality of the highest abstraction of mind (mind there seen as not localized or located in a material substance like the brain but, indeed, superordinate to any material substrate). This holds true for any doctrine that assumes levels of reality. In natural science thinking, the material is assumed to be the center of all existence, since all experience resides essentially within the skin-encapsulated organism called the body. The other doctrine, that of planes of existence, provides a Copernican-like thrust against the natural science view, since in its view the essence of human experience resides outside material substance and in/on immaterial levels. The bodily self or personal I as a central focus is shed then and is superseded by non-I in following this doctrine to its conclusion. (By this route, perhaps the answer to the problems of “narcissism” can be genuinely overcome.) One potential we can fulfill as humans is that we can reach this imaginal realm by using imagination as a very real function. What’s more, what is experienced and gleaned in this realm can be brought back to this level of concrete reality and can serve to inform our daily waking lives, very often in a fruitful and productive way. What is on high filters below and germinates there, as Islam would see it.

The importance of understanding the above statement has great relevance for an open approach to Waking Dream phenomena. In this work we are immersing ourselves in the Imaginal Realm. We do this through the use of the imagination. Imagination has the unfortunate connotation of being “unreal” within our cultural context. That this is so is part of the fallout engendered by Cartesian thought and the subsequent development of natural science. In a brilliant article by Dr. Carol McMahon, entitled “The Role of The Imagination In The Disease Process,” appearing in the June 1976 issue of Psychological Medicine, she shows how the imagination in pre-Cartesian times in Western culture was viewed as anything but unreal. This function, intangible as it was, was used in pre-Cartesian medicine as the most important way to treat physical and emotional disturbance. So powerful was the imagination, then, that it was given a location in the ventricles of the heart. This function was seen to control visual phenomena such as dreams and hallucinations, while also acting as a regulator for emotions.

A discontinuity in the use of this function occurred when Descartes said that only what can be grasped by the five senses is real. So everyone dismissed the imaginative faculty and it became lost to psychology and medicine in general. The great difficulty modern psychology and psychoanalysis experience in accounting for emotions conceptually stems from what had been up to now the inaccessibility of the imagination faculty to them. Be that as it may, the role of imaginative has played, and it continues to do so in many cultures and religions, a significant role in everyday life.

If one is willing to assume that reality is not localized to what can be measured or quantified, then one can begin to look at these levels of reality. As Corbin wrote:

It must be stressed that the world which those Oriental theosophers probed is perfectly real. Its reality is more irreducible and more coherent than that of the empirical world, where reality is perceived by the senses. Upon returning, the beholders of this world are perfectly aware of having been “elsewhere”: they are not mere schizophrenics. This world is hidden behind the very act of sense perception and has to be sought underneath its apparent objective certainty. (1972, p. 15)

In order to assess the following openly, the main point to recall is that we are dealing with trying to establish something about the nature of a phenomenon. This means that the measurement and quantification of a phenomenon do not necessarily (and, others insist, cannot) furnish relevant data about the nature of an experience. Specifically, when dealing with the Imaginal Realm we are dealing with data
that are difficult to measure and to grasp in a mechanistic framework. That attempts are made through EEG studies and other physiological measurements may help us only on the periphery of the experience and do not bring us any closer to the essence of the phenomenon.

The role of the imagination in Western human existence has undergone a good deal of modification since the advent of Cartesian and Newtonian ideas that came to dominate the fields of science and medicine in the eighteenth century. Prior to this time, the imaginative faculty was viewed as a function of the soul. This faculty worked on sensation to form images, dreams, hallucinations, and the like. These images, in turn, stimulated the arousal of emotions either of a pleasant or painful nature. Imagination then had a psychophysiological character. Dream imagery was used to diagnose illness. Imaginal activation of emotions was one of the predominant notions held throughout the Renaissance, but it was wiped away by the Age of Reason, which also brought about, concomitantly, the disappearance of the soul to which imagination was linked. In Waking Dream work, what is observed is the emergence and experience of immensely powerful feelings that lend credence at least to the earlier belief of the connection between imagery and emotion. If this is the case, then perhaps a continuity of an idea between pre-Cartesian and modern times—disrupted by the advent of the development of natural science—may be established, and the soul may be restored to its rightful role in Western civilization (Olsen, 1977). One major difference between the view of the imaginal then and now may be related to one’s assumptions about the operation of the phenomenon. In the past, localization of the experience to certain bodily areas was accepted—much the same as neuroanatomical localization is assumed to exist and to be explanatory for modern mental functioning. However, the imaginative function can be looked at today from other perspectives that may be scientific and justified, although not by the standards set by natural science. To this end, it should be remembered that in other cultural contexts such as Islam, the imagination is treated in quite a different manner from that of “rationalist” Western philosophy and science. In the latter context, the imagination is used and equated with what is “unreal,” something that is outside of being and existing. In other cultures the Imaginal Realm lived in by the imagination is considered to be a lived experience in space. Space here is not conceived of as that pertaining to three-dimensional space, but one that transcends concrete location and defies measurability. It does not represent the limits for experience; indeed, experience creates the spatiality in which one exists in the Imaginal Realm. Just as Heidegger speaks of a bridge not as a concrete structure located at a specific site in space but, instead, of the bridge as creating the location and the surrounding space (Heidegger, 1971), so the Islamic writers conceive of the development of imaginal space. This space provides the link for levels of reality or planes of existence that quite naturally remove us as well from the dimension of time that is measured by the movement of the clock; in the realm of sensory reality one cannot speak of three-dimensional space without implying temporal time. They are intimately associated and serve as functional coordinates for each other. Thus, when removing the ordinary dimension of space from the experiencing process, the ordinary temporal sequence of time is also removed at the same instant. What occurs then is “a mode of existence whose act of being is an expression of its presence in these worlds.” (Corbin, 1972). The image world would then be experienced as ontologically real and as real as the world of the senses. It uses its own faculty of perception by the imagination and has noetic value (Corbin, 1972). Note here that in comparing this point of view to early Western thought, the starting points are different. In the latter the first order of experience begins with the sen-
sations of the external world. This is not so in the former, and also does not appear to be so in Waking Dream experience. The starting point is a dream experience, and the exploration carries one into oneself with a shutting out of the external world as an important element in the work. The earlier Western ideas about imagination were based on its location and relationship to the material world, but the imagination of Waking Dream is based on the immaterial, nonsensory world existence. Here analogical knowledge takes precedence over logical knowledge, and imagination is the vehicle that allows us to glean that knowledge by allowing us to penetrate from outside to inside in a way that cannot directly be done by verbal association, which relies on discovery through establishing logical connections. The analogical knowledge can then be used to enrich and enhance logical knowledge, helping us to achieve a balanced view of ourselves in the world. In empirical reality we are achieving a balance of left and right brain functioning on a physiological level (video infra). This last comment should not be taken incorrectly; I do not mean to imply that the investigation of left and right brain functioning will provide ultimate explanations about the nature of the experience under discussion; but a material knowledge of brain functioning can be helpful to allow us to maintain a grounding in our Western scientific tradition without forcing us to leap too quickly to another framework. Otherwise one would be forced to annihilate one's former point of view. To do so in this case would be harmful, because our natural scientific conceptions help us to operate in the sensory world of concrete, empirical reality, and it is in accord with how people operate within a Western tradition. The problem on the other side is that the natural scientists unfortunately believe that their system is the only scientific conception—a gross misunderstanding perhaps about what the possibilities of science are and what science means. The left-right localization idea is an example of how knowledge obtained on an immaterial level of reality might help to inform our understanding of material reality. It is an instance where action of a qualitative sort can be of value in helping to develop a conceptual framework for the event quantitatively. Thus, qualitative understanding forms part of another kind of science, other than natural science, which can be called phenomenological science, one without presuppositions.

Recalling what was mentioned previously about an individual existing in dream life and the effects of that dream experience making its way into daily waking life, something akin to this case can be said about the Imaginal Realm with certain modifications and amplifications. To begin with, the person can now be seen to exist in the dream world, the waking dream world, and in the world of concrete reality. In addition, one carries the experience and discoveries from Waking Dream into waking life, so there is an influence exerted. However, one can use the Waking Dream experience or Imaginal Realm existence in ways not available to us with the dream experience. Included here is seeing clearly what existence is like and becoming involved in two events. One is the exploring in action of either a hitherto closed-off possibility for existence that, when traversed, can be brought to bear in our functioning in concrete life. The second is the opening up and exploration in action, through the imagination, in/of a new place where you are ("exist") of new possibilities or potentials, as it happened in Cases A. and B. In these instances an additional possibility is opened up by Waking Dream work. That is, what is brought back from this realm can be used to inform concrete reality by the individual's understanding that he or she can create experiences, can create concrete reality existence. This would naturally follow from accepting the assumptions connected with levels of reality. By doing so we accept that we are much more than out skin-encapsulated, determined, material selves and, as such, we are freer than heretofore supposed. We have much more control over our experience than we ever allow ourselves to realize. Just think of
all our patients (and it happens almost without exception) who lament about, or who are distantly and exaggeratedly concerned with, controlling or being controlled. They have the possibility of "control" available all the time in/on their own person, and they continue to search for it outside in the room. Gaston Bachelard, the French critic and analytic commentator who has made some of the most profound contributions to our understanding of the nature of imagery, the imagination, and the imaginal, crystallized this understanding very succinctly when he wrote: "fright before the monster" and "Nausea before the fall." (1971, p. 14) This is exactly the reverse of our accustomed view of mental functioning that places the material process—perception—first, followed by the emotional reaction in a neat, material-efficient, cause-and-effect schema. The work in the imaginal realm says "not so," and supports Bachelard's thesis. Our moods, our imagination create the perceptions we find in the world.

The question immediately comes up that this work may very well be fantasy-type activity. Putting aside the use of the term fantasy as meaning "unreal" and all of the connected implications, it should be said that there are immense differences between Waking Dream phenomena and fantasy activity. The differences are exhaustive, so I will mention only a few:

**Fantasy**
1. Repetitive action and feeling.
2. Compulsive.
5. "Wish" fulfilling.

**Waking Dream**
1. Unique experience.
2. Creative and informs Concrete world.
3. Not wish fulfilling.
4. Takes place in imaginal realm.
5. New experiences each time.

6. Does not lead to creative experience.
7. Used for escape from experience.
8. Preoccupied.

6. Feelings are quite varied.
7. Feel directly part of the experience.
9. Altered state of consciousness, but alert.

The action of the imaginative sphere is essential and concrete in this mode (different from the concrete experience of dreams, which do not directly convey essentiality), and Waking Dream exemplifies this. The movement within the Waking Dream experience, manifested by the description of the spatial references, can furnish a clear picture of where the individual literally stands in life. The spatial movement is analogous to the handwriting of an individual in revealing some basic characteristics of the personality. Movement to the left signifies concern with the past, and movement to the right signifies the future, while movement straight ahead, up or down, and diagonally have their own meanings. As one returns from the Imaginal Realm to the material one, there is the movement from the concrete sphere of essence to that of generalization and abstraction. This concretization of experience on the Waking Dream level is often seen clearly for what it is and is translated in the sensible world through the mode of metaphor. These metaphors then represent for us what are the nature, potentials, and possibilities of, and for, existence in our relationship with our fellow humans and with the material world in general. It is essential to maintain for understanding this phenomenon, as Corbin has said, that the experiencer of Waking Dream knows that he has been "elsewhere" after returning to this empirical reality; how-
ever, neither they nor the experience can be classified as "schizophrenic." (Corbin, 1972) It must be reiterated that this reality is hidden behind the very act of sense perception and has to be sought underneath the apparent objective certainty. However, in contrast to the ordinary analytic approach, which tends to denigrate what is manifest in order to lay bare what supposedly lurks underneath, Waking Dream accepts the manifest for what it is, does not interpret away from the presenting experience, and seeks to extend the experience, hoping to penetrate to those hidden realities underneath what is perceived, but not to destroy the perceived in the process. It is absolutely the opposite tendency to that of natural science, which Freud neatly summed up as follows.

Our purpose is not merely to describe and classify phenomena, but to conceive them as brought about by the play of forces in the mind as expressions of tendencies striving towards a goal, which work together or against one another. In this conception, the trends we merely infer are more prominent than the phenomena we perceive. (Freud, 1960)

On the contrary, the work of Waking Dream asks that we look at the phenomena that present themselves and let them tell us directly about their meaning. This means that neither therapist nor patient should engage in interpretation. This action seems to intellectualize the event and, by doing so, allows one to put distance between himself or herself and the experience. Thus, knowing as an act of seeing the immediacy of what an experience tells us is replaced through interpretation by an attempt to know exclusively along the lines of linear logic and intellectual understanding. This action is unnecessary; if one sees something in the sense of "I see!" then there is no need to explain it. By putting it into an intellectualized form, the power of the experience is drained. Also, the habitual tendency to reduce, by interpretation, to a preconceived system of explanation, further dilutes the action of Waking

Dream work. Waking Dream, if viewed openly, will reveal the potentials and possibilities for existence in the past and the present. It can also point to future possibilities. In the first case, A. directly demonstrated the future potentials as her exploration led along a new path to a new location with a new kind of feeling experience. The same happened in the second case, to B., who experienced such a response after leaving the crypt in which she saw her neurosis as a tin soldier dressed in an English uniform. In any event, the focus for discussion centers on the experience and what is discovered there. Cases A. and B. also demonstrate another critical importance of Waking Dream work. Not only does one immediately experience a closed-off avenue of a possibility for existence, but one is allowed to enter into that hitherto closed-off avenue and fulfill the possibility in the Imaginal Realm. When this is accomplished, the experience is brought back to empirical reality for use in fulfilling that potential on that level of reality, and perception about one's relationship to life changes dramatically and fundamentally.

Mention was made earlier of the vertical axis. Verticality has often been associated in common usage with levels of consciousness. Phrases such as ascending to the heights, plumbing the depths, the depths of the unconscious, heaven above, and hell below all attest to the importance of this axis. The concrete use of this axis, through the Waking Dream, places the self in a position to be in touch either with lofty feelings or dark feelings; open feelings or buried ones. The Imaginal space often frees us from the ordinary movement of daily existence that characteristically takes place along the horizontal axis or plane. It is a space that is often defined by up-and-down movement. It is interesting in this connection to note that Freud not only used Waking Dream technique on one reported occasion in 1899 (Freud, 1900), but elaborated his idea of free association by the use of a visual image in which the horizontal axis movement was reinforced, as mentioned earlier. However,
there is also depth and elevation to human existence, especially if it is looked at from an unprejudiced view. In the realm of the imaginal existence one functions outside the spatial relationship demarcated by the world of concrete reality, which is a world of measureable height, width, and depth. This latter reality is the world of the horizontal axis. Here most of our activity is carried out on a horizontal plane. On this plane we live in a relatively ordered environment with predictable dimensions that we can anticipate. The vertical axis allows us to reach heights and depths—literally—which is not possible when one travels horizontally. Even Freud's so-called depth psychology does not depart terribly from the horizontal axis. Recalling what was mentioned previously about Freud giving directions for free association through the use of imagery, it must also be noted that he depicted the setting for the journey on a train. We know what axis trains usually travel on, and to ride in a train is not the most adventurous mode of journeying. Also, Freud insisted that the patient lie down on a couch and nestle comfortably into the horizontal axis.

The vertical axis is well known transculturally in various liturgies. Recall Jacob's Ladder in the Old Testament. Here angels ascended and descended a ladder that appeared in Jacob's dream. Jacob's dream is no ordinary dream. We do not have many dreams recorded in our literature either from patients or nonpatients who have dreamt of angels. Here, the creatures who stand between God and humans make their way to earth by a vertical axis. Just as angels stand between people and God, so does the Imaginal Realm stand between the concrete reality and the level of highest abstract reality. The vertical axis appears prominently also in the great Chinese book the I Ching, or Book of Changes (Wilhelm/Baynes, 1950). This extremely influential text tells us that humans stand between heaven and earth and are vehicles for what flows from above through them into and onto the earth. The notations used for utiliz-
plete understanding of ourselves and of other people, some of whom are labeled "patients."

The argument for verticality goes much deeper in another respect. In looking at the totality of human existence, one might assume that every individual is born with limitless potentials and possibilities. The limits are then imposed in a variety of ways that will ultimately retard or inhibit our ability to fulfill those possibilities in our lifetime. One of these inhibiting agents is society and the pressures exerted toward conformity within our cultural contexts. As a result, there are prejudices and biases established toward the appearance of phenomena that appear to threaten the established order. It often happens that therapists fall into these narrow perspectives by condemning certain behaviors while condoning others. This process leads to insularity and a closed-in quality, and every therapist is guilty of prejudice merely by rejecting the tenets of a school that isn’t "appealing." However, in being open to the appearance of all phenomena, one would have to expect to see myriads of possibilities presenting themselves, including those that are generally abjured, such as the religious, the spiritual, and the cosmic. Generally, by living on the horizontal plane in the ordinary intercourse of material existence, we find ourselves cut off from certain experiences that bespeak certain possibilities for existence. It is well known in symbology and mythology that the vertical axis concerns itself with what has come to be known as the symbolism of the center. Mythology students think that "mythical behavior" reflects an intense desire to grasp the essential reality of the world. Ultimately, all creation takes place at this point, and it represents the ultimate source of reality. In symbolic language it is often referred to as the "navel of the world." This "navel" is imagined as a vertical axis, or axis of the world, which stands at the center of the universe and passes through the middle of three cosmic zones: sky, earth, underworld. Without going too far afield in elaborating on the "axis mundi," it is enough to under-

stand that the entire realm of human existence must take into account not only the sensory, material, objective world, but also the immaterial, nonsensory reality of the nonobjective world. It is my contention that the experiences achieved in this latter realm can inform, enrich, and enhance one’s everyday functioning in the concrete reality.

Another point to consider is the nature of symbols, especially as the term is commonly applied to visual experiences like Waking Dream. Coleridge said that a symbol is characterized by "translucence of the special in the individual, or the general in the special, or of the universal in the general; above all by the translucence through and in the temporal. It always partakes of the reality which it renders intelligible. While it enunciates the whole it also abides itself as a living part in that unity of which it is a representative." (Coleridge, 1816) It is the grammar of feelings.

The symbolic element is the condensed manifestation of knowledge that is essentially unrevealed or hidden in relation to the world of people, matter, and the earth in connection with God, spirit, and the heavens. In Waking Dream the elements experienced are potential symbols which, when examined, allow one to look beyond the confines of his or her material existence while simultaneously knowing how the symbol informs his or her everyday material existence—and in many instances how it has not been permitted to do so.

Freud spoke about symbols in a rather extensive manner in the Interpretation of Dreams. In his comments about them he was concerned about their interpretation in dreams. He viewed such interpretation as insufficient and unscientific. He acknowledged the presence of universal symbols (1900, pp. 99–100), but he cautioned that the full understanding of dream life came from gaining the patient’s associations to the dream elements, not necessarily the symbolic ones. However, he often confused "symbol" with "sign" where, in the latter instance, one concrete element (e.g., of a dream) is used to represent another—a
matter of greatly reducing the multiple meanings of the element. In Waking Dream work the therapist does not consider symbol interpretation per se but, instead, symbol exploration, existence, and experience. Understanding the exploration framework makes the difference between interpretation and exploration apparent at once. By interpreting, you use an intellectualizing function, one that often serves to put distance between you and your experience. In exploration the action speaks for itself, and understanding often occurs without the need for or use of words.

In none of the patients’ dreams presented here did we resort to symbolic interpretation. The phenomenal and imaginal approach to symbolism differs from the commonly used methods. In general, one approaches the elements of a dream as standing for something else. For example, a gun in a dream is often thought to stand for some other object, commonly a penis. The movement involved to effect such a correspondence is through an intellectualizing process whereby some idea, not directly manifest in the thing itself, is brought to bear on it from outside of itself. In the Imaginal Realm no such mental activity takes place. The thing itself is the symbol from the outset. The tin soldier in Case B. is the neurosis in the now. There is no need to look elsewhere but, instead, to look directly at what one encounters and see it in its immediacy. This direct seeing without intellectualization gives a direct understanding of the symbolic nature of what is seen. A symbol here means the coming together of the earth and heaven, of the mortal and the godly. This fourfold coming together, gathered in by the one thing, is clearly depicted in the mythology of any culture with its attendant symbolism. So, in Case B., her coming upon Buddha does not have to be interpreted (“intellectualized”) to any other presupposed object (“material substance”). The Buddha gathers the fourfold in his being and B., by encountering this herself, evidences the possibility, carried out in action, of fulfilling this potential herself. She finds Buddha because she is ready to do so—to fulfill her own Buddha nature. In tendentiously, because of our training and established biases “equate” water with mother or water and birth. This would be correct but would only provide a peripheral truth and lead one away from the central importance of water—the thing in itself. Water cleanses and purifies. It helps people rid themselves of guilt and shame. It ebbs and flows to and from. It is constantly changing, yet always remains the same. It is ultimately connected with the heavens (e.g., in religious rituals). It is necessary for things to grow and come forth, yet it hides much. It is life.

The symbolic experience of imagination, then, can be very instructive. The symbolic thing of an essential nature concretely encountered by direct sensory experience in a realm not delineated by our usual time-space coordinates allows us to apply this understanding to this concrete reality through our capacity to metaphor. Note that I have used metaphor as a verb denoting an action. The action is the translation of the symbolic form into an immaterial experience in the realm of sensory reality that allows one to understand something about our existence as it has been, is, and can be in a human existence. Such activity of translation allows as well for us to begin to bring greater harmony and balance into our lives.

The preceding case illustrations raise similar questions about interpretation. Ordinarily, it is hypothesized that in developing an interpretation, one furthers the opening up of a person’s mental life to further investigation. However, from the perspective of Waking Dream in particular, and phenomenology in general, the application of ideas from outside the phenomenon to account for the presence or perception of the phenomenon is unwarranted and draws one away from engaging with the immediacy of the experience. The immediacy of that experience also carries with it all the experiences of the same meaningful nature that have
ever been connected with it. In Case A. the Waking Dream event clearly led to an experiencing of many unfaced possibilities.

In Waking Dream work, exploration instead of interpretation acts as the vehicle leading to what appears to be rapid recognition, which can then be followed by genuine insight.

The question might be raised about the dream event to be used being imposed on the patient by the analyst. Patients have indicated that part of what makes such an impact on them in using Waking Dream is that the dream event has been an integral part of their mental life, instead of the event being introduced or suggested by the therapist from somewhere outside of the patient’s own experience.

It can also be noted that in this chapter there has been an absence of “dynamic” explanation as a way of accounting for the observed phenomena. This avoidance of “psychologizing” has not occurred by chance. It has been calculated in order to introduce an important difference between the use of the imaginal exploration as compared to the use of free association. The imaginal existence is one of phenomenological function. That is, what is encountered and experienced is what it is and what it comes forth to be as the light of consciousness shines on the things encountered. In the dynamic framework, what is encountered is as the cover for something else that lies behind it. That is, conceptualization and ideas are applied to the phenomena at hand that lie somewhere outside of the phenomena and are used to “explain” the meaning of the phenomena and, at the same time, devalue the phenomena. In the Imaginal Realm there are no conceptualizations, no intellectualizations, no recourse to theorizing, and no dynamic unconscious. The major difference between phenomenology of the imaginal and interpretation dynamically (among the numerous ones not germane to this particular discussion), in relation to regarding the existence of the unconscious, can be illustrated by referring to Freud’s explanation of the dream censor operating in the dream work or formation of dreams. Freud said the censor could be visualized as the guardian standing at the door separating two rooms—the unconscious room and the preconscious room. This censor either permits or bars entry of unconscious content to preconscious levels. In the Imaginal Realm there is only one room. All the contents of existence reside there. We find them or not, depending on whether our light shines on the contents and on what degree of light fills us. After all, a penlight will reveal far less of the room’s contents than a searchlight. The implication of this is that there is no division of conscious-unconscious but, instead, there are levels of consciousness. Hence, A. exclaimed, “Now I know there is no unconscious.”

Mardi Horowitz, a psychoanalyst who has investigated aspects of “image formation,” has contributed meaningfully along these lines (Horowitz, 1970). He indicates that the act of perception involves a holistic act whereby no distinction is made of the percept in the initial act. What is perceived is a configurational gestalt that is responded to in one of three possible ways: lexically, imagically, or actionally. Each possibility is of equal valence in the abstract (i.e., when not having to be a subject to outside biases). However, predilections in Western psychology place a greater premium on the lexical mode of expression, while relegating the image and the action mode to positions of secondary importance. Thus, we have the situation in dream analysis where the predominant mode of presence is visual imagery, but the mode used to understand this form is lexical. The lexical here, as in most cases within our cultural context, is elevated to the central position at the expense of the other modes. Once the lexical mode is granted this priority, the door is open to all sorts of theorizing that removes us further from our experience. It is in the nature of the lexical mode to construct successions of syntactical thought that must lead one to conceptualization and the development of specialized technical language.
The more discursive we become, the less phenomenal the event becomes. The net result is that we put more distance between ourselves and direct experience. To think is to make images, is to be the producer of images, is ultimately to make "graven" images.

An unusual observation that makes its appearance through Waking Dream is that the experiences emerge without signs of the struggle one associates with the operation of repression, as it is called in traditional dynamic theory. There seems to be a facing and a divulging of the contents of the experience. What one was, is, and also potentially will be is experienced in the immediacy of the present within the context of the Waking Dream. Patients will easily discuss the Waking Dream events. Although there are profound feelings elicited during the exploration, the patients do not seem deterred from describing what they see and feel. In some instances, if the experiences are painful, a patient might openly resist doing further exploration for a while.

It is not difficult to account for the intensity of the emotional experience encountered in this work. The turning away from linear, logical, sequentially ordered, everyday thinking allows one a freer contact with experience as pure action. Also, the experiencing of earlier modes of existence (generally referred to as memories or fantasies) is emotion when emotion is defined as the movement of thought in time (Krishnamurti, 1976).

The emotional experiences can occur as a response to the action of imaging and the attendant exploring instead of to the content of the exploration. This response is usually anxiety or fear. Such a reaction will prompt resistances to doing the work, manifested as an open unwillingness to do Waking Dream, or with an inhibition of dreaming. In regard to this inhibition instead of not dreaming, the patient will only want to work on its presenting phenomenological level (i.e., the reported dream per se).

The coming into attunement with earlier modes of existence was clearly demonstrated in the Waking Dreams of other patients. One man discovered a set of pictures in a Waking Dream experience. The photos showed him at the age of 1 or 2 years being held by his parents, and he was smiling. He found these pictures in the parental bedroom in the Waking Dream. He suddenly knew that he lived in his parental bedroom until the age of 2 years, when he was then shifted to another room by himself; he felt furious at his powerlessness to stop the move, and held his father responsible. He also knew that his chronic feelings of anger toward his father were now related to his constant feelings of unwantedness, powerlessness and displacement. He was stunned by this "discovery," and he checked the accuracy of his vision by asking his parents about his sleeping arrangements. Their version coincided with his. This Waking Dream event was followed by a spurt in his ability to function at work, with concomitant reduction of angry feelings toward his father emerging soon after.

Parallel to the investigations described in this chapter is the work being carried out on the functioning of the right cerebral hemisphere, notably the experiments related by Galin et al. (1974). Their discoveries have led them to relate imaginal work to a locus in the right brain that operates independently, as it were, of the left brain, yet comes under the dominance of left brain functioning. This latter hemisphere is viewed as the region concerned with the functions of speech and linear, logical, and rational thinking. They go further and postulate that the dynamic concept of repression so familiar to analytic psychology has its origins and neurophysiological source in the left cerebral hemisphere and its functions. It would be diverting too far from this chapter to discuss the difficulties with this entire line of thinking, but I will make one point in order to allow us to keep Waking Dream in perspective regarding neurophysiological hypotheses. The point of view of phenome-
nology, of which Waking Dream is an example, states that while neurophysiological mechanisms have their place in allowing one to grasp more easily the action of an event, this mechanism must (1) not be elevated to the level of an "explanatory" concept, since the phenomenon under investigation goes beyond the boundaries delineated by any material explanation, relegating such nonmaterial functioning to a material locus—such as the brain—so that, (2) such neurophysiological discoveries or findings can never be more than correlational to the phenomenon observed and, therefore, can never bring us one step nearer to explaining the nature of the phenomenon. This can be clearly seen in the study of dreams; there are now reams of data compiled, suffusing us with "information" regarding REM and NREM states as well as many other physiological events occurring during the dream. However, regardless of the quantity of material collected, none of it has been able to elucidate the nature of dreaming and what differentiates it from waking life.

The data presented here might be summarized by a passage written by Henry Corbin:

We are no longer participants in a traditional culture. We are living in a scientific civilization, which is said to have gained mastery even over images. It is quite commonplace to refer to our present day civilization as the "civilization of the image" (to wit our magazines, motion pictures, and television). But one wonders whether—like all commonplaces—this one does not also harbor a radical misunderstanding, a complete misapprehension. For, instead of the image being raised to the level of the world to which it belongs, instead of being invested with a symbolic function that would lead to inner meaning, the image tends to be reduced simply to the level of a sensible perception and thus to be definitely degraded. Might one not have to say then that the greater the success of this reduction, the more people lose their sense of the imaginal and the more they are condemned to producing nothing but fiction? (1972, p. 17)

What are the implications of imagination for our work with others and in our own personal work? A practical one is that we can begin to reinstate imagination back into Western therapy, where it existed and flourished before the advent of Descartes. We can pick up the continuity of such work that has been interrupted for the past 300 years or more. Dr. Carol McMahon sums this up neatly when she states: "The theory [of imagination] recommends itself strongly to the attention of contemporary physicians and researchers. It demonstrates that the explanatory potential of a system of medicine is enhanced when a unified concept of mental and bodily processes underlies theory." (McMahon, 1976, p. 183)

Another implication is toward fashioning a full spectrum of treatment for an individual, one that will attempt to bring into harmony the full range and resources of human activity. We will then be more able to establish a unified system of healing that integrates and balances the lexical, visual, and actional modes of existence. And yet another implication is to force us to reexamine our accepted notions of a natural science-based psychology—one that rests on shaky foundations of material and efficient cause-and-effect thinking and springs from a tendency to construct or make objects that have the illusion of material substance having a material location; notions such as the unconscious, the ego, and the psyche are cases in point. (The implications that the discarding of these notions has for psychological work are immense. The entire concept of interpretation evolves as a material form or thing from the objects that that interpretation is supposed to interpret, objects such as unconscious, ego, id, superego, etc.) The imagination and the imaginative faculty can then form part of the foundation of another form of science, one more adapted to recognizing our human existence for what it is in its immediacy of being; such a science is called phenomenological science.
NOTES

1. Dr. Joseph Reyher of Michigan State University has demonstrated these distinctions quantitatively in a paper entitled: "Electroencephalogram and rapid eye movements during free imagery and dream recall," *Journal of Abnormal Psychology*, 1969, 74, 576-582.
2. Up is strength, down is weakness. Diagonal lower left to upper right signifies progress (for right-handed persons; it is reversed for left-handed people), while the opposite diagonal, lower right to upper left, signifies disturbance(s).

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Chapter 7

THE TRANSCENDENTAL MEDITATION PROGRAM, PSYCHIATRY, AND ENLIGHTENMENT

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A chapter about the Transcendental Meditation (TM) program in a book entitled Healing is especially appropriate, because the TM program represents a rediscovery of what is most basic to healing: becoming whole—an integrated unfoldment of one's full physical and mental potential. Until about 8 years ago, most critical Westerners had reason to be skeptical about claims that a meditative practice could bring increased energy, greater clarity of mind, emotional stability, greater happiness, and improved health. However, beginning in 1970, the initial physiological studies began to appear on the effects produced by the TM technique (Wallace and Benson, 1972). Since then, substantial research into the physiological, psychological, and sociological benefits of the TM program (Orme-Johnson & Farrow, 1976) has shown that regular practice of this simple technique brings about profound benefits for normal individuals as well as for those in the medical, psychiatric, or rehabilitation environment.