

Review Article

Integrating the Complementary Therapies of Energy psychology and Dreamwork – the Dream to Freedom Method – a Review

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Abstract

This paper is a summary review of Integrating the Complementary Therapies of Energy Psychology and Dreamwork – the Dream to Freedom Method, first published 5 July 2022 in OBM Integrative and Complementary Medicine. The purpose of the paper and case examples described herein is to demonstrate that integration of dreamwork and Energy Psychology (EP) can enhance outcomes in the treatment of a range of psychological disorders. The combined approach is termed the Dream to Freedom Method developed by Robert Hoss and Lynn Hoss. It uses a custom scripted role-play approach derived from Gestalt Therapy practice, combined with the Emotional Freedom Technique (EFT), one of the most frequently used EP formats. It works on the principle that dreams address unresolved emotional conflict or traumatic memories which, if revealed and expressed, can be important in beginning a therapeutic intervention. Once the source of the stress is surfaced and identified, EFT can be applied in a more targeted manner to reduce the stress imposed by those memories. In addition to briefly summarizing some of the theoretical underpinnings of the approach, this document reviews the results of applying the DTF protocol in a sampling of seven cases. In each case, underlying stressful memories triggering psychological symptoms were revealed, and the stress reaction to those specific memories minimized or eliminated at that point. DTF application also provided each subject with insight towards creating future action steps. The full case material and protocol described herein is available in Dream to Freedom: A Handbook for Integrating Dream work and Energy Psychology.

Keywords: Dream analysis; Dream To Freedom (DTF); Dream work; Emotional Freedom Techniques (EFT); Energy psychology; Gestalt therapy; Stress response; Memory reconsolidation

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Introduction

The Stress Response

Dreams preferentially focus on the emotional aspect of a waking event [1] and are thought to contain an emotional problem-solving function [2] aimed at processing impactful unresolved emotional conflicts and memories. They are believed to place the emotional aspects of a stressful memory into context as well as to introduce and test scenarios aimed at dampening or altering the emotional response [3-12]. Thus, dreamwork which follows this process can not only quickly reveal an underlying emotional source of a symptom, but can also reveal potentially viable resolution scenarios.

Energy Psychology (EP), specifically the Emotional Freedom Techniques (EFT), has been demonstrated in numerous large population-controlled studies [13] to reduce an emotional stress response quickly and effectively in a lasting way. EFT appears particularly effective when the underlying or “core” emotional issue can be identified [14-16]. EFT, and the reported emotional problem-solving function in dreams, appears from observation to operate on a process known as memory re-consolidation or sometimes referred to as emotional learning. This is a brain plasticity process which rapidly and permanently alters the emotional aspects of a memory and stress response by interleaving it with new information during a period when the neural circuits involved are labile [17]. The theoretical discussion and case trials referenced herein are aimed at demonstrating the viability of the following postulates.

Postulates

The synergy between combining dreamwork (specifically a Gestalt Therapy derived role-play) with EFT in a systematic protocol (termed Dream to Freedom or DTF) permits a rapid and effective means for: a) identifying the emotional conflict or traumatic memory underlying the stressful or debilitating symptoms; b) reducing the self-reported stress level triggered by this memory to at or near zero; and c) using any apparent emotional problem-solving insight from the dream to establish useful action steps or altered viewpoints which can be shown to aid in resolution of the reported issue.

The stress response is thought to be an adaptive evolutionary safety measure stimulating a quick response to avoid harm [18]. It acts protectively before the rational mind has time to fully recognize the event and think through the most appropriate course of action [19]. The stressors can be an immediate physical or psychological threat or a stimulus that triggers a stressful memory of a situation expected to cause harm. While this stress response may be appropriate to the original event, repetitive or chronic stress can create lifelong problems as the emotional reaction becomes “programmed” into the amygdala and associated limbic structures. The response can be triggered by just a

memory of the event or exposure to a similar but perhaps non-threatening event. Even non-causal aspects (a color, a sound, another object, facial expression etc.) that are present in the immediate environment during the original event can trigger such a response [20].

How dreams process stress

In the REM dream state, many of the structures involved in processing emotion such as the paralimbic system and forebrain [21-24] are similar to those involved in the waking state when processing emotional stress, [25,26], however, in the dream state all the information comes from within. Therefore, in dreams the stressor would typically be the replay of an emotionally stressful memory as opposed to a sensory waking experience. Dreams are thought to be adaptive [7,27], to contain an “emotional problem solving” function [2,23] or “fear extinction” function [25] whereby emotional learning takes place to dampen or alter the response to a stressful memory.

Processing a stressful memory in the REM dream state begins with that memory being re-activated in the amygdala/hippocampal network [3]. This is followed by a “memory triage” or selective processing of a fragment of that memory [1,22,23,28,29]. Further emotional processing appears to incorporate a “progressive-sequential” dream pattern [2,23] involving emotional learning and memory re-consolidation. This is an adaptive process in which creative simulations [7] and outcomes are learned in the dream then interleaved with the original emotional memory and stored as a revised emotional memory or perception. A memory trace is consolidated when it is moved from short-term into long-term memory [30]. Memory re-consolidation [31,32] involves: (a) activating a learning derived from the old memory which leaves it in a labile state of neural plasticity for a few hour’s “window” of time [17]; (b) encountering an unexpected alternate experience or counterfactual (a “predication error”) [8,13] that causes the old learning to be revised and (c) storing (re-stabilizing or re-consolidating) the revised learning into long term memory, replacing the original learning at the neuronal level [32,33]. In both EFT therapy and in observations of emotional regulation during dream sleep, episodic or declarative memory is observed as remaining intact [34] while the emotional perception and learned response can be dramatically altered [15,35,29,36,37].

In most studies the essential requirement for de-consolidating all or part of an old learning, is the presence and specific nature of the prediction error or inconsistency (mismatch) between what is expected and what actually happens [13,34]. It turns out that dreaming, which creates plot simulations of potentially adaptive strategies [7], containing predictive errors in the form of alternatives or counterfactuals [8], is ideal for de-consolidating, revising and re-consolidating the old emotional learning. Observing how the dream narrative pictures the adaptive emotional problem-solving scenario is of key importance to the final stage of the DTF protocol in arriving at insight that might be useful to moving forward in waking life [12,15,38].

How EFT processes stress

In an assessment of over 100 peer-reviewed outcome studies and randomized controlled trials, Feinstein [13] concluded that “a growing body of evidence indicates that acupoint-based energy psychology protocols are rapid and effective in producing beneficial outcomes in the treatment of anxiety, depression, PTSD, and possibly other conditions” One of the most well-known and effective protocols is the Emotional Freedom Techniques (EFT), derived by Gary Craig from

Roger Callahan’s earlier Thought Field Therapy [16]. Clinical EFT, developed by Dawson Church, is the format used in this study [35].

EFT utilizes acupressure, stimulating the acupuncture points by “tapping” on them with one’s fingers – instead of needles. Individual acupoints exhibit a physical and bioelectric component, a lower electrical impedance than points on the surrounding skin [39] suggesting a body’s interstitial connective path for acupressure signals. Stimulation of acupoints has been shown to directly affect the amygdala and other limbic areas [40-42]. Stimulation also results in the release of cortisol, serotonin, and other pain-reducing biochemicals which calm the midbrain and signal it to shut off the alarm response, while simultaneously inducing a relaxation response [43]. It also may directly activate stress-dampening and regulatory genes in the hippocampus and hypothalamus [44].

The Clinical EFT protocol [35] appears to work very much like the memory re-consolidation process discussed above: (1) beginning with the recall and visualization of a stressful memory, an unwanted response to a trigger, a self-defeating belief, or problematic feeling or sensation (the old emotional learning); (2) a mismatch scenario is set up by tapping on acupressure points (accompanied by a reminder phrase intended to keep the stressful memory visualized) which creates an unpredicted calming sensation contradictory to the original stress response; (3) repetitive tapping rounds juxtapose the stressful memory with a calming sensation over a “window” of time such that (4) the emotional response to the memory is altered (perhaps re-consolidated) with the new learning and new response – the stressful memory is now associated with calm instead of fear or threat.

In DTF trials [15], this mismatch is set up between the stress response to an emotional memory surfaced by the dream, juxtaposed with a calming effect of EFT. Afterwards, the subject when asked, could still recall and visualize the event as it was, but the emotional charge and stress response was no longer there. For example, in the case titled “Birds or Bats,” described below, once the emotional reactions to the memory diminished by application of EFT, the subject stated, “I can still recall the incident, but it just seems silly now.” This sort of shift in the subject’s perception of and emotional reaction to the incident was a common observation.

Methods

The Dream to Freedom (DTF) method [14,15] is a scripted systematic three part protocol: (1) it first incorporates a scripted Gestalt-based role-play protocol for identifying and expressing the stressful emotional memory or conflict which the subconscious is dealing with; (2) the stress level triggered by that memory is given a self-reported rating, and a version of the EFT protocol [16,35] is applied to reduce the stress level to at or near zero, then (3) once the emotional barrier of the stress is reduced, the dream is revisited for insight as an aid in defining what closure action the person might now take to progress beyond the situation.

Part 1: Revealing the emotional issue within the dream

DTF utilizes a form of scripted role-play patterned after that used in Gestalt Therapy [45,46], which was developed by Fritz Perls and colleagues. Its application to dreams is based on the hypothesis that the elements (or images) within a dream are fragments of the dreamer’s personality which remain alienated due to the conflicted emotions (or “impasse”) that they contain [45]. The imagery in essence pictures the emotional state or feelings of the dreamer [47]. By embodying the

image and allowing “it” to speak, can reveal previously avoided or unexpressed emotions of the dreamer, that were metaphorically pictured by that image. In Fritz Perls’ words, “become” that thing in the dream, “play the role” [45,46].

In Gestalt Therapy the role-play and associated dialog between conflicted parts, was part of an overall therapy aimed at moving through the impasse where the subject is stuck. In the DTF approach, however, what is of interest is principally the discovery and expression of the conflicted emotional memories, pictured by a dream image. The therapeutic aspect of DTF is the use of EFT to reduce the stress surrounding that emotional memory. Therefore, this author developed a scripted version of the role-play technique which goes just deeply enough to surface and express the emotions and the related stressful emotional memory. The dreamer is asked to re-enter the dream and “become” an element, image or “thing” in the dream that curiously draws their attention. Then as that “thing” they are asked to answer the following six questions, staying in the role as that “thing” would answer them.

The six statements in the scripted Gestalt role-play protocol (below) are designed as three-statement pairs to reveal three factors related to emotional content.

- The first questions and statement pair, “What are you?” and “What is your purpose?” is designed to explore the expression of how the dream element sees its role, as it might relate to the role the dreamer sees for themselves in waking life.
- The second pair, “What do you like about being the thing in the dream?” and “What I to you dislike about it?” is designed to reveal the two sides of a possible emotional conflict the subject might be stuck in.
- The final pair, “What do you fear the most – what is the worst thing that can happen to you?” and “What do you desire most is?” is designed to reveal the opposing motivating factors of fear and desire that often keep a person stuck.

Once the role-play ends, the subject then switches perspectives and reviews the expressions from the standpoint of they themselves making those statements about feelings, a conflict or stressful situations in their own life. If they make a “connection” with one or more statements, they are to recall a specific incident when they recall having felt that way. The intent is to surface and be able to visualize the scene of a specific incident (emotional memory) that might be the origin or a recent trigger for the subject’s stress response. If the incident and feelings can be visualized the EFT can be more effectively applied to reduce the stress response to that emotional memory.

Part 2: Reducing the stress response with energy psychology

The second part of the Dream to Freedom protocol employs EFT to reduce the stress level of the emotional memory that surfaced during the role-play. The EFT protocol [16,35] consists of a sequence of exercises designed to manually stimulate specific acupuncture points (acupoints) by tapping on them with one’s own fingers while visualizing the specific stressful event identified in the role-play. It is important to keep the stressful incident visualized in order to juxtapose a mismatch between the expectation of a stress response, and the unpredicted calming sensation brought about by tapping on acupoints.

The tapping protocol begins by the subject picking one of the more emotionally charged statements expressed during the role-play, then visualizing the scene of a specific stressful waking life incident that surfaces. A stress level is rated by the subject, on an 11-point Likert-type scale from zero to ten (zero being no emotional intensity, and a ten the maximum possible intensity). This is also called a SUDS measurement or Subjective Units of Distress Scale [48].

The subject then sets their intention for the session by developing a “setup phrase” that pairs the negative feelings associated with the incident with a positive affirmation. A standard EFT “setup phrase” might be [16] “even though I feel...(negative feelings)..., I deeply and completely accept myself.” The DTF “setup phrase” takes the same form but borrows emotional statements expressed during the role-play so as to employ as much subconsciously derived material as possible. For example, the positive might be derived from the “I like” and the “I desire” role-play statements and then negative from an “I dislike” or “I fear” statements. The subject is asked to rephrase them to better fit the actual feelings that came when visualizing the incident. The DTF setup statement is therefore structured as follows: “even though I feel...(negative feelings from the incident), I know that I can/I choose to...(positive intention or desire).”

The setup phrase is used in an initial tapping exercise which is then followed by additional rounds of tapping on the various acupoints. To keep the stressful incident visualized during those multiple tapping rounds, a short “reminder phrase” is extracted from the negative feelings expressed in the setup phrase and vocalized each time an acupoint is tapped. In the DTF protocol, the stimulation of acupoints is done by the subject tapping on the points themselves, about 8 to 10 times on each point, using their own fingers. The protocol used in these trials also included an optional “bridging sequence” [16] designed to stimulate alternate hemispheres in the brain.

These sequences are grouped into multiple rounds, so that progress can be determined by periodically checking the SUDS level after each one. Once the SUDS level is reduced to at or near zero, using the EFT protocol, then the subject is ready to return to the dream for insight that might be useful in developing action steps for progressing beyond the problem.

Part 3: the closure protocol

Once the stress response is reduced, thus removing an emotional barrier, it is now easier to return to the dream for insight useful in establishing closure activity and progressing forward. Here we look for obvious or metaphoric evidence in the dream narrative as to how the dream might have been attempting to resolve the issue [2,12]. The dreaming unconscious is not only highly creative in establishing and testing resolution scenarios, but hyperconnected [47] to a lifetime of experiences. As such the dream can provide valuable clues and insight [49] as to how the dreamer might deal with any remnants of the issue in waking life, to help move forward.

If these elements are not present or obvious, the dream may still be useful as a platform for creating a meaningful resolution metaphor. Using a form of Jung’s Active Imagination [50], the subject is asked to place themselves at the end of the dream, focusing on how they got there and what they are feeling. They are then asked to continue the dream by letting a spontaneous flow of images come to mind, intending only that they form a new ending that works out positively. The new metaphor might serve as a clarifying analogy for moving forward

and establishing the subject's next steps. As with every insight, the analogy must be tested to ensure it is healthy and appropriate before taking it further into defining those next steps.

Application

Application of the methodology is described below using a case example to help explain each step of the protocol. References to the case example and subject's responses are in italics. The EFT portion of the protocol was derived from the work of Craig [16], Feinstein [39], and Hoss [14,38]. The structure is systematic and purposeful, so it is recommended that one read the explanatory notes above before modifying it for a particular session.

Part #1: dream exploration & problem identification

Part 1, Step 1: Dream Summary: Tell the dream, or seemingly most impactful dream segment, in the first-person present tense as if you are re-experiencing it: "I am in the home I shared with my ex looking out over trees that contained black things. My mother is there, and we are trying to decide whether they are birds or bats."

Part 1, Step 2: Waking Life Situation: Record any emotional situations (positive or negative) at the time of the dream and express what you were thinking and feeling at the time. Explore any analogies between the situation and the dream. [Note: the recent memory may not be the one the dream is dealing with, but it provides a possible life context]. In this example, "My present boyfriend has a medical procedure, and I concerned about being nurturing and there for him." She offered that she when she thinks about it, however, she becomes extremely anxious and doesn't know why – so anxious she was planning to leave him after the session that day! [Note: there were no obvious analogies with the dream].

Part 1, Step 3: Chose a Dream Image or Element: Re-enter the dream perhaps at the most emotional point and look around the scene. Pick one image or element that curiously draws your interest, even though it may not dominate the dream. Choosing a thing rather than a person often works best: In this example, "A lone bird's nest." [Note: this was not something reported in the original narrative but only after dream re-entry]

Part 1, Step 4: Scripted Role-play: Imagine you are that dream element [a lone bird's nest], "become" it, and (in the first person, present tense) stay in the role and answer these six questions as you imagine the dream element would state them:

- What are you (name and describe yourself as the dream element and how you feel in that role)... "I am a lone bird's nest, warm and enveloping."
- What is your purpose or function? "My purpose is to provide a safe landing spot."
- What do you like about being this bird's nest? "I like that I am soft and warm."
- What do you dislike (the downside) about being this bird's nest? "I dislike getting crapped on."
- What do you fear the most, the worst thing that can happen to you? "I fear getting blown out of the tree."
- What do you desire most? "I desire to be there and be strong when needed."

Part 1, Step 5: Waking Life Reflection: Review each statement, but this time as if it is YOU are making that statement about a way YOU have felt lately or a situation in YOUR life. [Procedural note: If the subject does not make a connection, then have them go back into the dream and pick another dream element, perhaps an inanimate one that was particularly curious, and repeat steps 3 through 5.].

The first pair often reveals the role one feels they are playing. She felt her role with her present boyfriend was to be nurturing (warm and enveloping) and provide a "safe landing spot" by being supportive during his procedure. The second pair often surfaces the underlying conflict. In this case she "likes being soft and warm" (nurturing), but "dislikes being crapped on". This, as we will see, is an expression of a traumatic memory of constantly feeling "taken for granted" by her ex. when she was trying to do what he needed. The third pair often reveals the motivating factors (fears and desires) which leave a person stuck in the conflict. In this case she desired "to be there and be strong when needed" which was juxtaposed with the fear of "getting blown out of the tree" (the moment she decided to divorce him).

Part 1, Step 6: Emotional Charge: Which statement feels most emotionally charged or relates to the most stressful waking life situation? In this example she said, "I dislike being crapped on i.e. taken for granted." [Note that although this stood out first as the most emotionally charged, further dreamwork resulted in the other statements and underlying feelings becoming important as well, some of which surface during subsequent rounds of the tapping].

Part #2: EFT application and stress reduction

Part 2, Step 1: Describe a Specific Incident when You Felt This Way: In this example she said, "The moment I decided to divorce my ex. I had gone all out to help him, and he showed up two hours late and yelled at me for not having done enough."

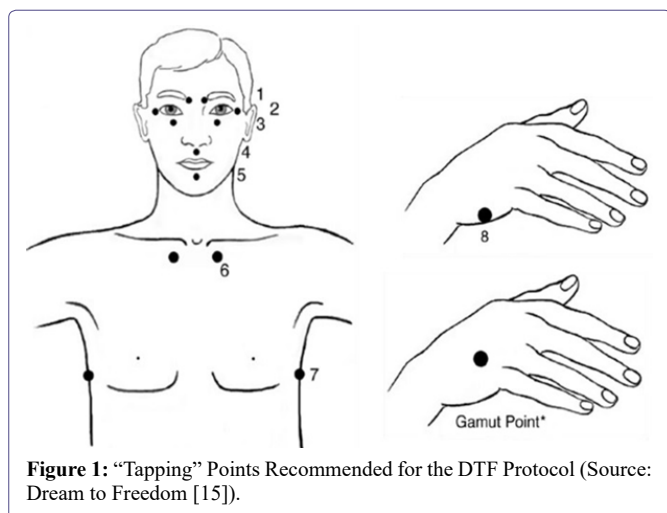
Part 2, Step 2: Initial Stress Level (SUD): What is your level of distress right now (from 0-10, with 10 being the most stressful) as you think about that incident: In this example she said, "It is a 12!"

Part 2, Step 3: Develop the Setup and Reminder Phrases:

- **A Setup Phrase:** "Even though I...(negative feeling from Part 1 steps #5 or #6), I know that I can/I choose to..." (positive intention - try positive "I like" or "I desire" statements from Part 1 step #5). In this example she said: "Even though I feel taken for granted, I choose to be there and be strong."
- **Reminder Phrase:** a few words from the negative part of the Setup Phrase that can be used to keep the incident visualized during the multiple EFT tapping sequences: In this example she said: "Taken for granted (Figure 1)."

Part 2, Step 4: Round 1 – initial tapping round:

- Tap point #8 on side of ether hand, with the four fingers of the other hand, while vocalizing the setup phrase. Repeat three times tapping to a ten count each time.
- Tapping with Reminder Phrase: Tap about 10 times with the balls of the fingertips of the index and middle fingers of both hands in each meridian acupoint location #1 through #8 while repeating the reminder phrase each time.



- Bridging Sequence (optional) using the reminder phrase: The bridging sequence, or "9 Gamut Procedure" [16,39], is considered optional, but it was used in these case studies. In theory it exercises alternate hemispheres of the brain. While tapping on the "Gamut" point (see Figure 1) nine actions are performed: 1. close eyes; 2. open eyes; 3. shift eyes down right; 4. shift eyes down left; 5. roll eyes in a circle clockwise; 6. then counterclockwise; 7. hum a tune for two seconds (we used "happy birthday to you"); 8. count rapidly from 1 to 5 then; 9. hum the tune once more.
- Repeat Tapping Sequence: repeat step (b) above on points #1 through #8 while repeating reminder phrase. In this example, "Taken for granted."
- Re-assess the Level of Distress (SUDS): Ask the subject to think about incident again and rate their level of distress 0 to 10. In this example, "It is a 7."

Part 2, Step 5: Subsequent Rounds: Assuming the SUDS level has not reached zero, adjust the setup statement and reminder phrase to include the word "still." Continue the sequence as in step 10 until the SUDS rating is near or at zero. In this example the setup statement was adjusted to state, "Even though I still feel taken for granted ... I choose to be there and be strong," and the reminder phrase to, "still taken for granted."

Part 2, Step 6: If Another Aspect Arises: If the SUDS level begins to increase or no longer decreases, ask the subject if another stressful memory came up. If so, summarily repeat steps 3 and 4 as appropriate (bridging sequence optional) to reduce the stress level around that new aspect or memory, in order that the work can continue with the original issue. In this example, the stress level had gone from 12 to 7, then suddenly back to 10 again. The subject stated that a feeling of guilt arose for having asked for the divorce. The setup statement was adjusted to, "Even though I feel guilty for leaving, I choose to go on." In 2 subsequent rounds of tapping using the reminder statement "feeling guilty" the SUDS rating went from 10 to 1 to zero. When visualizing the scene at that point she could recall it exactly as it happened but said, "... it just seems silly now."

Part #3: closure protocol

After the stressful response to the memory of the incident is reduced, the dream is revisited to determine how the dream might have

been attempting to resolve the issue. It may be able to provide valuable clues and insight for moving forward in waking life.

Part 3, Step 1: Dream Resolution: re-enter the dream, perhaps at the most emotional point, and review the storyline to the end, describing how it ended and your feelings at that point. In this example the subject stated that at the end of the dream she was anxious and, "I am trying to decide [with my mother] whether the things in the trees are birds or bats."

Step 1a - Note whether in the dream story you observed any of the events listed below:

- Guidance – was there a guiding figure or event: advice, action, discovery, written or verbal message? How did it change your behavior or thinking in the dream? There was no obvious guidance.
- Surprise – was there an unexpected twist, action, anomaly, discovery, insight, person or thing acting opposite to their nature? How did it differ from expectation or provide a different point of view? In this example, "the uncertainty of trying to decide whether the black things in the trees were birds or bats." She was surprised that she was an expert in birds, but couldn't figure it out.
- Known Person – what is their personality like and how would they manage your waking life situation differently than you have? In this example her mother was helping her to make the decision (a nurturing personality or influence).
- Decision - Did your dream-self (or something representing you) make a new decision, accept the guidance or reverse the prior viewpoint or action? Describe the new decision or viewpoint. In this case the dream placed her where she was trying to decide, "whether the black things were birds or bats."
- Reinforcement? Did the dream reinforce a solution or your actions, by ending positively or negatively? What specifically happened to bring that about and how might that relate to waking life? No obvious reinforcement other than the anxiety of needing to make the decision. She stated that she woke very anxious.

Step 1b Active Imagination (optional): If analogies with your waking life situation above are unclear or if the dream ended negatively or inconclusively, try the following: Close your eyes and place yourself at the end of the dream; review and dwell on your feelings, what you were attempting to achieve; then spontaneously without thinking about it let the first story-like flow of imagery comes to mind that finishes the dream with a new imagined ending that works out positively. In this case she stated: "I fly away with the bats".

Part 3, Step 2 Life Analogy: How might the results of the exercises in Part 3, Step 1 above relate as an analogy to your waking life situation, conflicts or beliefs – perhaps providing a new perspective, or possible helpful resolution to your life situation? Note that each is a metaphor, so interpret each event from the standpoint of your emotional associations – what memories does it bring to mind? In this case her answer was surprising, since one often thinks of a bat as negative. So, we asked her – what is the difference between birds and bats? She said "Bats, like birds, are free, but unlike birds, are helpful and come home to the cave at night." Relating this then to her anxiety about nurturing her boyfriend she said: "I can be there, helpful, and still be me (free)." Note: The dream had introduced a "solution scenario" in the form of a decision she had to make, accompanied by

a nurturing influence (mother) but aimed at resolving the emotional conflict – is she going to continue as a bird (fly away) or a bat (still come home at night and nurture)?

Part 3, Step 3: Action:

- Define a Solution: Review the waking life analogy in the previous step and use that insight to define a specific solution to your waking situation that the dream or active imagination above might be suggesting. In this case she reiterated: “I can be like the bat, be there, be helpful, and still be me (free).”
- Check it Out: Is this a healthy, practical solution that allows you to progress, or does it leave you stuck again? The subject stated, “Yes, it is practical and allows me to move forward.”
- Next Steps: If it checks out positively, then what specific steps can you take to bring it about? She stated, “I will tell my boyfriend today that I have decided to stay in the relationship.”
- Reminder Image (optional): It is often useful to pick an image from the positive dream ending or active imagination as a reminder of your solution when you find yourself confronted with a similar situation. She picked “a bat.”

Postscript: At that moment, her boyfriend unexpectedly entered the room. She went up to him and embraced him. There was hardly a dry eye in the room. She remained in a relationship with him for years thereafter.

Results

The original study, published in chapter 5 of *Dream to Freedom: A Handbook for Integrating Dreamwork and Energy Psychology* [15], included seven cases with a variety of symptoms including extreme anxiety, fear, guilt, self-image perception, feeling trapped or conflicted, aging anxiety, and one which involved physically debilitating chronic migraines. A summary of the results is as follows:

- Although symptoms varied in nature and severity (anxiety, fear, guilt, conflict, migraines), three of the seven subjects entered the session with extremely debilitating symptoms that affected their daily life.
- All seven were able, using the scripted role-play, to recall a specific stressful memory directly related to the present-day symptom(s)
- All seven expressed a raised level of stress from the recalled memory, and all reduced their stress level significantly using the EFT tapping protocol. Stress was initially reported at SUDS levels between 10 to 7 and were in every case reduced to a SUDS level of 1 or 0. This was achieved within 3 to 6 tapping rounds. In each case the bridging sequence was only used with the initial tapping round.
- Four of the seven had a new memory or “aspect” arise after the initial round of tapping where the SUDS level again increased to levels between 10 and 7. In each case subsequent rounds of tapping (omitting the bridge sequence) brought the new stress level to 0 within one to two rounds.
- In returning to the dream, in all seven cases the dream appeared to introduce some form of resolution scenario: two as a plot twist or surprise; two placed the dreamer at a decision point; three contained guiding words – either an unseen voice or the dreamer’s own voice; and three introducing a known personality as an exemplary influence.

- In four out of the seven, insight was further clarified after applying the Active Imagination protocol to “finish the dream”.
- In all seven, the closure protocol resulted in defining a specific, practical (according to the subject) resolution or waking life action step or decision. These were actions which were not clear initially or contrasted with the dreamer’s initial state of mind or behavior.
- In the case of the migraine sufferer, the work not only relieved psychological stress, but the disabling physical condition which had caused her to abandon her highly successful career and a relationship. She was a highly successful overachiever who could not tolerate any personal failure. The dreamwork revealed the origin behind this behavior to be overprotective parents in her childhood that locked the door to the house, telling her “If you go out the door to play, you are going to get hurt.” Locking the door was the dominant theme in the nightmare she shared. During the role play the door said, “OK, you are off to do something new so I will stop you”. At this point in her career, as she was successfully overachieving her goals, increasing the chance of personal failure, the “door” would slam shut (physically manifesting as the migraines). The dream pictured the source of the migraines and dealt with the fear of failure they were protecting her from. When a teacher character in the dream refused to motivate students that failed, she forcefully scolded the teacher stating, “It is really a mistake not to clap”. This she turned into an “action” step to clap for herself even when she failed.
- In a later follow-up of four out of the seven subjects, the action taken successfully resolved their stated problem up to that point. In the case of the subject who had frequent debilitating migraines, none recurred over a 1.5-year follow-up period.
- All seven achieved the goals stated in the hypothesis – that of achieving stress reduction and creating helpful action steps related to the symptom and the underlying emotional issue. All were achieved in a single session, typically within a roughly 1-hour timeframe (although the migraine case required a 3-hour session) [51].

Conclusion

The studies outline herein demonstrate the benefits of combining dreamwork with EFT in a therapeutic setting, in this case using a protocol called Dream to Freedom. The elements of the theoretical underpinnings also appear to be born out in the case studies. It was observed that the dreams themselves not only pictured the unresolved emotional memory (or a lifelong conflicted situation) but provided clear creative scenarios in the dream plots appearing to be aimed at resolution. In every case each subject was able to derive insight from the dream, or DTF dreamwork protocol, to establish a positive action plan. In each case, this occurred within a single session. Based on the authors’ experience and these observations and similar application in ongoing therapeutic settings, the approach appears effective in establishing insight, symptom relief, and steps for future action. The successful outcomes in each case suggest that DTF methodology is promising for application in clinical settings and warrant further study.

References

1. Payne JD, Stickgold R, Swanberg K, Kensinger EA (2008) Sleep preferentially enhances memory for emotional components of scenes. *Psychol Sci* 19: 781-788.
2. Kramer M (2019) Mood regulation and emotional problem-solving. In: *Dreams: Understanding biology, psychology, and culture*. Santa Barbara: ABC-CLIO, USA.
3. Wamsley EJ (2014) Dreaming and offline memory consolidation. *Curr Neurol Neurosci Rep* 14: 433.
4. Wamsley EJ (2016) Memory consolidation in dreams and waking thought. *Proceedings of the International Association for the Study of Dreams Online Research Conference* 11-13.
5. Payne JD, Schacter DL, Propper RE, Huang LW, Wamsley EJ, et al. (2009) The role of sleep in false memory formation. *Neurobiol Learn Mem* 92: 327-334.
6. Lewis PA, Durrant SJ (2011) Overlapping memory replay during sleep builds cognitive schemata. *Trends Cogn Sci* 15: 343-351.
7. Revonsuo A (2000) The reinterpretation of dreams: An evolutionary hypothesis of the function of dreaming. *Behav Brain Sci* 23: 877-901.
8. McNamara P, Andresen J, Arrowood J, Messer G (2002) Counterfactual cognitive operations in dreams. *Dreaming* 12: 121-133.
9. Siegel A (2001) *Dreams of firestorm survivors*. In: *Trauma and dreams*. Cambridge: Harvard University Press 159-176.
10. Siegel A (2019) A lifetime of dreaming. In: *Dreams: Understanding biology, psychology and culture*. Santa Barbara: ABC-CLIO, USA.
11. Stickgold R (2016) The induction of specific dream content. *Proceedings of the International Association for the Study of Dreams Online Research Conference* 11-13.
12. Hoss R (2019) Learning theories. In: *Dreams: Understanding biology, psychology and culture*. Santa Barbara: ABC-CLIO 365-389.
13. Feinstein D (2019) *Energy psychology: Efficacy, speed, mechanisms*. Explore (NY) 15: 340-351.
14. Hoss R, Hoss L (2013) The Dream to Freedom technique: Integrating EP and dreamwork. In: *Clinical EFT handbook*. Santa Rosa: Energy Psychology Press 565-582.
15. Hoss R, Hoss L (2015) *Dream to Freedom*. Santa Rosa: Energy Psychology Press, USA.
16. Church D (2013) *The EFT manual*. Santa Rosa: Energy Psychology Press, USA.
17. Nader K, Schafe GE, Le Doux JE (2000) Fear memories require protein synthesis in the amygdala for reconsolidation after retrieval. *Nature* 406: 722-726.
18. Godoy LD, Rossignoli MT, Pereira PD, Cairasco NG, Umeoka EHL (2018) A comprehensive overview on stress neurobiology: Basic concepts and clinical implications. *Front Behav Neurosci* 12: 127.
19. Harvard Medical School (2020) *Understanding the stress response*. Harvard Health Publishing, USA.
20. Foa EB, Kozak MJ (1986) Emotional processing of fear: Exposure to corrective information. *Psychol Bull* 99: 20-35.
21. Hobson JA, Pace-Schott EF, Stickgold R (2000) Dreaming and the brain: Toward a cognitive neuroscience of conscious states. *Behav Brain Sci* 23: 793-842.
22. Maquet P, Phillips C (1998) Functional brain imaging of human sleep. *J Sleep Res* 7: 42-47.
23. Kramer M (2011) The selective mood regulatory of dreaming: An adaptive, assimilative, and experimentally based theory of dreaming. In: *Rapid eye movement sleep: Regulation and function*. Cambridge University Press, UK.
24. Nielsen T, Levin R (2007) Nightmares: A new neurocognitive model. *Sleep Med Rev* 11: 295-310.
25. Perogamvros L, Schwartz S (2015) Sleep and emotional functions. *Curr Top Behav Neurosci* 25: 411-431.
26. Helm E, Yao J, Dutt S, Rao V, Saletin JM, et al. (2011) REM sleep depotentiates amygdala activity to previous emotional experiences. *Curr Biol* 21: 2029-2032.
27. Stewart DW, Koulack D (1993) The function of dreams in adaptation to stress over time. *Dreaming* 3: 259-268.
28. Stickgold R, Walker MP (2013) Sleep-dependent memory triage: Evolving generalization through selective processing. *Nat Neurosci* 16: 139-145.
29. Malinowski JE, Horton CL (2016) Testing the emotion assimilation theory: The effects of emotional intensity and time of night on wake-dream continuity. *Int J Dream Res* 9: 56.
30. McGaugh JL (2003) *Memory and emotion: The making of lasting memories*. Columbia University Press, USA.
31. Alberini CM, Ledoux JE (2013) Memory reconsolidation. *Curr Biol* 23: 746-750.
32. Ecker B, Ticic R, Hulley L (2012) *Unlocking the emotional brain: Eliminating symptoms at their roots using memory reconsolidation*. Routledge, USA.
33. Sweatt JD (2009) Associative learning and unlearning. In: *Mechanism of memory*. Academic Press, 105-127.
34. Pedreira ME (2013) Reconsolidation of declarative memory. In: *Memory reconsolidation*. Academic Press 213-232.
35. Church D, Marohn S (2013) *Clinical EFT handbook*. Energy Psychology Press, USA.
36. Hoss R (2020) *Trauma and PTSD nightmare content*. In: *Parasomnia dreaming*. Nova Science Pub Inc, USA.
37. Kramer M, Schoen LS, Kinney L (1987) Nightmares in Vietnam veterans. *J Am Acad Psychoanal* 15: 67-81.
38. Hoss R (2019) *Dream language*. Dream Science Foundation, USA.
39. Feinstein D (2004) *Energy psychology interactive: Rapid interventions for lasting change*. Innersource, USA.
40. Hui KK, Liu J, Makris N, Gollub RL, Chen AJ, et al. (2000) Acupuncture modulates the limbic system and subcortical gray structures of the human brain: Evidence from fMRI studies in normal subjects. *Hum Brain Mapp* 9: 13-25.
41. Dhond RP, Kettner N, Napadow V (2007) Neuroimaging acupuncture effects in the human brain. *J Altern Complement Med* 13: 603-616.
42. Shenting LG, Yintang (2005) Quantification of cerebral effects of acupressure, manual acupuncture, and laserneedle acupuncture using high-tech neuromonitoring methods. *Med Acupunct* 16: 24-29.
43. Swack J (2021) The biochemistry of energy psychology: An immunologist's perspective on physiological mechanisms underlying energy psychology treatments. *Proceedings of the 3rd Annual International Energy Psychology Conference*, USA.
44. Church D (2009) *The genie in your genes*. Psychology Press, USA.
45. Perls F (1974) *Gestalt therapy verbatim*. Bantam Books 27-76.

46. Meyer K (2019) Fritz Perls and gestalt therapy. In: *Dreams: Understanding biology, psychology and culture*. ABC-CLIO, USA.
47. Hartmann E (2011) *The nature and functions of dreaming*. Oxford University Press, UK.
48. Wolpe J (1973) *The practice of behavior therapy*. Pergamon Press, USA.
49. Hill C, Schredl M, Malinowski JE, Edwards C (2019) Clinical application of dreamwork. In: *Dreams: Understanding biology, psychology and culture*. ABC-CLIO 461-478.
50. Hoss R (2019) Carl Jung and analytical psychology. In: *Dreams: Understanding biology, psychology and culture*. ABC-CLIO 434-448.
51. Hoss RJ, Hoss LM, Church D (2022) Integrating the Complementary Therapies of Energy Psychology and Dreamwork – the Dream to Freedom Method. *OBM Integrative and Complementary Medicine* 7: 24.



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