Pathogenic Dream Lucidity? A Warning from Native North America

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INTRODUCTION

I offer this chapter as an anecdotal and clinical warning to those interested in “exploring the world of lucid dreaming.”¹ It is intended as a counterbalance to the romanticism of lucid dreaming in pop psychology—notions, for instance, that dreamscapes are playful sanctuaries for lucid dreamers, where one can pursue various fantasies, explore and develop one’s inner, Jungian self, or enhance metacognition in a Buddhist framework.² While I welcome these popular interpretations and applications of lucid dreaming as earnest contributions to the field, the ethnographic record tells a different and far less pleasant story about the potentialities of metacognition in the dream state. Far from the fantastic adventures and spiritual awakenings in Western models of lucid dreaming, ethnographic informants from many non-Western “dream cultures”—societies that place high value on dreams—share accounts that warn against the improper cultivation and use of dream lucidity, suggesting it can rouse psycho-spiritual dangers such as accelerating the vulnerable into psychosis and, worse yet, instigating dream death.³

The warning presented in this chapter echoes those I was given when I set foot on the Blood Indian Reserve in southwestern Alberta, Canada, in the summer of 2011 to inquire if and how dream lucidity is used as a shamanistic technique. I have conducted intermittent research with a Blackfoot community there since 2004 and was uniquely poised to inquire about this enigmatic and esoteric aspect of shamanistic practice. When I arrived and throughout my stay, my informants were very generous in sharing their knowledge of dreaming with me. Although they did not differentiate lucid from nonlucid dreams per se, they clearly exercise metacognition, or “the awareness, understanding, and control of one’s own cognitive processes,” during powerful dreams involving spirit encounters. In addition to learning how dream lucidity enables medicine men to
interact with benign spirits directly, I learned that in their view the dream world is also host to bad spirits who, like pathogens, seek out and thrive on the life-force of the vulnerable. As such, anyone hoping to meet with benign spirits and build a mutually beneficial relationship with them needs strong spiritual protection to guard against bad, life-force-devouring spirits. Such protection can take decades, arguably a lifetime, of practice to cultivate. Those without it are subject to all of the harmful potential that bad spirits thrust upon the unprotected, including insanity, illness, and severe misfortune as well as death of oneself and/or one’s loved ones.

I have organized this chapter into two sections. The first discusses lucidity in the Native North American vision quest, a dream-vision incubation rite that has been of long-term interest in anthropology. Drawing on the ethnographic record and excerpts from interviews with some informants on the Blood Indian Reserve, I argue that lucidity in dreams and waking visions is cultivated to discern between benign and malign spirits during a vision quest and to negotiate with them. I also emphasize the psycho-spiritual dangers of performing the rite. In the second section, I consider my informants’ warnings in relation to dream death and its closest medical correlate, sudden unexplained nocturnal death syndrome (SUNDS). I argue that since many societies wholeheartedly believe in the spiritual reality of their dreams, dream experiences of lethal assault can and do lead to the death of the physical body. While rarely seen in the mainstream West, such a fate is more common in the world than we tend to think. Admittedly, it takes a leap of faith to connect dying in a dream to SUNDS; however, sleep scholars have made clear connections between sudden death while sleeping and culturally encoded forms of sleep paralysis. With an awareness of the potential insanity, illness, and sudden death that is said to emerge from the improper cultivation of dream lucidity, aspiring lucid dreamers are urged to question their motives before setting forth into a world that is as majestic and mysterious as that of waking life, but has the potential to be equally as pathogenic and lethal.

PATHOGENIC DREAM LUCIDITY AND THE VISION QUEST OF THE GREAT PLAINS

The most intense Native North American dream incubation ritual on record is the “vision quest” of the Great Plains. It is typically described as a four-night solitary retreat into the wilderness taken by young men and some women. It varies in form and intent throughout the Great Plains but similar dream incubation rites are found throughout the continent. (See Robin Ridington’s chapter in this volume for accounts of lucid dreaming and vision questing practiced by the Dane-zaa of British Columbia). In most cases, vision seekers go alone, but sometimes they may venture out in groups scattered individually in a sanctified area. Once they set up their site with the proper arrangement of sacred items, they perform auto-sacrifice, a sacrifice that offers degrees of one’s own life-force
through fasting from food, water, social interaction, and sleep. Once appropriately prepared, seekers “lament for a vision” through prayer, song, and the ritualistic smoking of tobacco until they either achieve the sought-after vision, retire from their site unsuccessfully, or flee out of fright. This vision can come during the waking state, trance, or sleep, including during a lucid dream. To achieve an authentic gift from a spirit or a monotheistic/pantheistic Creator, one has to be willing to endure the suffering of the ascetic rite. An authentic gift may come in the form of a song with healing power, instructions for how to assemble a sacred item such as a pipe or clothing, and ethical proscriptions and prescriptions that the seeker must follow lest she lose the power bestowed and suffer the consequences of disrespecting the gift.

I interpret the reciprocal exchange underlying the auto-sacrifice of the vision quest as one of life-force. The seeker offers his or her life-force through ascetic auto-sacrifice; the spirit then reciprocates by providing sacred knowledge that both possesses life-force and has the power to transmit life-force in the case of spiritual doctoring. The “transfer of power” constituting the vision begins a long-term relationship between a seeker and the spirit that is renewed through ceremony, prayer, song, and the honoring of any ethical prescriptions or proscriptions that constitute the gift given.

A medicine man informant of mine on the Blood Indian Reserve who has gone on a number of vision quests throughout his life, hereafter referred to with the pseudonym of “Rodney,” told me that spirits may come every night, some nights, once, or not at all during a vision quest. He then shared an anecdote that highlights the indispensability of metacognition in the dream-vision state during a vision quest. Rodney claimed that in the case where spirits visit nightly, the spirits that visit on the first three nights are, more often than not, bad spirits. That is to say, they originate from the negative side of the spirit world and appear to the seeker prematurely. They do not require much auto-sacrifice, suffering, or life-force upon their arrival because they will claim it later, often at the expense of the seeker and his or her family. When bad spirits appear during the vision quest, they are conniving and tempt the seeker to accept a veiled, pathogenic gift that will eventually lead to great misfortune in the form of insanity or the illness or death of oneself or family members. Good spirits, in contrast, require big auto-sacrifices for authentic gifts. The metacognitive ability to discern between ill-intentioned spirits and authentic spirits is, therefore, essential to a successful vision quest.

Rodney explained the danger of bad spirits in dreams and during the vision to me and the importance of being able to discern them in the following interview segment:

SD: In a dream, can somebody attack you?
R: Oh yeah! The negative side, the dark side is very powerful. That’s why I always say people really have to understand what we do, especially when you go
out on a vision quest. They [spirits] play with your mind. They're going to play with your mind out there. A teacher that thinks, that knows that you're ready to go out for that spiritual quest... He's going to teach you how to identify the good and the bad.

Another informant, referred to as "John," has shared a number of his vision quest encounters with bad spirits. In one of them, he is accosted four times by a temptress spirit who offers him the power to have any woman he wants. In describing his state of consciousness at the time, he said, "While I was sleeping, I thought I was awake." Later he added, "When they [spirits] start going to you, I think they put you to sleep. But you, you think you're still awake, hey. Your spirit... your spirit is still sitting, awake. Your body... fell over and... yeah, that's how it is." I interpret this wakefulness during his dreams as lucidity.

John has also described a group vision quest he led where he encountered a spirit that tried to trick him into leaving everyone behind. Metacognition helped him to resist the tricks of the imposter:

J: I was the one that was supposed to take care of them [other questers] because I had been up there [to the vision quest site] so many times [but] I [accidentally] laid down [to sleep]. Next thing, [Rodney] was calling [from his spot]. I said, "What's wrong?" He said, "My stomach! My stomach! Gosh! Let's just go down and finish our lodge [a sweat lodge ceremony that concludes the vision quest]." I told him, "If you and the other guy want to go down, I have to stay. I already set up my [vision quest spot]... we can't go down at this time of the night." All this time... I didn't think it was [Rodney] that was talking to me. I told him [the voice speaking], "Just go to sleep, I'll stay up, I'm going to stay up." Next thing, he [appeared as a black figure] but in the shape of [Rodney]. And his voice: "Well, I think I'd better go down. Would you lend me your vehicle and I'll just come back and get you guys." Sunday, we were supposed to quit. He almost tricked me! It was a bad spirit. While he was talking, he just turned around and started going away and I heard [the real Rodney say], "I'm okay!" "Oh," I said, "[Rodney], how do you feel?" He said, "I'm okay." That wasn't even [Rodney], that guy. You've got to watch that! They'll try and trick you, especially if you went with somebody. [Emphasis added]

Being able to discern between the good and the bad spirits and exercising good judgment with respect to how best to deal with them and their tactics requires metacognitive awareness not only of the situation at hand, but also of consciously recalled preparatory strategies. Regarding preparing for a vision quest, Rodney explained, "We... can prepare a lifetime to seek for something like this." John's wife explained:

You're always preparing yourself every day. That's why the [spirits] tell us: "Prepare yourself every day because you don't know what's going to happen tomorrow, anytime, or today. Anything can happen. Your spirit has to be prepared all of the
time—if anything happens, the spirit goes to a good place. If you’re not prepared, the spirit goes someplace else.”

As with death, preparation for the vision quest accounts for the entire course of one’s life. By “preparedness,” I interpret my informants’ counsel to mean living one’s life more or less in accordance with traditional ethos—for instance, regularly attending ceremonies and being brave, kind, generous, reciprocal, and community-centered. The cornerstone of such an ethos is the acknowledgment of one’s interdependence on the sociocosmic universe. In Blackfoot ethics, this is enacted through building, maintaining, and renewing reciprocal relationships with human and nonhuman others. Living by this ethic, one invites good spirits and good luck to oneself and family. To the contrary, breaches of this ethic are invitations to bad spirits and entail dire consequences. Focusing on the high value of reciprocity among the Blackfoot, Kenneth Hayes Lokensgard writes, “relationships must be reciprocal. If not, instead of enjoying the powerful aid of those other [spiritual or other-than-human] beings, the Blackfoot peoples will suffer the negative consequences of being deprived of help or actively punished.”

To be prepared for a vision quest, then, is like being prepared for death insofar as preparation amounts to the lifetime practice of good ethics. When nonreciprocating and, therefore, immoral and unprepared persons set out on a vision quest for a novel experience, they are, from a Blackfoot perspective, setting themselves up for tragedy because their lifestyle and intent will attract bad spirits. Furthermore, without proper metacognitive skills, unprepared seekers will lack the power to discern between good and bad spirits, leaving themselves all the more vulnerable to the latter. Even if they have cultivated strong dream lucidity in a Western context, they are, my informants would likely assert, woefully unprepared to protect themselves against the negative side of the spirit world if they have not been living by a specifically Blackfoot ethos. It is only by adhering to the Blackfoot ethos that one accumulates the spiritual protections that come with full dedication to ceremonial life (e.g., bundles, pipes, rattles, drums, moccasins, medicine bags).

Through their training, medicine men have learned how to coerce benign spirits for the benefit of their communities and resist the negative forces, for themselves as well as for ceremonial attendees. Those who are unprepared may, according to my informants, lose their life or at least their sanity if they attempt to make a bond with a spirit during a vision quest. They also put their friends and families at risk of retaliation from the negative side of the spirit world. I have heard a number of times certain stories about young Naapiikoakisi (white men) who pleaded to Rodney’s teacher, Brian (pseudonym), to go on a vision quest while Rodney was undertaking his apprenticeship. It did not turn out well for either na pikwan:
R: A lot of people, the non-Natives, especially over here in the States ... a lot of people are not there for the right purposes. Like this white guy that wanted to fast [on a vision quest]. [Brian] kept telling him, “No. It’s not for you.” But he insisted in going out. Finally [Brian] said, “Well, [what should I do]?” I told him, “Show him.” [Brian] told him, “Okay. You want it? I’ll bring you there.” [Brian] brought him out. I don’t know what they [spirits] did to him out there. That night he came into the sweat. He couldn’t believe what he experienced. [Brian] told him, “That’s why I didn’t want you to go. They could have killed you.” Another guy in Sweet Grass Hills [Montana]; they [the spirits] moved him from this spot to a different spot ... His mind was all messed up. [Brian] had to doctor him up there in the mountain. Just enough time to get him back to the sweat. By the time he was in the sweat, he was like a zombie. His eyes were just in one spot.

SD: What did he want from it?
R: It was probably just to find out if it was for real, what we were doing.
SD: Just for a selfish reason, then.
R: The [spirits] messed up his mind. He didn’t even know who he was when he got into the sweat. [Brian] was like, “Who are you?” He was like ... [blank stare]. That’s how he was. [Brian] told him: “That is why it’s not meant for you. Sure, you can be somebody in the sweat, in the group fast; for your own well-being. But to go out into the wilderness like the way we [medicine men] do it; you may not come back [alive]. Maybe that would be the last day ... you’ll ever be on Earth. That’s how dangerous it is. But the [spirits] pity us by showing us that they do exist. That, they are powerful.” It took a hell of a lot [of doctoring] for [Brian] and me to take care of this guy. And I mean it almost knocked the daylights out of us. They had to drag me out of the sweat; that’s how bad it was. And [Brian] told that guy; “I never want you to mention it ... I just wanted to show you because you didn’t believe what we told you, okay. But my son [Rodney] was the one who had to pay for it. Look at him.” You know, they dragged me out of the sweat and that was rough, that was really, really rough. Ever since then, that guy didn’t want anything to do with us.

Similar accounts are found in the ethnographic record. Exploring the vision quest among the Shoshoni, Åke Hultkrantz tells of vision quest sites that have been abandoned because of the psycho-spiritual harm the spirits in the region have instigated even for the well-prepared, causing seekers to go blind, become lame, lose their minds, and die within years of receiving the medicine there. All of these accounts highlight the psycho-spiritual dangers of the vision quest and indirectly suggest that lucid dreaming may not be as safe as romantic pop psychology would have us believe.

THE RISK AND REALITY OF (LUCID) DREAM DEATH AND PSYCHOSIS

Medical anthropologist Shelley R. Adler has explored fatal accounts of sleep paralysis in cross-cultural contexts, with particular focus on Laotian Hmong refugees who have recently immigrated to the United States. Sleep paralysis is an
anomalous condition occurring when a person is aroused into wakefulness, but his brain remains in a rapid eye movement (REM) dream mode. Feeling awake and alert, a person experiencing sleep paralysis is paralyzed by atonia, a function of the brain that prevents people from acting out their dreams.14 Because the brain is essentially dreaming while awake, sleep-paralyzed persons can perceive their immediate environment, but their perception is clouded by culturally encoded hallucinations. The inability to move while perceiving hallucinations, often of otherworldly beings near one’s bedside or pressing down on one’s chest, can cause sheer terror.15 Relatedly, Susan Clancy has convincingly argued that alien abduction experiences are actually sleep paralysis experiences encoded in hallucinatory narratives of space-age America.16

In a cross-cultural survey, Adler shows how sleep paralysis is imagined and experienced differently by people of different cultures. In 18th-century Europe, for instance, it was imagined as a “nightmare”—a demon-like character that appears in the night and paralyzes a person while sitting on his or her chest. The sensation of being crushed during sleep paralysis is common across cultures and instills fear in experiencers as they often feel as though they cannot breathe.

In her own research, Adler found an abnormal frequency of SUNDS cases among Hmong refugees in the United States. She realized that the Hmong believe very strongly in an evil spirit called dab tsog that appears in the night and crushes the breath out of a person. The third time the dab tsog appears, the Hmong widely believe, it will kill. Furthermore, the Hmong Lao have a genetic predisposition for Brugada syndrome, a rare and genetically inherited type of cardiac arrhythmia. Approximately 15 to 30 percent of people with Brugada syndrome have a genetic mutation of the disease that leads to sudden cardiac arrest, typically while sleeping.18 Adler’s argument is that the Hmong belief in the fatal potential of the dab tsog can cause such anxiety during the experience that it can catalyze a panic-induced heart attack during sleep paralysis. Therefore, SUNDS among the Hmong Lao, she asserts, is a biocultural phenomenon where sleep paralysis encounters with dab tsog and a genetic predisposition for Brugada syndrome converge in the psychosomatic death of individuals, in part, through the nocebo effect—a negative psycho-physiological response to a negative expectation.

Adler writes, “Because expectations are largely learned from the cultural environment, nocebo effects are thus likely to vary from place to place” and, I would add, in degree of intensity.19 The nocebo effect can range from mild (a headache) to severe (psychosomatic death).20 In the case of the Hmong, SUNDS was, Adler argues, inflicted by belief in the lethal potential of the dab tsog combined with genetic predisposition to Brugada syndrome. Although Adler’s inclusion of Brugada syndrome is a crux of her explanation for the high incidence of SUNDS among the Hmong, psychosomatic death is far from
exclusive to them. Specifically, it has also been observed in Haitian voodoo traditions and Australian Aboriginal tribes and is likely widespread.\textsuperscript{21}

Louis Bird, an oral historian of the Omushkego Cree near James Bay, explained that shamans (known in the singular as \emph{mitew}) would often engage in spirit battles in which they would create beasts in their visionary consciousness or while dreaming and attack another \emph{mitew}, who would then protect himself with his own beast. “Only the beasts fight,” Bird explains, “the two men just sit there with their minds fighting and whoever is stronger is the winner. And if one of the beasts is killed, the \emph{mitew} dies instantly.”\textsuperscript{22} Omushkego shamans were also considered able to enter other people’s dreams to attack them. “Whoever was killed in that dream,” Bird writes, “didn’t wake up again.” My informants also told me that you can die in your dream if you are not careful and get in over your head—for instance, like the white vision questers. Whether a \emph{mitew} imagines he is being attacked or is actually being attacked, the absolute belief in the fatal consequences of the encounter may, as Adler has shown, result in death.

Similar anecdotes of shamanistic lucid dream assaults resulting in psychosomatic illness and death are found among the Chepang of south and central Nepal as well as among the Jahai and Batek groups of Peninsular Malaysia (see Diana Riboli’s chapter in this volume). George Devereux documented anecdotes from the Mohave of the American Southwest that explicitly link dreaming with the acquisition of illness.\textsuperscript{23} Among the Mohave, “harmful adventures of the soul” while dreaming, such as “the invasion of the psyche by an alien power,” are strongly equated with the onset of illness. Devereux refers to such dreams as “pathogenic dreams,” which inspired the title of this chapter.

It is important to note here that the opposite of the harmful nocebo effect and its extreme end, psychosomatic death, is the \emph{placebo effect}—when a positive expectation elicits a positive psycho-physiological response. The most popular example of the placebo effect is doctors healing patients by giving them sugar pills rather than pills with medicinal properties. Greenfield and Winkelman argue that symbolic notions of self, other, soul, spirits, and similar concepts directly correlate to neural structures and functions of the brain.\textsuperscript{24} As such, behavioral manipulations of symbols in ritual (through music, dance, and other ceremonies) and vivid, emotionally charged interactions with symbolic figures (supernatural agents) in dreams affect neurological processes. Since the immune system is responsive to neurological processes while awake or dreaming, psycho-emotional engagements with symbols affect our immune system to our harm or benefit.\textsuperscript{25} Shamanistic ritual and altered states of consciousness are, according to Winkelman, powerfully affective means by which humans have cultivated and continue to tacitly mediate the placebo effect.\textsuperscript{26} They are adaptive mechanisms because they unite social groups and evoke self-healing processes through the manipulation of symbols. What Winkelman and Greenfield have not
considered in depth, however, are the detrimental effects of placebos through negative manipulations of, or dream encounters with, powerful symbols.

While it may be next to impossible to find a direct link between SUNDs and pathogenic dreaming (because those who die from a nightmare will never wake to tell us what happened), the nocebo effect is a real and dangerous phenomenon. Through the negative manipulation or encounters with cultural symbols, the nocebo effect is pathogenic and potentially lethal. Although sleep paralysis is not the same as lucid dreaming, they have several formal properties in common besides both being REM phenomena, including high levels of metacognition, visionary imagery, and powerful emotional states. While anthropologists have only anecdotes from informants to connect illness and psychosomatic death with lucid dreams, it stands to reason that the higher emotive intensity of lucid dreams would have a more powerful placebo/nocebo impact than normal, semi-conscious dreams. Green and McCreery do remark on the emotional intensity of lucid dreaming but, like most other pop psychologists, they focus on the mystical elation of discerning the dream state while dreaming, rather than on the panic-stricken terror that can ensue, for instance, during the assault of a powerful spirit, or the lasting impact that the memory of the assault can have.\textsuperscript{27} Believing one has been the victim of a spiritual assault upon awakening can prolong the nocebo effect indefinitely. Green and McCreery also dismiss claims that lucid dreaming may have “possible detrimental effects” by citing the romantic accounts of lucid dreaming that Stephen LaBerge has put forth.\textsuperscript{28} These accounts of lucid dreaming as harmless are inaccurate and promote novel experimentation without consideration for the fact that lucidity is experienced differently by different people in diverse societies.\textsuperscript{29} It is not universally safe and should not be universally recommended.

The case of Jared Loughner, a convicted gunman who killed six people and injured 13 others in Tucson, Arizona, in January 2012 clarifies this point precisely.\textsuperscript{30} According to news reports, drug use and experimentation with lucid dreaming accelerated Loughner’s paranoid schizophrenia, for which he did not seek or receive medical attention. This led him to an assassination attempt of U.S. Representative Gabrielle Giffords, who, his dream diaries report, Loughner dreamed about somewhat frequently before the day of the shooting. He is reported to have contacted dream researcher Ryan Hurd about lucid dreaming 18 months prior to the shooting, and his dream journals reveal lucid dream accounts of him gunning many people down without hesitation because he knew they were not real.\textsuperscript{31} While I do not assert that lucid dreaming caused Jared Loughner to embark on a shooting rampage, clearly lucid dreaming can reverberate with adverse effects in society.

Although it takes mental stability to develop lucidity as it is modeled in a Western context, I would assert that it takes even more mental stability and
preparedness to venture into the (lucid) dream practices of societies other than one's own, such as the visionary traditions of the Great Plains. I hope my chapter contributes to this volume by highlighting the unexpected and pathogenic dangers of dream lucidity in non-Western societies. Readers who sought this text as a go-to guide for how to dream like the Blackfoot, the Chepang of south and central Nepal, the Jahai and Batek groups of Peninsular Malaysia, the Hmong Lao, and so on should reconsider.

CONCLUSION

When I was first warned against researching too deeply into the use of volitional dreaming in Blackfoot shamanistic practice, I was admittedly skeptical. At the time, I held the view that many Western dream romantics do—namely, that dreams are relatively harmless. As affective and terrifying as a severe nightmare can be, it is often cured, I thought, by the simple buzz of an alarm clock. I have come to learn that this is a naively dangerous point of view to harbor, especially when hoping to develop one's lucid dreaming ability. After referring readers to a list of works that will aid them to cultivate dream lucidity for research purposes, Laughlin concludes his exhaustive treatise on the anthropology of dreaming with a warning that "some of these sources may take you deeper into a confrontation with the unconscious than you may wish to go." Highlighting the importance of mental stability, he adds, "Remember, Jungian dream-work is usually applicable to people after they reach their mid-life."

Laughlin's warning, along with those from my informants, begs the question: is dreaming dangerous only if your culture harbors a pathogenic dream theory—that dreams can and do cause harm—or is dreaming dangerous in general? Furthermore, could introducing the nocebo danger of pathogenic dreaming as I, Riboli, and Adler have done actually cause more issues for dreamers who read our works by inserting fear and anxiety into their dreaming practices? Although this point is debatable, I would contend that dreaming, especially at an advanced level, is a hazardous activity in general when engaged in without community support and formal training, and that it can amplify preexisting mental instability and, as Adler has argued, harmful genetic predispositions. Whether it is the dreams that pose a threat or the nocebo effect they have in devoted dreamers, lucid dreaming is not as safe and mystical as we have been led to believe, at least not for everyone.

NOTES


8. Irwin, Dream Seekers, 139–162.


13. Adler, Sleep Paralysis.


18. Ibid., 124–125.

19. Ibid., 123.


28. Ibid., 141–144.

29. See Roger Lehmann and Shayne Dahl, this volume.


33. Ibid., emphasis added.

REFERENCES


