

# The Best Sleep Posture for Lucid Dreaming: A Revised Experiment Testing A Method of Tibetan Dream Yoga



## Sleep Posture, the Nasal Cycle, and Dream Content

**F**or over 1,000 years, the Tibetan Buddhists have been practicing lucid dreaming as a means of approaching enlightenment. In this pursuit, they have developed elaborate techniques for inducing lucidity. Some of these are esoteric beyond the capacity of the uninitiated Western mind to conceive, let alone practice. However, others bear a striking resemblance to the techniques now employed by Western oneironauts, for example, frequent reflection throughout the day on the dreamlike nature of reality.

We are very grateful to the Fetzer Institute, which has provided us with funding to investigate the value of ancient Tibetan lucid dreaming induction techniques in the West. One such avenue which has been little explored to date is that of posture during sleep. Some Tibetan lore suggests that men and women should sleep on opposite sides, "because their energy channels are reversed." We would like to find out to what extent this is so. Previous Lucidity Institute studies on sleep posture, nasal laterality, and lucid dreaming have in fact yielded certain unexpected differences for men and women, but we need more

participants to know whether those results were random variations or reproducible.

For the last year, we have offered a version of the experiment investigating sleep posture and nasal laterality (an ancient Yogic technique for influencing states of mind) requiring a series of early morning naps. Although the nap version of the experiment was designed to yield the highest rate of lucid dreaming, it evidently was too difficult for most people to schedule into their busy lives. Thus, we have modified the experiment once again, making it much easier to collect data in the course of one's usual sleeping schedule. If you have already started the previous version (LR3060.pdf) of the experiment, you may either finish it or not, but please send in your results. You may also participate in the new version of the experiment even if you have already completed a previous variation.

The more data we have the better we'll be able to reach reliable conclusions, so please contribute. We are especially in need of left-handed subjects but if you are right-handed, don't let that prevent you from participating!

# EXPERIMENT INSTRUCTIONS

## 1. Preparation

Before beginning, learn the procedure for Measuring Nasal Dilation :

- Hold one nostril shut (by pressing the side of your nose with your finger) and inhale and exhale several times through the other nostril.
- Now, switch nostrils and breathe in and out again.
- Which nostril was easier to breathe through? That is the "open" one. Practice during the day until you are fully familiar with the procedure!

## 2. Before bed

Place the Report Form (p. 4) by your bed, along with a clock, a pen and a light you can use in the middle of the night.

## 3. As you fall asleep

At bedtime, as you fall asleep, set your mind to awaken after your dreams.

## 4. On awakening during the night

When you wake during the night:

- Remain in the position in which you awakened and try to recall as much dream content as you can.
- Find out which nostril is more open with the Measuring Nasal Dilation procedure.
- Fill out the next column of the Report Form, following the directions below, Using the Report Form .
- If you had a lucid dream, write out a description including how you knew you were dreaming .

## 5. Repeat until...

Repeat Step 4 until you have collected sufficient data as explained below. Please sleep equal amounts of time in all three postures, left side (LS), right side (RS) and back (B). If you find it difficult to sleep in on your back, you may collect most of your data by alternating sleeping on LS and RS. The minimum useful data set will have roughly equal numbers of cases from the three postures, with at least

four awakenings with your left nostril open, at least four with your right nostril open, and with at least one lucid dream. If you finish one form with 16 dreams, all non-lucid, please print out a new Report Form and wait until your next lucid dream to start filling it out. Then continue with equal numbers of the three postures. For this to work, you must be sleeping in one of the three postures when you have your lucid dream. If you are unable for medical reasons to sleep in either the LS or RS postures, send email to [experiment@lucidity.com](mailto:experiment@lucidity.com) for further instructions. You can print out as many Report Forms as you need for the data you record. You can collect dreams at any time; they don't have to be from the same or consecutive nights.

## 6. Send in your results

Please send the Handedness Questionnaire (p. 3) Report Form (s) and any lucid dream reports collected during the experiment to: Lucidity Institute Experiment, 2155 Spencer St, Napa, CA 94559, USA.

## Report Form Dream Content Scales

**Recall** How much of the dream do you remember?

0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6  
NO recall ..... all of it

**Visual Vividness** How visually vivid was this dream (relative to most of your dreams)?

0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6  
not at all ..... extremely vivid

**Clarity of Thinking** How clear was your thinking in this dream?

0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6  
not at all ..... extremely clear

**Positive Emotion** How much positive emotion did you feel in this dream?

0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6  
NO positive emotion ..... extreme positive emotion

**Negative Emotion** How much negative emotion did you feel in this dream?

0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6  
NO negative emotion ..... extreme negative emotion

**Bizarreness** How bizarre were the events and things in the dream?

0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6  
not at all ..... extremely bizarre

**Activity** How much activity was happening in the dream? (E.g., walking, running, dancing, driving, flying, objects moving, growing, or transforming.)

0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6  
NO action ..... extreme activity

**Speech** How much speech was there in the dream?

0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6  
NO speech ..... a lot of speech

**Sex** How much sexual activity was there in the dream?

0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6  
NO sex ..... a lot of sex

## Using the Report Form

Please carefully follow the Experiment Instructions above. Study and emulate the Example on the Report Form on page 4.

1. Record the date you go to sleep in the Date space. Record the time you turn out the light under Lights Out Time .

2. Then when you awaken in the night, record the time in the Awakening Time space.

Note and record the Sleeping Position in which you were sleeping and which nostril you were breathing through ( Nostril Open ).

If you cannot recall dreaming, enter 0 in Recall and leave the rest of the boxes for that "Dream" blank.

Otherwise, please answer the remaining questions using the scales at left.

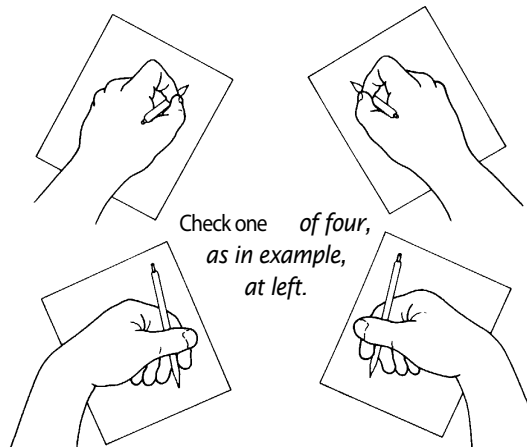
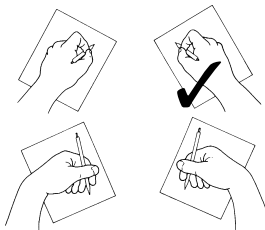
# HANDEDNESS PREFERENCE AND DREAM RECALL QUESTIONNAIRE

**1** Please indicate your hand-use preferences in the following activities by circling the appropriate numbered column in the table below. "Very Left" (1) and "Very Right" (5) indicate your preference is so strong that you would never try to use the other hand unless absolutely forced to do so. "Equal" (3) indicates that you use either hand with equal ease and dexterity. Some of the activities require both hands. In these cases, mark your preference for the role taken by the hand indicated in parentheses. Please answer all the questions and only leave a blank if you have no experience at all of the object or task.

ACTIVITY	Very Left	Left	Equal	Right	Very Right
E.g. SCRATCHING AN ITCH		2	③	4	5
1 WRITING	1	2	3	4	5
2 DRAWING	1	2	3	4	5
3 THROWING	1	2	3	4	5
4 SCISSORS	1	2	3	4	5
5 TOOTHBRUSH	1	2	3	4	5
6 KNIFE (without fork)1		2	3	4	5
7 SPOON	1	2	3	4	5
8 BROOM (upper hand)		2	3	4	5
9 STRIKING MATCH (mātch)		2	3	4	5
10 OPENING BOX/JAR (lid)		2	3	4	5
11 HAMMERING NAIL 1		2	3	4	5

**2** Please indicate which of the four illustrations on the right most closely resembles your normal posture of writing by putting a check mark on the appropriate hand.

Example:



Check one of four, as in example, at left.

**3** Sex: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**4** Is anyone in your immediate family (parents, siblings, or children) left-handed? If yes, please list them (e.g., "mother" or "brother").

**5** Age \_\_\_\_\_

NO \_\_\_\_\_ YES \_\_\_\_\_ ( )

**6** How often do you recall dreams? 2 or more/night  1/night  3-6/week  1/week  less than 1/week

**7** How many lucid dreams did you have in the six months before starting this experiment? \_\_\_\_\_ (Please enter a single number.)

**8** What is the greatest number of lucid dreams you have had in any six months? \_\_\_\_\_ (Please enter a single number.)

Name \_\_\_\_\_

Address1 \_\_\_\_\_ Telephone \_\_\_\_\_

Address2 \_\_\_\_\_ Email \_\_\_\_\_

DREAM	Ex.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Date	11/1																
Lights Out Time	23:30																
Awakening Time	4:15																
Sleeping Position Left Side; Right Side; On Back	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B	LS RS B
Nostril More Open: [Left; Right; Equal]	L R E	L R E	L R E	L R E	L R E	L R E	L R E	L R E	L R E	L R E	L R E	L R E	L R E	L R E	L R E	L R E	L R E
Recall	6																
Visual Vividness	4																
Clarity of Thinking	2																
Positive Emotion	5																
Negative Emotion	1																
Bizarreness	5																
Activity	5																
Speech	3																
Sex	0																
Were you Lucid? [DILD; WILD; Non-LD]	D W N	D W N	D W N	D W N	D W N	D W N	D W N	D W N	D W N	D W N	D W N	D W N	D W N	D W N	D W N	D W N	D W N

**NOTES**

**Sleeping Position:** **LS**, "Left Side" means lying on your left side. **RS**, "Right Side" means lying on your right side. **B**, "On Back" means sleeping on your back.

Nostril More Open: Please only circle **E** ("Equal") if you are certain there was NO difference in air flow between the two nostrils. Most of your answers should be **R** or **L**.

**Were you Lucid?:** Please circle one of the three options regarding the dream: **D**, if it was a Dream Initiated Lucid Dream (DILD); **W**, if it was a Wake Initiated Lucid Dream (WILD); or **N**, if it was a NON-lucid Dream.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_