

# THE HYPNOTIC USE OF WAKING DREAMS

Exploring Near-Death Experiences  
Without the Flatlines



Paul W. Schenk, PsyD

Foreword by Raymond A. Moody, Jr, MD, Author of *Life After Life*

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# Contents

Foreword .....	iii
Preface .....	v
<i>Chapter 1</i> The Things You Can Do with a Good Dream .....	1
<i>Chapter 2</i> Near-Death Experiences: A Brief Review .....	13
<i>Chapter 3</i> A Typical Waking Dream .....	19
<i>Chapter 4</i> “Now Go Paint the Rest of Your Life”—Dorothy .....	37
<i>Chapter 5</i> We Make it Harder than it Needs to Be—Matthew .....	51
<i>Chapter 6</i> “But I Don’t See Anything”—Eric .....	65
<i>Chapter 7</i> The Sea Captain—Jane .....	77
<i>Chapter 8</i> Are You Sure I’m Dreaming?—Rachel .....	87
<i>Chapter 9</i> A Typical Past-Life Experience .....	93
<i>Chapter 10</i> With a Little Help from Our Friends—Jane .....	99
<i>Chapter 11</i> A Lesson about Love—Jenny .....	119
<i>Chapter 12</i> Putting the Pieces Together .....	133
Bibliography.....	141
Endnotes.....	145
Index .....	147

# Preface

Since Raymond Moody published *Life after Life* in 1975, the popular press has responded to the public's fascination with near-death experiences (NDEs) with a variety of books. For the interested reader, please refer to the bibliography for some suggested reading. As one author noted, "NDEs are probably the most direct kind of experiential knowledge about the after death state we can have: they are certainly the most emotionally and intellectually powerful kinds of knowledge that, in some form, we survive death, *for those who experience them.*"<sup>1</sup> But as another author reminds us, "Reading or hearing about [an NDE] is very different from having one, simply because they are indescribable even in metaphor, the language of Spirit."<sup>2</sup> The logical extension of this is easy to describe:

... it would be quite helpful if we each personally had an NDE, but after an extensive study of NDE[s], I don't recommend that. The near part of an NDE is too tricky! Most people who come that near to death do not give us an interesting report of what happened afterwards; they get buried!<sup>3</sup>

In this book, I will share with you some of the profound experiences and insights my clients have reported while using hypnosis to dream *during* therapy. Therapists have made use of clients' dreams since the days of Freud, but we usually rely on the fragments of the dream that the person can remember days later during the therapy session. By having my clients dream during the therapy session in what I call a *waking dream*, they and I are able to work with the content and emotion of the dream in real time. These dreams differ from ordinary dreams in that *clients always experience themselves as someone else in a waking dream.* Throughout the book, I will refer to this someone else as the "dream character".

The setting for the dream inevitably involves a different place and time, and often a change in gender. Unlike nighttime dreams, however, the final stage of a waking dream typically includes the death of the dream character. This is why it is critical that clients are never

themselves in these dreams. I will not risk the emotional impact of intentionally taking someone through his or her own death in a dream! What happens *after* the death experience of the dream character is a major focus of this book.

Chapter 1 introduces you to the concept of waking dreams and describes seven ways they can be used to help people resolve a variety of personal problems, enhance their intuitive abilities, and enrich the spiritual aspect of their lives.

Chapter 2 begins with a review of what has been reported in the literature for more than thirty years on the phenomenon of near-death experiences. These phenomena are then discussed in the context of what occurs in the final stage of a waking dream.

Chapter 3 describes the prototype of a waking dream. Just as many NDEs do not include all of the core components of a prototypical NDE, few waking dreams completely match the prototype. However, because they occur by choice, it is helpful to have a good understanding of the many forms waking dreams can take. This enhances the opportunities for using them both with more confidence and greater effectiveness.

Chapters 4 through 7 present a variety of actual waking dreams with detailed case transcripts. These serve to demonstrate some of the many ways that waking dreams can be used to facilitate personal, even transpersonal, change.

Chapters 8 and 9 explore the parallels between waking dreams and past-life therapy. In many parts of the world, people believe that the soul experiences hundreds of lifetimes, each of which affords opportunities for learning. Past-life therapy extends the notion that current problems sometimes have their origins in past events by looking to other lifetimes when the events of the current lifetime are insufficient to account for the current problem. For example, there is considerable anecdotal research that many phobias resolve quickly with past-life therapy.

Chapters 10 and 11 use additional transcripts from waking dreams to probe some of the spiritual implications this work can have for each of us.

In the final chapter, I summarize and synthesize the other chapters with a discussion of some of the spiritual, soul-level implications that have emerged for both my clients and me from this work.

*Paul W. Schenk*

## Chapter 3

# *A Typical Waking Dream*

Initiating a waking dream in therapy is straightforward. The experience is very much like having a daydream. While most clients choose to lie down on the couch and close their eyes, some remain in a seated position with their eyes open. I have even experienced some of my own waking dreams while pacing back and forth in a room. Just like when we daydream, it is easier to have a waking dream when the person is relaxed physically and emotionally. One simple way I help my clients do this is to have them remember a time when they were feeling relaxed in this way. For some, this means walking in a grassy meadow. For others, it may involve sitting along a river bank. Some choose a walk along a forest path with the sun shining through the trees.

I frequently use the following teaching exercise with my clients. If you want, try this experience for yourself:

Remember a classroom from your years in elementary school. It doesn't matter which one you choose or even if it is from a later time period. Imagine yourself in the classroom and notice the color of the chalkboard. Now look at the wall above the chalkboard and notice what you see there. Most people report seeing cards with the letters of the alphabet. If that happens to be what you see, notice the color of the cards and the color of the letters. Now walk up to the chalkboard and find a piece of chalk that is a good length. What color did you choose? Notice if you can feel the chalky texture when you pick it up. Then draw or write something on the board. When you're done, put the chalk back on the chalk tray. Did you notice the sound of the chalk as you wrote or when you put it back down? Finally, look for an eraser. Notice if there is already chalk dust on it or if it is clean. Erase what you wrote or drew on the board. Is it completely gone or is there a faint image left?

If you did the exercise yourself, it is likely that the image you had of the classroom was based on a real memory. At the point where I ask the client to write on the board, the experience most likely becomes



purely fictional. A few people retrieve a memory of a time when they wrote something on the board during class, but for most, this part of the experience is fictional. However, nothing in the quality of the imagery changes when the content moves from the real memory to one which is fictional. The sights, sounds, and feelings seem very similar if not identical. This is why I'm very careful in how I use hypnosis/imagery. For the purpose of waking dreams, I arbitrarily define the content as fictional. This is easy to do since the person is *always* someone else in the dream. If you did the exercise yourself, notice how tall you were when you walked up to the chalkboard in your mind. Most people report that they were the height of a child, not their adult height, even though I said nothing specific about *being* younger in the exercise. Waking dreams take advantage of the mind's ability to imagine in a multi-sensory, even multi-age way.

After I help clients move into a relaxed trance state, I ask them to imagine being in a movie or story whose main character's life will contain experiences that they will find meaningful and relevant. For example, I may say, "As you continue to relax and go even more deeply within, you might find yourself beginning to imagine being someone in a movie; a person whose story will contain experiences that will be *timely, useful, and constructive* for you in your own life." While I could certainly offer more specific suggestions, I like to keep the risks of biasing or confounding the process to a minimum by being as non-specific as possible. In this way, whatever imagery emerges for the client has the best chance of being generated independent of any beliefs I may have about the nature or origin of the client's issues. There are many ways to phrase this opening suggestion. One way is to ask the client's unconscious or higher self "to generate a story, perhaps from another time and place, in which the events will provide you with greater understanding of (the current concern) that will be constructive, timely, and useful in helping you to resolve it".

For several years, one of my favorite ways of helping a client initiate a waking dream has been to use an extension of the "Hallway of Doors" hypnotic technique that I call "The Atrium". A sample induction follows.

Sample induction for The Atrium:

Induction	Discussion
<p>As you let your eyes close and continue to relax even more, imagine you are standing in a hallway with many closed doors. As you look down the hallway, the door nearest you is number 43. Behind that door are all of the memories of everything that has happened in this year of your life. Beyond that, as you look farther down the hallway, there is a door for every year in your life so far.</p>	<p>Assume the client is currently 43 years old.</p> <p>It is my personal preference to actively discourage clients from using this tool to explore their future. Imagine, for example, a client who only sees two additional doors and concludes that she will die at age 45.</p>
<p>Behind you, the hallway continues, perhaps around a corner. The doors in that part of the hallway have not yet been installed to hold all of the memories for each of the years that await you in this life.</p>	<p>The “Hallway of Doors” is typically used to explore antecedents of current problems. Using trance-deepening language, the client is invited to walk along the hallway until she reaches the door “behind which can be found the origin of the problem”, or “where you can find memories that relate to the origin of the problem”.</p>
<p>As you walk, at your own pace, past each of the doors moving farther down the hallway, you can allow your mind to go deeper and deeper within, becoming even more relaxed and comfortable. As you continue, you can make a mental note of any thoughts</p>	<p>This reduces the risk of an unexpected abreaction in cases where a client has memories that are still painful. This is particularly important if the client’s childhood history includes correlates that are often found in cases where significant abuse occurred.</p>

## Chapter 6

# *"But I Don't See Anything"*

*Eric*

New clients come with a variety of expectations and preconceived ideas about what they hope will happen or think "should" happen with hypnosis. Those who have prior experience with hypnosis or various forms of meditation often move easily into a hypnotic state. For most, visual imagery comes as quickly as it does in nighttime dreams, typically accompanied by other sensory experiences, such as sounds and tactile sensations. A small percentage of new clients report that, "I don't see anything" after a few minutes in trance. When this happens, it usually means I missed something while I was getting background information about the person. In most cases, this can be resolved after some questioning to ascertain what is meant by "nothing".

I have found there are four common reasons for this kind of initial difficulty:

1. A few clients are so eager to begin that they have trouble relaxing enough.

This is analogous to trying to make yourself fall asleep. To go to sleep, you must be willing to turn over control to a different part of your own mind/body. Trance, while very different from sleep, involves the same paradox: going into trance requires a willingness to let a different part of your mind/soul become active. Unlike sleep, though, your conscious mind can resume "control" whenever it wants during trance. Think of how breathing works. Any time you want you can choose to breathe in a different way. Yet as soon as you forget to remember to breathe consciously, some other part of your mind/body immediately takes over the task of monitoring your breathing.

When clients seem too eager, I walk them through a more structured initial sequence that may begin with a focus on more external events, such as awareness of different parts of the body, of breathing, of sounds coming from outside my office, etc. Gradually, I mix these with awareness of internal thoughts or memories of recent events. Alternatively, I may ask clients to describe a place and time when they felt very relaxed, very safe, and very comfortable. Most of this group can recreate this kind of memory easily, in part because they don't equate doing so with "being in trance".

2. Some clients have prior histories involving violations of trust.

This is particularly so when there has been a history of trauma or abuse. Because the common, though faulty, belief is that the client relinquishes control to the therapist when in trance, such clients often simply need more time to accomplish two critical tasks: First, they need more time to decide whether they trust the therapist. Second, they need time to discover that they, themselves, control whether or not they go into trance, and if so, to what level. Years ago, I demonstrated this for one client with the help of a colleague. I explained that after I helped the colleague go into trance, I would signal to the client so that she could ask any questions she wanted of my colleague—who would remain in trance. In this way, she was able to see what it looked like to be "in trance" and was able to satisfy her fears and curiosities about the illusion of control. Next, I invited the woman to go in and out of trance several times with the colleague still in the room. In this way, she was able to test for herself what she had just observed with my colleague.

3. Some clients initially report difficulty because what is happening doesn't match their expectations.

While I was doing some research a few years ago, one of the volunteers, Eric, reported for three straight sessions that "nothing is happening". At the end of the third session, he finally revealed that he had had lots of images, but he had rejected every one of them because he thought he was "making them up". To his surprise, I asked him to intentionally do just that: make up a scene. He immediately began reporting rich imagery that was quite relevant to core issues in his life at that time. The waking dream that ensued is presented later in this chapter.

# *Chapter 10*

## *With a Little Help from Our Friends*

### *Jane*

Most of my clients find that they are able to access their guides more easily as they spend more time with waking dreams. Sometimes the characters from previous waking dreams re-emerge to offer their own assistance, beyond that which may have been offered during the original experience. In the waking dream presented here, Jane (from Chapter 7) got some unsolicited help from Susan, one of her earlier dream characters. Susan offered further insight and observations about Jane's progress in working on several longstanding issues. She helped focus Jane's work in two areas: the problems she continued to have with unmet expectations and her relationship with her mother. Then, later in the dream, Jane became aware of another presence:

Wow! The light is so bright! All my guides are here and the masters, too. The love is unbelievable.

The kind of emotional support she felt for the work she was continuing to do was very reaffirming. This is typical of what other clients report with this kind of connection.

As other therapists have reported, sometimes the masters have messages for the therapist in addition to messages for the client. That proved to be the case here. As often as not, the information relayed by the client from the masters has to do with material about which the client has no knowledge.

By this time in her work, Jane had become adept at entering trance quickly. As she made the shift into a hypnotic, meditative state, I

opened with a simple listing of possible areas for her to explore. As logical as the choice of topics may seem to be for a given client, I like to include a generic one at the end of the list that allows for the possibility that something else would be even more useful for the client to explore.

**Therapist:** A sense of humor is so important. That's why I like having spirit guides who are playful. So I would invite yours to join in the celebration today, and to join us as the room fills with light and love and laughter, and becomes an even safer place for us to use the next hour to continue to explore that which is most timely for you in this ongoing journey, this exploration, and whether it would be a good day to come back and check with Susan to see if there is more that can or might be done about her experiences as a part of your journey across time; whether the theme would be relevant of wanting someone who would take care of things and you; the theme of forgiveness; or something else that would be even more timely than those.

**Client:** I feel very giddy and playful today, laughing. I couldn't stop laughing earlier. *[Pause.]* I'm inviting my guides to play with us today. *[Pause.]* They're taking me to the Light first. Seems like it's been awhile since I've been there. It feels so warm on the top of my head. So relaxing. Like I could stay here. And they say, "Not yet!" *[She grins.]* Just kind of floating. I feel like I'm traveling somewhere and I don't know where I'll end up. Like I'm flying.

**Therapist:** I sense that it seems okay not to know the answer this time. *[She had long struggled with wanting to know the outcome of a situation before deciding if she is willing to begin.]*

**Client:** Yes it's okay. I was thinking, "I wonder where I'm going? Oh well. I guess I'll know when I get there." Like I'm traveling deep somewhere, deep and far. I don't know what that means. But I'm patient today! That's a miracle! I'm not going to judge anything. Write that down! *[Her guides had often teased her about the importance of her learning to be more patient.]*

**Therapist:** Allowing yourself the uncertainty about where you're going in no way means that you forfeit the right to return from it or deviate from it or change your mind once you do get clear about where you're going.

**Client:** Say the first part again.

**Therapist:** Not knowing the destination does not commit you to anything except the next step.

**Client:** I feel very sleepy, very sleepy, like I'm exhausted. Like I worked really hard, but it feels like good work. [*This sense of suddenly sleepiness correlated with significant trance deepening for her.*]

**Therapist:** A hard day's physical labor is often accompanied by a sense of physical fatigue that correlates with the physical labor. The same can be true emotionally.

**Client:** A much deserved rest. It was a rough one, whenever that means. I feel like there is a surprise somewhere. Like a little girl waiting to open her presents. Laughing, waiting for the surprise. I'm not sure where to begin.

**Therapist:** Has anything changed from the sense of floating?

**Client:** I just feel like I'm somewhere where I don't know where I am. Somebody said, [*laughing*] "Start at the beginning!" But I don't know what the beginning is.

**Therapist:** How about the first thought that you have?

**Client:** I don't know what it was. My thoughts feel empty. Like I don't have any thoughts. That's kind of weird.

**Therapist:** Before you rush away from that, notice what it's like to be in the place of no thought.

**Client:** Interesting. I don't know how I got here. It's peaceful and relaxing. It feels patient, rejuvenating, happy. It feels different. It's like someone is teaching me how to meditate. But it seems weird because I'm talking.

**Therapist:** Maybe it's talking that is different from thinking and analyzing. Maybe you're just verbalizing what is.

**Client:** That's true. I feel happy, and sleepy again.

**Therapist:** I would ask your guides to notice if the sleepiness is a correlation with what happens with brain wave activity during meditation. [*I elaborate on beta vs. theta brain wave activity and sleep.*]

## People who undergo near-death experiences often have profound and life-changing experiences.

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