American Journal of Clinical Hypnosis
48:4, April 2006

Hypnotically Enhanced Dreaming to Achieve Symptom Reduction: A Case Study of 11 Children and Adolescents

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Abstract

Theories about dreams have shaped our thinking about mind-body unity and the influence of thought on the body. In this article, the authors review the sparse literature regarding the use of hypnosis with children's dreams and nightmares, summarize how hypnotically induced dreams have been used to resolve psychological symptoms, and note five themes in the literature worthy of further investigation. Building on the value of both dreams and hypnosis for working through conflicts, the authors united mind-body medicine and hypnotically induced dreaming in a pediatric pulmonary practice. A case series is presented of 11patients who were offered an opportunity to review their reported nightmares through hypnosis in order to uncover their potential meaning. The recurrent nightmares among these patients decreased greatly in frequency or resolved following the hypnosis enhanced dream review. Thus, we demonstrate that hypnotically induced dream review may be useful in a pediatric population.

Key words: Dreams, hypnotic dreaming, nightmares, children, symptom reduction

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Hypnosis with children and adolescents has a long history of many medical applications such as pain management (LeBaron & Hilgard, 1984) as well as behavioral and psychological interventions (Anbar, 2002; Gardner, 1978; Olness & Kohen, 1996; Linden, 2003). However, there is scarce literature regarding hypnotically induced dreaming with children and adolescents. The subject of this article is the use of hypnotically induced dreams of previously dreamt nightmare-type dreams, that is those dreams defined subjectively as frightening, to resolve physical and psychological symptoms in a pediatric population (defined as up to 21 years of age, American Academy of Pediatrics Council on Child Health, 1972). First, an overview of dreams and their relationship to hypnosis is presented in order to provide a background for understanding the potential usefulness of this therapeutic tool.

Dreams and Hypnotic Dreams

In modern psychological theory, dreams may have received their biggest promotion from Freud (1933/1963) when he termed them the Via Regia to the unconscious, and developed the analytic method of free association to explore dream material. Free association, while lacking in empirical support, has served as the basis to psychoanalytic practice for decades, and dreams have often been the starting place for such exploration (Kingsbury, 1993). As part of this old tradition, Calogeras (1995), noting the similarity of free association and hypnosis, used hypnotic recall of dreams in contrast to hypnotic dream inductions, during analysis.

Reports regarding hypnotically induced dreams appear only sporadically in the literature. A notable exception is Paul Sacerdote's detailed description in his book (by that name) Induced Dreams (1967). The focus of his work was on adults, as most of the literature on hypnotic dreams relates to adults in the context of psychiatric treatment, following the psychoanalytical tradition noted earlier. Sacerdote believed that while sleep and hypnotic dreams may not be the result of similar physiological states, they may be seen as psychologically, intellectually, and emotionally equivalent (Sacerdote, 1967, p. 39). Gardner (1978) reported on the use of hypnotically induced dreaming with children using Sacerdote's method, and noted later that it might be employed in an analytical treatment to search for underlying dynamics to the dreams but mostly likely not for behavior modification (Gardner, 1981). LeBaron, Fanurik and Zeltzer (2001) reported that children appear to have a much higher rate of passing the hypnotic dream suggestion on the hypnotic susceptibility scales. It would seem that children should be the targeted group for research in the use of hypnotically enhanced dreams.

Sanders (1982) explored the question of whether hypnotic dreams are similar to sleep dreams. Sanders, like Jung (Kalsched, 1996) defined fantasy thinking and dreaming as equivalent, because of the involvement of the unconscious as opposed to directed thinking, whose function is communication. She used directed hypnotic dreaming to "graphically disclose the patent's level of commitment for change" (Sanders, 1982, p. 66). These patients were adults. The current report supports this theoretical assertion, that is, that hypnotically enhanced dreaming can be used to access a patient's communication from a nocturnal frightening dream in order to reduce psychological symptoms.

Sacerdote's Induced Dreams

Sacerdote was a psychoanalytically trained pioneer in the study of the phenomenon of hypnotic dream induction techniques and integrated them into a theoretical, diagnostic and prognostic therapeutic program. While there is little empirical validation for the work of Freud, Jung or Sacerdote, the observations of these clinicians on the phenomenon of dreams has given rise to the current report. Hypnotic dreaming involved having a client re-dream a nighttime dream while in a hypnotic state. The client would then describe the dream to the therapist and this was followed by a return to the hypnotic state with the encouragement to explore further some aspect of the dream. At the heart of Sacerdote's hypnotic work was the postulate that the patient did not need to "consciously participate in associating or recollecting" (Sacerdote, 1967, p. 31). That is, interpretation does not need to be done by the patient; instead, associations take place within the dreams. The notion that therapeutic change can occur outside of consciousness continues to be singularly important to hypnotic treatments.

Sacerdote further postulated that all dreams were meant to be understood. Their production was a kind of communication to the individual, and in therapy to the hypnotherapist as well. Hilgard (1965) had maintained similarly that hypnotic dreaming could reflect the nature of the hypnotic relationship even when no specific instructions to that effect were given. Shehan and Dolby (1979) noted that because of the setting of the hypnotic dream, in part determined by the relationship between subject and hypnotherapist, the hypnotic dream could not be spontaneous, but must rather be the "intention of the hypnotized subject to carry out the dream suggestion." (p.582). Each of these perspectives on hypnotic dreams emphasizes the importance of the relationship between subject and hypnotherapist and while not the subject of this article, the quality of the relationship may be an important factor in the successful results reported in these case studies.

Nightmares

Moss (1973) used hypnosymbolism for the treatment of a recurrent nightmare in adults. Hypnosymbolism was defined as a hypnotist-directed dream induction, or recall of a nocturnal dream in which the symbolism was non-directed. Moss believed that in hypnosis, people were less able to be reflectively aware and yet at a deeper level knew a great deal about their problem, but preferred to phrase it to him/her self symbolically, (i.e., at a dream level). He saw the hypnotic relationship as a safe place in which to work through real life problems symbolically. Sief (1985) also noted the empathic connection of the therapist to the patient in a case report on the treatment of a recurring nightmare.

Schneck (1971) reported that nightmares that occurred as a result of hypnotic suggestions deserved more attention, as they could provide information regarding the emotions of interpersonal relations, again echoing others on the importance of the quality of the hypnotic relationship. Kingsbury (1993) also focused on repetitive nightmares and redefined the nightmare as an interrupted dream that needed to be concluded. He used hypnosis to complete the dream and to resolve the nightmare. The same technique was reported by Gardner (1978). This is an area that is in need of empirical study. Similarly, Sadigh (1999) used autogenic training and abreaction to treat a post traumatic nightmare, noting that post traumatic nightmares differ from typical nightmares in that they contain images of the traumatic experience, and that treatment needs to address the intrusive elements of the neurophysiological system and restore homeostasis.

Given the ubiquity of children's nightmares reported by distressed parents there is a surprising lack of literature on hypnotic treatment of pediatric nightmares. Shehan and Dolby (1979) found that the hypnotic subjects' dreams were more positive than nonhypnotic subjects' dreams. This may relate to Belicki and Belicki's (1986) findings that individuals with frequent nightmares scored higher on hypnotizability, vividness of visual imagery and absorption. Lebaron, Fanurik, & Zeltzer (2001) compared sick and healthy children's hypnotic dreams, and found that ill children have more negative dream content and fear their imagery more than their healthy counterparts. Not surprisingly, this suggests that the nature of a person's health or concerns seems to have an influence on the dream content. Tart and Dick's (1970) work on dreams and hypnosis involved using post hypnotic suggestions to see if nocturnal dreaming could be influenced. They concluded that a possible application of dream control is the working out of conflicts within the dream state. Lebaron, Fanurik, and Zeltzer (2001) proposed that the imagery content (i.e., dream or fantasy production) might provide a "treasure of clinically relevant information regarding ill children's fears and concerns" (p. 316).

Newer research suggests that dreams are more than just the emotional language for the mind and serve the important functions of filing, organizing and categorizing the day's events into the brain's cells (Kantrowitz & Springen, 2004; To Sleep, Perchance to Dream—and Remember, 2005). Once referred to as the "dialogue between dream and dreamer" (Sacerdote, 1967, p. 37), dreams emerged in the decade of the brain as the enigma most likely to shape our thinking about mind-body unity and the influence of thought on the body.

In summary, the hypnotic dream literature is sparse and has raised the following issues worthy of further investigation:

1. The similarity and differences between nocturnal dreams, induced dreams and post hypnotically suggested dreams for the nighttime sleep.

2. The importance of the safety, empathy and trust in the hypnotic relationship in order for change to occur.

3. The value of hypnosis for both identifying and working through conflicts symbolically and without conscious awareness.

4. Hypnosis as a preferred mode of treatment for recurrent nightmares and post-traumatic nightmares.

5. The need for research regarding the similarities and difference in using hypnotically induced dreams with children or adults.

Mind-body medicine and hypnotically induced dreaming were united when one of the authors (Anbar) implemented this technique in a busy pulmonary practice. As noted earlier, it has been more usual to utilize hypnotically induced dreams in the psychiatric setting to resolve conflicts and mostly with adults. Less common, or so it would seem based on the review of the literature, is the use of hypnotically induced dreams in a medical setting and with a pediatric population.

Patients presenting to a Pediatric Pulmonary Center sometimes have symptoms that can be modified with a psychological intervention such as hypnosis (Anbar, 2002). Occasionally, patients at the SUNY Upstate Medical University Pediatric Pulmonary Center have reported nightmares that may relate to their presenting complaint. Hypothesizing that some conflict underlies nightmare type dreams, it was thought that a review of the dreams could lead to symptom solution. Therefore, such patients were offered an opportunity to review the dreams through hypnosis in order to uncover their potential meaning.

Method

Participants

Patients in this report were referred for evaluation for pulmonary symptoms to the SUNY Upstate Pediatric Pulmonary Center. As part of the review of their pulmonary history, patients were asked if they had sleep disturbances.

Selection

Between 1998-2003, 850 patients were offered instruction in self-hypnosis for treatment of pulmonary symptoms thought to be amenable to hypnotherapy (Anbar & Geisler, 2005) and 11 of these patients reported nightmares. All 11 were offered and accepted an opportunity to learn self-hypnosis for the purpose of reducing the conflict or anxiety thought to underlie the nightmares. These patients' ages ranged from 11-20 years, with 7 males and 4 females. The reported information regarding the frequency and intensity of the nightmares and associated symptoms was based on the patients' non-directed descriptions rather than a systematic assessment.

Procedure

Patients accepting the opportunity to learn self-hypnosis typically were taught three induction techniques as a demonstration of, "How an image in the mind affects the body." Induction techniques included imagining that (1) their hands were giant magnets that attracted one another, and noticing how the hands came together, "on their own," (2) that they were holding a bucketful of heavy wet sand in one raised hand and noticing how it became heavy, and (3) that they were holding a handful of helium balloons of various colors, and noticing how their hand became lighter and tended to rise, "all by itself."

Children were taught to induce relaxation with hypnosis by imagining being in a relaxing, comfortable place, and paying attention to what might be perceived with each of their senses. While in hypnosis the children were instructed how to use a triggering gesture (such as touching their index finger to their thumb) to remind them how to be relaxed even when they were not using hypnosis.

Typically, 15 minutes were required in order to instruct the patients in the aforementioned induction and relaxation techniques. No attempt was made to assess the depth of hypnosis achieved by the patients. Hypnotizability was not assessed formally because there is little evidence to support the clinical utility of hypnotizability scales with children (Olness & Kohen, 1996).

To help process their dreams, one of two methods was used to hypnotically induce their dream recall either during the first or second session of hypnosis instruction. (1) Patients who were frightened by the content of their dreams were offered an opportunity to review the dreams within a 10 cm diameter crystal ball after they achieved a state of hypnosis

by imagining their relaxing place. It was suggested that the dream would not be as frightening because it would be seen in the crystal ball rather than inside the child's mind. (2) For other patients, it was suggested that once they were in a relaxed state with the aid of hypnosis, they would begin to dream their nightmare.

Once the patients indicated that their nightmare recollection had begun, they were asked to indicate as their dream reached the point when they typically woke up as a result of the nightmare. When the children indicated so, either verbally or non-verbally, they were encouraged to remain in hypnosis in order to allow their dream to reach its conclusion, which they had never seen before. At the conclusion of the dream, the children were asked to define its meaning. No intervention was employed for dream recall other than as described above.

As this report describes a retrospective chart audit without identification of patients, it was eligible for and received exemption from review by an institutional review board.

Results

The cases of two patients are described in detail below, while the dreams of the nine other patients are summarized in Tables 1-3. All patients felt that the dreams expressed and/or provided solutions for their anxiety of which they were unaware prior to the hypnosis work. Notably, the recurrent nightmares among these patients decreased in frequency or resolved following the hypnosis enhanced dream review.

Case Example A

The patient was a 9-year-old boy who presented with a two-year history of shortness of breath while running. He reported that during his episodes of shortness of breath he typically developed a sore throat, had difficulties inspiring, and manifested a loud noise upon inhalation (stridor). Sometimes he had associated headaches, shakiness, and palpitations. At the time of his presentation to our Center, the patient has been living with his maternal aunt for 14 months because he had been neglected by his mother and stepfather. He was receiving counseling from an M.S.W. therapist. His physical examination and pulmonary function testing were normal.

In treatment of his probable vocal cord dysfunction, the patient learned how to use self-hypnosis (Anbar, 2001a). Also, the patient reported a recurrent nightmare in which he was attacked by plastic toys. The patient wanted to learn how to use hypnosis to "get rid" of this dream. It was suggested that the patient enter hypnosis with his eyes closed. The patient was instructed that once his eyes opened by themselves he would be able to see the dream in a crystal ball. When the patient opened his eyes after 10 seconds in hypnosis, he reported seeing in the crystal ball that his plastic toys came to life and were chasing everyone including the patient. The patient and some of his friends went to buy some golf clubs with which to attack back. At this point, the patient reported he usually awakened in fright. He was encouraged to continue viewing the dream in the crystal ball. He reported that after purchasing the golf clubs and golf balls, the patient was able to attack the toys and get rid of them. He then stated that all the windows had been broken as a result of the fight, but that they were being repaired.

The patient was asked to explain the meaning of his dream. He stated that he should not watch some of the scary movies he had seen. He said he should not believe that plastic toys were real, and that he had too many of them. Finally, he added that the dream showed him that he could

be victorious even when he was scared. The patient reported no further recurrence of nightmares or episodes of shortness of breath during the subsequent 4 months.

Case Example B

The patient was a 20-year-old young man with advanced cystic fibrosis who had suffered a nearly fatal episode of coughing up blood (hemoptysis), for which he necessitated being placed on a ventilator for 6 days and a prolonged rehabilitation (Anbar, 2001b). Two months later he reported recurrent nightmares about hemoptysis, which awakened him approximately five times a night. The patient explained that he was concerned about again suffering from massive hemoptysis and that this thought prevented him from falling asleep easily. Also, he was worried about being too physically active in case this might trigger further bleeding. Occasionally, when the patient tasted a small amount of blood, such as a result of a nose bleed, he has had flashbacks to his near fatal episode. He said that even thinking about the possibility of hemoptysis caused his chest to tighten and his heart to beat more strongly.

Most patients with cystic fibrosis at our Center had been offered an opportunity to learn how to use self-hypnosis techniques as a coping skill with their chronic disease (Anbar, 2000). Therefore, the patient had been taught how to use self-hypnosis for relaxation 2 years prior to his development of anxiety and nightmares about bleeding. He said that hypnosis did not help calm him when his heart began to beat more strongly. It was suggested that the patient could view his beating heart as a metronome that was sending a wave of relaxation with each beat. When the patient applied this imagery, he reported that he no longer felt his heart was beating too strongly. Also, it was suggested that whenever the patient tasted blood that he might reaffirm his life by telling himself, "I am bleeding, therefore, I am alive."

To help with his nightmares the patient was instructed to go into hypnosis, and to allow his subconscious to show him a dream representative of those that woke him up. (In previous work with this patient, the "subconscious" was defined as a part of his mind which he was usually unaware.) The patient was asked to raise a finger when the dream reached the point when he usually woke up. When he raised his finger, it was suggested that he use hypnosis during the dream in order to relax and work through his fears. The patient was asked to indicate with his finger when he had done so. When the patient raised his finger again it was suggested that he allow the dream to reach its conclusion and to alert when he was ready.

After the 3 minute hypnosis session, the patient reported he had dreamed he was having another massive hemoptysis episode which caused him to be very fearful. When he continued to dream, he perceived two possible endings to the dream: In one he survived and in the other he died. The patient concluded that his most important realization was that no matter what happened he would be "all right," and that the discomfort of the hemoptysis episode would be short lived.

During the subsequent month, the patient reported having only two further nightmares which he was able to "work through" while remaining asleep.

Table 1
Diagnosis: Insomnia

Age	Gender	Description of Nightmare	Interpretation of Nightmare	Outcome
10	M	A ghost scratches a boy. The boy cries but there is no one to help him. A friend's dog barks and the ghost disappears.	The patient's friend is available to help him in real life.	Insomnia resolved after dream review in the first hypnosis session.
11	M	A dog paws at him, which the patient finds scary. The dog persists until his paws become bloody and the he can no longer attack.	The patient should "go with the flow", and things will turn out OK. Things in life usually turn out well.	Insomnia resolved after dream review in the first hypnosis session.
13	F	Her house was abandoned by her family. A little boy was following her around her house	Patient felt abandoned by her family; She was not allowing herself to grow up	Insomnia resolved after first hypnosis session, and before dream review.
13	F	She took an invisibility potion and avoided the anger of her sister.	She did not want to deal with her family's problems.	Insomnia resolved after first hypnosis session, and before dream review.

Table 2
Diagnosis: Shortness of Breath (Dyspnea)

Age	Gender	Description of Nightmare	Interpretation of Nightmare	Outcome
11	M	Patient was in the Bubble Room in Willy Wonka's factory and was afraid of being sucked into the ceiling	Patient was worried about his mother's health, and was concerned she might die, as his grandmother did recently.	Dyspnea resolved after first hypnosis session and before dream review.
13*	F	Her father had blood shot eyes.	Her father smokes marijuana.	Dyspnea resolved after two hypnosis sessions and dream review.
15	M	Patient pulled under water by current while surfing. He could not breathe. His father rescued him.	Patient should not go swimming in deep water. His father can rescue him. He should never give up.	Dyspnea resolved after first hypnosis session and before dream review

***This case was described in detail in Anbar, 2004**

Table 3
Diagnosis: Anxiety

Age	Gender	Description of Nightmare	Interpretation of Nightmare	Outcome
10	M	His mother was injured by a violent crime.	He was afraid of being left alone.	Anxiety improved after dream review in the first hypnosis session.
10	F	Her family was huddled in living room because crabs were running outside. She spoke to the king crab who agreed to leave family alone	She could control what she was worried about.	Anxiety improved after dream review in the first hypnosis session.

Discussion

All of the patients in this report stated that resolution of their nightmares was associated with a reduction in their anxiety, and decreased frequency of their nightmares. However, their dream recall may not have been essential for improvement of their symptoms, as the symptoms resolved prior to dream recall in 4 of the 11 patients. Further, the symptoms and nightmares of the other patients may have improved as a result of effects of clinical hypnosis other than dream recall or non-hypnotic interactions with the physician. Nevertheless, given the apparent relevance of the described dream content to the patients' lives, it is likely that discussion of the dream content and potential meaning was of importance and thus helpful to them. Controlled research studies are needed in order to define which elements in a therapeutic encounter are essential in the promotion of improvement in children's anxiety and nightmares. Future studies also should quantify the change in nightmare frequency, and provide follow-up assessment at standard time points for each patient.

Barber (1962) suggested that hypnotically induced dreams tend to be shorter, more verbal, and less bizarre than nocturnal dreams. Thus, the dreams reported by the patients in this report appear consistent with nocturnal dreams given their symbolic content. The dream interpretation provided by the patients might have been facilitated by their hypnotic state that helped reduce their anxiety (Moss & Bremer, 1973). Notably, the nightmares interpreted by patients in this report often presented a positive message such as that the patients have support from family members or friends, or reassurance that they will be all right. Thus, as the patients were encouraged to provide their own dream interpretation, they were provided with an ego-strengthening lesson that solutions to their conflicts may be found from within themselves. Other nightmares appeared to bring concerns into the patients' awareness, which allowed them to discuss possible solutions with their physician. The reported decrease in the nightmare frequency following the hypnosis work is consistent with improvement or resolution of the conflict that caused the nightmare.

Sometimes the very act of facing a difficult dream - a nightmare - in the company of a trusted and supportive adult, builds confidence and lessens fear. This is the mechanism behind most ego-strengthening in children. In addition, whether the dream interpretations are psychodynamically correct or not, the child who is given the opportunity to make sense out of what seems frightening or confusing may feel control over what had seemed out-of control, (e.g., the stuff of which dreams are made), and by association, feel control over symptoms, anxiety and somatic complaints that had seemed out of his/her control.

A bias of the authors is that allowing issues to come to conscious awareness sometimes is pivotal in allowing their resolution, such as for patients with somatic symptoms (Anbar, 2004). Further, allowing dreams to complete themselves may yield more authentic unconscious resolutions than encouraging the patient to come up with conscious solutions for the dreams. These ideas might be tested in future studies by comparing outcomes (such as resolution of nightmares, or other symptoms) in groups of patients who were provided with different types of instructions.

While Freud postulated that dreams were the protectors of sleep, Sacerdote suggested we consider the reverse: sleep is the protector of dreams. And dreams, fantasy, images and symbols, the focus inward, are all the avenues to the unconscious where change is created and creativity is spawned. How interesting in this context to reconsider our naming for hypnosis from the Greek word for sleep. Perhaps with renewed focus on the sensory images produced in the hypnotic state we might celebrate the term hypnosis, not because it means sleep, but because sleep equates to dreaming and hypnotic dreaming equals trance-formations.

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