

Healing PTSD and trauma for optimum sleep

Guest: Charlie Morley

Disclaimer: The contents of this interview are for informational purposes only and are not intended to be a substitute for professional medical or psychological advice, diagnosis, or treatment. This interview does not provide medical or psychological advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical or psychological condition.

[00:00:10] Alex Howard

Welcome everyone to this interview where I'm super excited to be talking with a good buddy of mine, Charlie Morley.

We're going to be talking about the relationship between trauma and sleep. And Charlie has been doing, over the number of years, some amazing work, originally with lucid dreaming, but more recently working with veterans who have post-traumatic stress disorder and really using lucid dreaming, mindfulness techniques, and breathing techniques to have significant impacts on transforming that.

And in this interview, we'll talk about some practical pieces you can start working with, along with some of the really amazing research that Charlie has been doing on the work that he's doing with trauma and sleep.

Just to give you Charlie's background. Charlie Morley is a Hay House author, Mindvalley coach, and teacher of both lucid dreaming and mindfulness of dream and sleep.

He received the traditional authorization to teach within the Karma Kagyu lineage of Tibetan Buddhism in 2008 and has since run workshops and retreats in over 20 countries.

In 2018, he was awarded a Winston Churchill Fellowship grant to research PTSD treatment in military veterans and continues to teach people with trauma affected sleep a set of practices called mindfulness of dream and sleep.

His 2021 book, *Wake Up to Sleep*, is a practical guide to these practices. So, welcome Charlie. It's always a pleasure to talk to you and to have you back on the event.

Charlie Morley

Thank you. It's great to be here.

Alex Howard

So you're someone that I know does a lot of work with sleep, but particularly does a lot of work with trauma and sleep. I thought that's a really, not only a really important piece, but also a great piece to open up here.

[00:02:04]

I'd love you just to say initially just a few of the key pieces, really, of that relationship, how trauma impacts on sleep.

Charlie Morley

So one of the most direct ways that trauma impacts the body and brain system is on sleep. It's very, very unlikely that someone's experienced a high stress situation or a traumatized environment that their sleep is not going to be affected.

So sleep is almost always affected. But it's a two way street. This is bidirectional. What we found is that not only helping people integrate their waking state trauma helps them sleep better, but helping them sleep better directly helps them to integrate their waking state trauma. And that's interesting.

I mean, if we look at what the brain does, we know that the amygdala, the threat center in the brain, is 60% more active after a night of insufficient sleep. So if you're only averaging 4 or 5 hours sleep, quite naturally because of the nightmares and the trauma affected sleep you're having because of the high stress thing that happened to you, the next day you're going to be 60% more likely to get pissed off.

To be easily snapping. To be quick to anger, which then only further solidifies this sense of being traumatized, of something being wrong with me. And in many cases, the lack of self worth that can be an accompanying factor with trauma gets further concretized. Look how easy I am to be pissed off. Look how rude I am to people.

So we know that if we can bring people to a sufficient level of sleep, the amygdala becomes deactivated and they're less likely to be triggered the next day. So it becomes this kind of upward spiral, becomes this beneficial circle where sleep feeds into the trauma integration. Trauma integration feeds into sleep.

Oh, just something wanted to say about the amygdala there though. What we found is that if you give someone a 1 hour nap in the day, that can have an incredibly powerful effect on calming the amygdala. And those rates of like 60% activation drop right down after a 1 hour nap.

So it's not just about helping people sleep at night. It's also about helping them engage sleep during the day through napping and things like NSDR, Non-Sleep Deep Rest, things like yoga nirdra, deep relaxation. All of these things can help not only with their sleep but with their trauma. They come hand in hand.

Alex Howard

And I guess also one of the things that comes to my mind as you're speaking as well is that one of the things that's often important in terms of healing trauma is the holding and the love and the support from the people around us.

But as you mentioned, when we've not slept well, often we're a bit more snappy. And apart from the self esteem impact on that, we're also likely then pushing away the very people whose care and support that actually we most need.

[00:04:43] Charlie Morley

Yeah, exactly. So we're now in the waking state pushing away those who can help us calm, rest, digest and regulate. And the trauma itself is causing a lack of regulation in that same system within us. We know how the vagus nerve operates from the brain down to the body, that part of us that opens up to soothing. The part of us that can touch others and be touched emotionally as well as physically is again, directly triggered by sleep. Directly impacted by sleep.

So it seems kind of crazy that sleep isn't part of trauma treatment, all trauma treatment. And it also seems crazy that exploration of trauma isn't part of all sleep treatment. If somebody goes to the doctor and says, I can't sleep at night, we say, well, let's medicate you. But what's the reason that they can't sleep?

Sleep is a natural phenomena that will occur in the absence of stresses that prevent it from occurring. So rather than trying to medicate people to fall asleep quicker, why don't we look at what is preventing them from falling asleep? And in many cases that is high levels of stress or trauma.

And this idea that trauma has to be this huge epic experience that only veterans and people who've experienced terrible high levels of abuse and stuff, again, that needs to be relooked at. Trauma is simply anything that overwhelms our capacity to cope.

And our capacity to cope with different things will be completely subjective. Workplace bullying can be absolutely traumatic for some people. Social media bullying, just having a post you put up on social media where you get trolled on Twitter or something, that can be incredibly traumatic.

And yet people seem unwilling to see that as counting as trauma because it's nothing like those poor veterans or those poor people who have been abused or whatever it is. Trauma is trauma, whether it's from a war zone or from a familial war zone and the effect on the body and sleep is the same.

So I think also we need to broaden our scope of trauma and not see it as a swear word or some sort of sign of failure and in fact open up to the fact that most of us are traumatized. It's just in varying degrees. And it's finding that degree and seeing how that degree of trauma is affecting our sleep and then we know what we're working with.

Alex Howard

And what strikes me also, Charlie, as you're speaking, is that some of the strategies that can become very popular for addressing steep issues, they can have their place and there are some in this event that are speaking very eloquently about the benefits of them, but I'm thinking particularly things like sleep hygiene practices.

And you mentioned, for example, medicating, which again, of course, in situations can have its place, but really, I guess the problem is, as you're saying, if there's trauma at the root of it, if we're not dealing with that, all we're doing is attempting to manage behaviors and symptoms.

Charlie Morley

Yes. So sleep hygiene stuff can work very well for some people. And if you are using sleep hygiene techniques and they are working, brilliant. And they can be like polishing a car bonnet, it makes it shiny. It's like if the car bonnet is already in great shape, polish away. It can be really, really good.

[00:07:52]

The reason why I have such strong views about sleep hygiene is the populations I work with, which for sleep is primarily people with stress and trauma affected sleep. It's veterans, it's people with C-PTSD, it's people who have experienced childhood sexual abuse.

So for them, offering sleep hygiene is like offering a band aid for a bullet wound. It might do something, but we really need a much more fundamental approach. We have to look at the biology of somebody before we can affect their sleep if they've got high levels of stress or trauma.

And again, coming back to this idea that sleep is a natural phenomena that will occur in the absence of stresses that prevent it from occurring. Well the vast majority of those stresses are biological, they're to do with the autonomic nervous system being dysregulated.

So, yeah, not looking at your phone half an hour before bedtime, not drinking coffee after lunchtime, and having a hot bath before bed and stuff like that. Those can be helpful, but they do not address the core root of the issue.

It's a bit like dental hygiene. Dental hygiene can be a great way of flossing the teeth and making sure they're shiny and stuff. But if you've got like a root canal issue going on, you need something more fundamental. You need something that really gets to the root of the problem.

And what we found is the techniques where we work with the autonomic nervous system, the slow, deep breathing, coherent breathing, NSDR, helping people regulate a dysregulated nervous system, that's what helps sleep, because again, regulate the nervous system, sleep will happen naturally.

Alex Howard

I want to come into some of that in a moment. But I'm also curious, do you think that trauma affected sleep is on the rise or is it that we've got more awareness and more vocabulary to have conversations about it?

Charlie Morley

I don't know. I'm sure there are facts and figures about that. I think what I have seen that's very helpful, I think, is more people talking about the subject of trauma and it not being this swear word. This dirty word. In the same way as, ten years ago maybe was it, when a lot of celebrities started talking about mental health issues and really discussing levels of anxiety.

And a lot of celebrities coming out talking about that they had ADD or ADHD. Things like that. And I thought, oh, this is brilliant. It's really helping to reduce that stigma, people talking openly about it.

I think the next revolution in this for pop culture will be people talking about their trauma and we'll be able to discuss how we had been traumatized by different events and not feel ashamed by that, not seeing it as a mark of stigma.

And also to rebrand PTSD. It's PTS. Post Traumatic Stress is a completely natural human response to a traumatic situation. To label it a disorder is, for many people, unhelpful. So I call it post traumatic stress display. When I put the D on there, then it's a display. It's not a disorder.

[00:10:42] Alex Howard

Yeah, I like that. I like that. It also strikes me, this is going to slightly timestamp the interview, but it strikes me as we're filming this, the Queen's coffin is lying in state in Westminster Hall in London. And there's thousands of people queuing up for many hours to go and I guess pay their respects.

And it reminds me of when Princess Diana died and there was this enormous outpouring of grief and somehow what it seemed to do was to give people permission to feel feelings that they hadn't given themselves permission to feel previously. I'm just curious as to, as it was on my mind this morning, your thoughts.

Charlie Morley

Yeah, I think that's beautiful. I think it's almost as if when somebody as iconic as the Queen dies, it's almost like, of course, there's people grieving literally because the queen has died and this person has been in their life all of their life. Unless you're very old, you probably won't remember a time without the Queen if you're part of this country, as well as the wider world. So I think there's definitely that grief.

And also I think there's a sense of the Queen's death being this blank canvas onto which we can project all that we haven't grieved. And also the timing at the end, as we seem to be coming to the end of this series of lockdowns over the past two, three years.

All of this internalized grief that hasn't been given an outlet now, has this kind of... For example, today, if I walk down the street crying, it's okay today to walk down the street crying. Somebody might look at you and just think, oh, they're mourning the Queen's passing.

In fact, they could be mourning anything. It could be any sort of grief that's being released. But when we have this public coming together of grief, it can be really helpful. I mean, I'm actually quite supportive of the Queen, but I'm not a royalist in any way.

But I went down to tower bridge, which is near where I live, when they did the 92 gun salutes, whatever it was, and stood in silence with everybody else listening to these cannons being fired. It was incredibly moving. And I was standing there not as a royalist, but as a human who wanted to share in human grieving.

And it was a really beautiful moment to stand there among these people, these other human beings, and be in silence. And I thought to myself, what's everybody thinking in these ten second gaps between the cannons being fired?

Maybe about the queen for the first five minutes. But then, as it goes, we're probably thinking of other loved ones that we've lost. And yeah, I think there was something really communal and healthy about that.

Alex Howard

Yeah, it's interesting, isn't it? There's something about, I know we're slightly off subject for our interview, but I think it's an important conversation, but it's something that's really powerful about those ceremonial things. And I think about weddings I've attended or funerals I've attended, of people that I didn't have a particularly close relationship with.

[00:13:47]

It might have been that it was someone that was close to my wife, perhaps, or someone in the family, but there's still something about those particular moments where people are saying vows or where a coffin passes or whatever it may be, which is moving.

And exactly as you say, it's not necessarily about that person. It might be about that person, but there's something about those places in us that perhaps haven't been given enough space or enough airtime that then are invited, and then they're made welcome.

Charlie Morley

Yes, what you just said. Exactly. You put it much more succinctly than I could have done. Exactly. I totally agree.

Alex Howard

I think that's maybe a good segue into, I know, Charlie, you've done a lot of very important work with veterans, and I really appreciate the way that you opened up trauma in this much broader sense. I know we both share that perspective.

But for me, in many ways, the real measure of the effectiveness of the methodologies you're working with is that you're also working with people that have very significant and very overt and obvious traumatic experiences.

So maybe you can just say a little bit perhaps about how that work started, how you found yourself doing that work, and some of what you've noticed and discovered along the way.

Charlie Morley

Yeah. It's a real honor to be doing this stuff with veterans. And somebody recently described the work as military grade sleep practices, and I kind of balked at that. I was like, oh, come on, military grade. And then I was I like, well, they're not wrong.

I mean, it was developed for British military veterans, so I guess it's been developed for, in some cases, the most extreme levels of trauma affected sleep. I think I was a bit naive when I first started writing the book on this subject because I had assumed that people with combat zone trauma, their levels of PTSD would be far worse than people with more everyday traumas. Let's put it like that.

I now realize that was a completely naive assumption. People with complex PTSD who have been in a childhood home of abuse and neglect, actually, the trauma is far deeper rooted than some of the veterans I work with who may have had a single event trauma that was incredibly powerful and when it's described, it has an incredible effect on the mirror neurons.

You're like, wow, this is serious, serious trauma. But it may not have been so long lasting, it may not have had an effect on such a large period of their life. So it's not in any way that the veteran's trauma is worse than anybody else's trauma. Again, trauma is trauma.

However, yes, they have had some of the most severe cases of trauma affected sleep. And I think the practice is, because they've been developed for that population, they don't contain any of the sleep

hygiene stuff. Not because it's not effective, but because for this particular population, it's not that effective.

[00:16:44]

And the reason we took such a body based approach, even though the practice is called mindfulness of dream and sleep, is because many of the veterans we are working with had already been offered talk therapy and mindfulness and maybe some CBT. And in most cases, those things had not worked so well for them.

So we wanted to avoid that and work with something we knew the veterans knew a lot about, especially people who had been in the armed forces, which is the body. There is a lot of physical action done when you're in the armed forces.

So actually, their somatic awareness is often much higher than members of other populations. So the body based approach seemed to work really well. I remember in an early workshop when I was teaching the coherent breathing stuff, and a guy said, oh, mindfulness, I've done this. Doesn't work.

And I went, well, it's not really mindfulness. It's a breathing practice that might lead to a state of mindfulness. And he went, I don't do mindfulness. I said, okay, will you just breathe with me for like five minutes? I want you to breathe in this particular rhythm, and if by the end of the five minutes of breathing in this particular rhythm, you don't feel any different or you feel worse, forget you met me.

But will you give it a shot for five minutes? And again, the little challenge there, okay, I'll try it for five minutes, and you get the guy to breathe at 75% reduced breathing rate for five minutes. Yeah, he's going to feel something.

And that in particular, the coherent breathing, which is a form of resonant breathing, anything between four and six breaths a minute, has a powerful deconditioning effect on the autonomic nervous system and really brings us into balance.

So to get someone to breathe at five breaths a minute for 5, 10, 15 up to 20 or 30 minutes is far more effective, I believe, than asking somebody to sit in silence alone for 20 minutes. Mindfulness is a brilliant practice, and I've taught it.

But when working with traumatized populations, again, asking someone to sit in silence alone for 20 minutes is like a one way ticket to the retriggering and all the demons coming up.

But if you ask someone to breathe while they listen to a chime track, and you say, you can be reading a book if you want, but as long as you're breathing as the chime goes up and breathing out as the chime goes down, you're doing the practice, then it creates this space around it.

And they're not alone there. There's your voice guiding them. Or they don't have to close their eyes to do it. They don't have to sit in a certain position. Working with the breath rather than going straight to mindfulness, I found, is a really effective method.

The other one is the NSDR, which is essentially yoga nidra. So deep relaxation, again, I find more effective than mindfulness when working with traumatized populations because you're usually listening to an audio track, so you're not alone. You're lying down rather than sitting upright. So you're generally more relaxed.

[00:19:30]

And you want to be in the hypnagogic state, which is, of course, stage one of sleep. So they're already learning how to enter into that sleep state. And people with insomnia spend a lot of time in the hypnagogic because they're lying in bed all night with ruminating thoughts, or their nervous system is too jacked up to get through stage one into light sleep and deep sleep beyond.

So yoga nidra is brilliant because if you can show people how to harness the hypnagogic state and how to be able to journey through it intentionally, it really opens up the gate to move to sleep beyond it. And then there's the lucid dreaming stuff and the nightmare work too.

Alex Howard

Yeah, let's come to that in a second. But what I'm reflecting on as you're talking is that one of the key pieces here is that, in a sense, you're introducing nervous system flexibility, right?

That someone is able to move state and to learn to reregulate their system not by thinking about it but by actually directly changing what's happening in the system.

Charlie Morley

Yeah, and these regulation practices aren't sleep practices. This is the weird thing about mindfulness of dream and sleep. It's actually nervous system regulation, teachings and practices, that, as a side effect, allow you to sleep better.

So rather than focusing on sleep, I think that's another thing about the approach, we don't focus that much on sleep. We focus on deep relaxation and regulation of the nervous system. Sleep will just happen naturally.

So again, you take this anxiety inducing, strong focus on the night time and tell people, look, good sleep begins during the day. It doesn't begin half an hour before bed when you start switching off your phone and putting on your red sunglasses and all that kind of stuff, which can be helpful, but for many people, is not.

It begins during the day, the parasympathetic drive, everything comes down to that. Anytime you do something relaxing during the day, you charge up this system in the brain called the parasympathetic drive which is like a relaxation battery. And the more charge you've got in that by the time you fall asleep at night, the quicker you'll fall asleep and the longer you'll stay asleep for.

So do relaxing things during the day. If you spend half an hour on the floor doing a deeply relaxing yoga nidra as well as half an hour of slow deep breathing, then you've got a full 60 minutes of charge in that parasympathetic drive battery so that when you fall asleep at night, you won't need to try to fall asleep.

Sleep will happen naturally because of the charge that you've got in the parasympathetic drive. So yeah, that seems to be a technique that really works well.

[00:21:57] Alex Howard

I also want to go back to just, again I'm reflecting as you're speaking, something you were saying around meditation.

I guess the very reason why people are struggling to sleep at night, because when they try to go to sleep the unprocessed emotions and trauma are coming up, is the very reason that those people may find traditional meditation practice difficult.

Because they're closing their eyes and again they're contacting those places that they have stuff, for want of a more technical term, that needs to be processed.

Charlie Morley

Yeah, I mean, there are a lot of meditation practices that directly work with trauma but the secular mindfulness that's taught in the West, doesn't. So it's not that meditation can't do that. Absolutely it can. But the particular branch of meditation called mindfulness, or referred to as mindfulness in the West, doesn't do that job very well.

Partly because sometimes it's just awareness practice and doesn't bring in the compassion with the awareness. Mindfulness is showing you what's going on in your mind, which is brilliant, but if you don't have the crucial other wing, which is compassion, which says whatever's going your mind, it's okay and there's nothing wrong with you and you don't actually need to change it, we just want to know what's there so we can see what we're working with, then, in some cases, it can do more damage than good.

The Mindfulness Association, which is set up by one of my teachers, Rob Nairn, as far as I know, they're the only organization in the UK who's really pushing compassion based mindfulness.

Of course there is mindfulness based compassion training, but I mean, the secular mindfulness, the way it's presented, the six week course that we might get, bring into a business or something, the compassion training is gravely missing from that.

So there are a lot of meditation practices that can help integrate trauma, but mindfulness as it's presented as a secular approach doesn't do that very well.

Alex Howard

I guess part of the challenge that we have is that it's a little bit like when yoga came into the mainstream. It then suddenly was being taught by aerobics teachers, gym instructors. I feel ultimately good about the fact that the yoga is more out there, but yoga classes these days don't seem like the yoga classes I used to go to 20, 25 years ago.

And I guess maybe, yeah, the same happens with meditation. Right? It's because compassion is not something that's just a few words. Compassion is something that's cultivated through practice in terms of the place that someone comes from.

[00:24:29] Charlie Morley

Yeah, exactly that. And I like to think that all of the practices in mindfulness of dream and sleep are couched within this idea of okayness. It's a deeply pathologizing approach. And we don't tell anyone to stop taking their medication or to stop doing their sleep hygiene and stuff. Use whatever works for you.

Again, that's part of the practice. It's having compassion for whatever practices people are doing, but it's definitely telling people, it's okay. And if you've been through a stressful or traumatic event, it's completely normal that your sleep will be affected.

The first section we do, we've got these five foundations of mindfulness of dream and sleep. The first foundation is sleep awareness and normalization. Basically for like 2 hours, I just talk about all of the crazy stuff that can happen to your sleep if you've experienced high levels of stress or trauma.

And you'd think by the end of that people would be bummed out, oh my God, sleep paralysis and sleep talk, and all these parasomnias and night terrors. But actually, by the end they're going, oh, so it's normal, it's okay. And there's a reason why. And there's a sense of like, ahh, I'm okay. I thought I was the only person who was waking up with a panic attack.

And we look at, well why is it that that panic attack might happen in the first 4 hours of sleep rather than the second 4 hours of sleep? And what specific practices can we do to work with that?

There are different practices that are effective for night terrors, which are completely different to nightmares, and most people don't know that. So we can learn what practices we can do for each one of these, so that when something occurs to us, we can move into fascination rather than fear.

Alex Howard

I'm just curious to go into that a bit more. So what is the difference between night terrors and nightmares? That's an interesting distinction.

Charlie Morley

Well, even nightmare is quite an interesting definition to make. It's highly subjective, right? But essentially a nightmare is a dream that terrifies the dreamer. The little joke I make about this, how hard it is to define a nightmare, is let's say we have three people having the same dream about balloons.

And yet I believe there is a phobia of balloons called, I can't remember what it's called, but there is a phobia of balloons. There's also a sexual kink around balloons. Some people are really into, like they have a sexual thing about balloons. And then for other people, maybe balloons, mean a birthday party and it's happy.

Alex Howard

That would be a terrible match for a couple.

[00:26:52] Charlie Morley

So let's say three different people have a dream about balloons. For one of them, it's a nightmare. For another, it's a sexy dream. And for another, it's a dream about going to a birthday party. So, who can tell? But yeah, essentially a nightmare is a dream that subjectively terrifies the dreamer.

Night terrors are quite different. They're more like a night time panic attack. They most readily affect the first four and a half hours of sleep. So the first three cycles, the first three 90 minutes cycles are mainly deep sleep with little bits of dream.

And night terrors tend to occur at the end of deep sleep when you're kind of popping up through the hypnopompic into waking. And they are directly affected by the nervous system. It's like a night time panic attack.

This is why often when someone has a night terror and they might sit up in bed, their eyes might be open, they might be screaming, once eventually they're calmed down and you ask them, what were you dreaming about? They'll often say nothing. There was no nightmarish narrative that's led to the screaming. It's like the body's response.

So for people working with post traumatic stress disorder, both night terrors and nightmares pop up. But it's really important to know how to treat each one.

And things like coherent breathing, the slow regulated breathing, so dropping your breath rate from 15 breaths a minute down to 5 breaths a minute, the effects of that last about 2 or 3 hours. So what we found is if you can get someone to do 20 minutes of coherent breathing right before bed, then that regulation of the nervous system kind of sees them through that first 2 or 3 hours when night terrors are most likely to affect them.

And if you can regulate the nervous system, it's not going to respond in that way. So the breath work before bed is really good for night terrors. However, the nightmares, which could come in the first half of the night but tend to happen when we have the more extended periods of sleep in the second 4 hours, those breathwork techniques aren't so effective.

But there are other ones that are, like lucid dreaming or the circle of protectors before sleep, or a nightmare rescripting, stuff like that. So it's knowing what we're working with and then applying the remedies for each.

Alex Howard

That's a really great distinction. I'd also love you to say a little bit about lucid dreaming. I know this has been a big part of your work over the years, maybe a few words about what it is, but also then as we're talking about trauma affected sleep, how it can be so helpful with that.

Charlie Morley

Yeah, so lucid dreaming was my way into this whole thing. So my first two books were just about lucid dreaming. About nine years ago, a veteran called Keith Mackenzie came to one of the lucid dreaming retreats that I was running. And he had PTSD, he said not mainly from his time in the parachute regiment, but more from his 20 years as a firefighter.

[00:29:37]

He said that the trauma was there, Charlie. He said in the paras, yes, things happened, but it was a short period of time. But 20 years where on a weekly basis he said he was seeing dead bodies and being involved in traumatic situations, that was what really affected him.

So he came on the lucid dreaming retreat. He learnt these practices. So lucid dreaming is a practice of training the mind to become conscious of the fact you're dreaming, so that you can become conscious in a recurring nightmare and think, oh right, I'm not really in danger, I'm simply having a nightmare about this.

And then you can either change the outcome or you can fly off or in a best case scenario, you would actually allow the nightmare to play out, knowing that there's no danger to you. You can kind of face and embrace what you're afraid of.

So he came, he learnt these practices and he stopped having nightmares. And he wrote this lovely quote that was on my website for ages, saying I cured more of my PTSD in that four day retreat than I did in four years of therapy. So Keith became like my poster boy for, oh there's someone who's, like, cured their nightmares.

But that was it, really. And then a couple of years later, he got in contact and he had retrained as a mindfulness teacher, working especially with veterans, and he had become a Buddhist chaplain as well. And he was running these retreats for veterans up in Scotland, and would I come and teach some of the lucid dreaming stuff?

And initially, I was hesitant. I was like, well, Keith, it worked for you, but who knows if it's going to work for anybody else? But, let's give it a shot. So I go up to Scotland and we do this retreat, and there were about 15 or 20 military veterans on the retreat.

And the lucid dreaming worked pretty well for some of them. About five or six of them had real breakthroughs with lucid dreaming, but not all of them, only about five or six. But the other people in the retreat, I saw they really benefited from the other things that they were offering at the retreat.

So Keith was offering the compassion based mindfulness stuff. I was offering the lucid dreaming, but there was also qigong exercises, there was also breathwork. There was also physical yoga and then yoga nidra. And I saw that these were working really well.

And I thought to myself at that time, if I could develop a program that integrated all of these. So then I spent the next four or five years doing teacher training in many of those aforementioned forms.

So breath-body-mind, which is a form of qigong based breath work. I did the yoga nidra training with iRest in America. And did some PTSD training with Heather Sequeira at the British Psychological Association and developed this protocol that had lucid dreaming not actually at its foundation, but at its end.

The lucid dreaming was like the cherry on top, but it started with sleep awareness, then went into deep relaxation NSDR, then moved to coherent breathing, then moved to transforming nightmares, and then finally into lucid dreaming. So those are the five foundations of mindfulness of dream and sleep.

[00:32:26]

Because for a lot of veterans, the first thing we need to do is regulate their sleep, because most of dreaming happens in the second half of the night, all those long, juicy dream periods when lucid dreaming is more easy. So we need to, first of all, get them sleeping, and then we can move on to the lucid dreaming.

However, even though lucid dreaming is now the cherry on top of the protocol, it's still in many ways one of the most powerful techniques that we offer.

About a year ago, just over a year ago, we did a scientific study, IONS, Institute of Noetic Sciences, in California, where they wanted to do a study where everybody had PTSD. So a 100% PTSD group. I've never worked with a group like that before.

So we had 55 people signed up, some of whom are military veterans, some serving in the military. And others were civilians, non military people working with trauma. 55 people. And we had a one week workshop to teach them lucid dreaming.

And the aim was to have a healing lucid dream so that they would become lucid in a recurring nightmare and either face and embrace the fear, or simply become lucid and know that they were dreaming and experience this drop of fear response in the dream.

It could be a more active process of calling out to face their trauma or to meet the thing that they were scared of, or to embrace their inner child if that's what was affected. We had a whole range of protocols of what counted as a healing lucid dream.

But essentially a dream where they became lucid and engaged some sort of healing action towards the traumatized aspect of themselves. And on that dream, on that week, we had a very high level of lucidity. We had 70% of the participants get lucid within one week, which is a very high level.

I remember speaking to the funder the night before the study, and he said, how many lucid dreams do you think we'll get? And I was like, maybe none. 100% PTSD group. We might just be helping them to sleep by the end, let alone have a lucid dream. But we had, like, 70%. So, I'm really pleased with that.

The way we were working was with the PTSD scale, the DSM five PTSD scale. So we took their PTSD scores before the workshop and then at the end of the seven day workshop. Now, a lot of lucid dreaming scientific studies had been done before, looking at how lucid dreaming can treat nightmares.

But looking at how lucid dreaming can treat not just nightmares, but specifically PTSD level, waking state PTSD, that was something new. So at the end of the seven days, we took the PTSD scores again, and the data that we collected was so outrageous, the scientists were, like, triple checking it. It was outrageous.

By the end of the seven days, the average PTSD score had dropped so low, it was beneath the PTSD threshold. So they double checked and triple checked. And then we thought, well, maybe it's just a flash in the pan. We've had this group working together, sharing stories. Maybe it's a group therapy thing that's done it.

[00:35:26]

So we said, we need to do a follow up. So four weeks later, we did a follow up, and the PTSD score was still that low. In fact, it had dropped one point below. So by the end of the one week study, 35 of the 55 people, so about 63% of participants, were no longer classed as having post traumatic stress disorder. Simply from practicing the lucid dreaming techniques.

So kind of outrageous results. And the study is yet to be published. I think it's being published this month, in fact. So it will be coming out. Even before publication, we have received funding to do the same study next year.

In January 2023, we'll be doing the same one week lucid dreaming for PTSD study, but this time with 100 people. So, please, anybody watching or listening to this, if you are currently working with post traumatic stress disorder and want to be part of this study, we would love you to be part.

I think there is some small financial incentive to be part of the study as well. 50 people will be in the control group. 50 people will be in the study group. I thought that was a bit unfair, though. I was like, So we're going to have 50 people with PTSD and dangle this carrot, saying, we can help you with your PTSD and then put them in a control group. No, that's bullshit.

So I said, I'd only do it if we make sure that the 50 people in the control group also get exactly the same workshop, the one week workshop, but at another time. And we simply won't be collecting your data. So if you're part of the study, you will get the full shebang, but only 50% of the people we'll be taking the data from.

Yeah, so there's definitely something there. It wasn't a flash in the pan. There's a lot of other lucid dreaming studies that show that lucid dreaming is one of the most powerful interventions for PTSD nightmares. I think we're now showing it's one of the most powerful interventions for PTSD itself, because we had a reduction not only in nightmares, but actually in PTSD score.

Alex Howard

It's amazing, Charlie. It's really amazing. And I think it's really something that you're putting the energy and the time into getting together the research, because, as you know, that's the thing that really makes a difference in terms of getting access to these things.

For people that are curious about lucid dreaming, we can come at the end to how people can get your books, but I'd love for you to share a couple of key principles, like some of the starting points that people can use to start to open up that capacity.

Charlie Morley

Like techniques?

Alex Howard

Yeah.

[00:37:52] Charlie Morley

So often when I'm doing podcasts like this, I have something called the Four Ds, which are the four basic techniques people can get into tonight if they want to start working with lucid dreaming.

So the first one is, the first D is, Dream recall. So training yourself to remember your dreams. Now, as I'm sure you've had other people say in this summit, everybody dreams every night. There is no way to stop the human brain from dreaming other than a heavy head injury or a stroke.

And even after a heavy head injury, in fact, I had someone at the workshop at the weekend who had a traumatic brain injury and had experienced this, dreams may subjectively seem to stop, but eventually the brain rewires itself and brings it back to a place of dreaming.

So everybody is dreaming every night. It's incredibly good for us. The brain actually prioritizes dreaming over other forms of sleep. We know this because if you miss a night's sleep, the next night you get extra dream time, but not extra deep sleep.

You miss two nights sleep in a row, two nights in a row, you get extra, extra dream time, but not extra, extra deep sleep. So there's something in the brain that actually prioritizes dream because it's so important for our psychological growth. So you're definitely dreaming. That's the first thing to know. If we remove that block, a lot of people start remembering their dreams anyway.

Second is to now set an intention. So as you fall asleep tonight and you're passing through the hypnagogic state, that natural state of hypnosis, you can be saying to yourself over again in your mind, tonight I remember my dreams, I have excellent dream recall.

You do that 21 times if you want to do it the traditional Buddhist way. So falling asleep setting that strong intention to remember your dreams. Most people find they'll start remembering their dreams within one or two nights of doing that. The dreams can feel like they're behind a brick wall. They're not.

They're behind a sliding door. But if you try and push a sliding door, you're not going to get very far. When you just step back, and just a little touch, like that. So first one is dream recall.

Second, is dream diary. So once you have set your intention to remember your dreams, the next thing is to write it down in some way. In your phone, in a notebook, whatever. Write down your dreams.

You don't need to write down everything. Think about reviewing a film. You wouldn't tell, if your mates said, what do you think of that movie at the cinema? You wouldn't tell them every scene and every line. You say, oh, this happened, that happened, this happened. That was my favorite bit.

So you write a rough outline of the dream. The reason we write down the dream is not for dream interpretation. If you're into that, that's fine. I'm quite into it myself, but it's a different cup of tea. The reason we write down our dreams is because the act of writing down solidifies the memory of an unconscious process into the conscious memory mind. So the act of writing down helps us remember.

And also the reason we write it down is the third D, dream signs. We want to spot patterns that appear in our dreams that could indicate to us that we are dreaming. So, for example, after a week of writing down my dreams, I might flip back through and see, oh, I often dream about being back at school, or I often dream of my dead grandma, or I often dream of that place that we used to live when I was a kid.

[00:40:49]

We often dream about things that don't happen in our waking life. And that would count as a dream sign. A dream sign is anything that happens or appears in our dream that could indicate to us, hey, that means it's a dream because it can't happen in real life.

So we set our intention to remember our dreams. Then we write down our dreams. By writing down our dreams, we start to spot our dream signs. Now, by recognizing our dream signs, we can now create our first full technique, which are creating lucidity triggers.

So let's say I've realized that I often dream of my dead grandma or being back at school or something, then as I'm falling asleep at night, I can say, well look, if between now and breakfast I see my dead grandma, or if between now and breakfast I'm back at school, I must be dreaming. I must be. That's the only explanation.

So we can create this trigger in the prospective memory part of the brain that will actually stay activated during the sleep state. How do we know this? Have you ever woken yourself up without an alarm clock? Your phone's out of battery, you're staying in a place where you've got to wake up for your 06:00 A.M. flight the next morning, I've got to wake up at 06:00 A.M. And the body wakes you up at 05:59 precisely.

It's that same part of the brain. Goal orientated part of the brain does not fully deactivate when we move into REM sleep. So we create these triggers and the next thing you know, or the next time that you dream of your dead grandmother, you're in the dream. And it's a very strange sensation.

It's a sensation almost like deja vu. You'll be in the dream and you're like, my grandma, weird, woah, oh my God, my grandma's my dream sign. Boom. I'm dreaming. And it's so cool. And then of course, the practice is just to stay calm so you don't wake up. That's the third D.

And then the fourth one, the most important, dream planning. Plan for what you want to do in your first or your next lucid dream. If you go to sleep tonight with a really good reason why to have a lucid dream, that's better than all the how techniques to have a lucid dream.

So why do you want to have a lucid dream? Is it just to fly about, meet movie stars and stuff? Yes, you can do that. But what benefit is there? What deep healing benefit is there for you?

Whereas if you think, oh wow, if I can go to sleep tonight and I can heal my post traumatic stress disorder, or if I can go to sleep tonight and I can use my sleep for spiritual practice, or if I can go to sleep tonight and become lucid and call out to meet my inner child, embrace them and show love and heal the part of me that was wounded in my childhood, a big epic dream plan, that can be enough to get you lucid.

Because that intention is so powerful and the body and brain knows that it would be so beneficial to do that, it almost opens the door to lucidity. So those are the four Ds.

Alex Howard

It almost makes you want to go to bed now and start playing with this.

[00:43:27] Charlie Morley

Or have a nap. Napping can be great for lucid dreaming because you tend to go hypnagogic into light sleep, dream, not into deep. So napping is brilliant for lucid dreaming. So, yeah, whatever time you're listening to this, go to bed or go and have a nap.

Alex Howard

Yeah. Awesome. Charlie, there's so much more I'd love to ask you, but I'm also mindful of time.

People that want to find out more about you and your work. Obviously, I highly recommend your book *Wake Up to Sleep*, but talk about other books and also where they can go, and some of what you're up to.

Charlie Morley

Great, yeah. So my website, charliemorley.com, has all my stuff. I'm also on [Instagram](#) and [Facebook](#). Charlie Morley, Lucid Dreaming.

Yeah, there's the books, there's the online courses, but there's also the live retreats. So this year I've been doing loads of retreats and I'll be in the East Coast of America around Halloween at Omega center doing a retreat there.

I'll be on the West Coast in December during a retreat in California. I'll be in Belgium, I'll be in, where am I next week? Venice. So, yeah, loads of retreats. And again, if not this year, then next year I'll be doing a similar tour.

The online stuff is brilliant, but far better we get together and learn this in person. I always think learning the sleep and dream stuff is a bit like learning dance. You can learn dance from YouTube and you can learn dance from kind of reading a book, if you look at it the right way.

But far better to learn dance, you go to a dance class, right, and are among others that are learning the same dance and working with the dance teacher to make those micro adjustments to our body and mind that allow us to move fluidly into the music.

It's exactly the same with all of this work. Anything that trains the body and brain, I think the body and brain and mind and spirit is best done in person, I think.

Alex Howard

Awesome. Charlie, thank you so much. It's always a pleasure.

Charlie Morley

Thank you.