

An Experiential Approach to Panic Dreams

Fundamentals, Mechanism of Action, and Clinical Application of the MIND Method (Mythic – Interactive – Narrative – Dreamwork)

In the Attachment:

The MIND Method in Practice

*Mythological Storytelling, Inner Stage Work, and the Development of Self-Efficacy
— A Guided Session with Elena*

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ABSTRACT

Panic dreams represent a clinically distinct, highly distressing sleep disorder that goes far beyond classic nightmares and is accompanied by intense vegetative symptoms, sleep architecture disturbances, and anticipatory sleep anxiety. This article introduces the MIND method (Mythic–Interactive–Narrative–Dreamwork), an experiential approach to therapeutic work with panic dreams. The method combines mythological imagination, body-oriented mindfulness (Focusing), dramatic stage work, and lucid dreaming into a structured five-phase process. The central goal is the development of self-efficacy in the face of threatening inner images, not through symptom reduction alone, but through the experience of agency within a dream-analogous experiential space. The article discusses theoretical foundations, the five phases of the procedure, a comparison with Imagery Rehearsal Therapy (IRT), as well as clinical indications, limitations, and safety requirements.

Keywords: *Panic dream · Nightmare · MIND method · Focusing · Felt sense · Imagination · Lucid dreaming · Imagery Rehearsal Therapy · Self-efficacy · Dream therapy*

1. PANIC DREAMS – CLINICAL CLASSIFICATION AND DIFFERENTIATION

Panic dreams constitute a clinically distinct category within parasomnias, which differs categorically from ordinary nightmares. While nightmares are defined as dysphoric dream experiences that do not necessarily lead to awakening and whose accompanying vegetative symptoms are moderate, panic dreams are characterized by a cluster of highly intense reactions: abrupt awakening with disorientation, pronounced tachycardia, shortness of breath, sweating, and a vivid, immediately accessible memory of the dream sequence (Spoormaker & Montgomery, 2008). Their emotional intensity reaches the level of a panic attack in the waking state and persists beyond sleep, often for several hours, and in severe cases, for days.

1.1 Phenomenology and Content

In terms of content, panic dreams are characterized by a narrowly defined set of scenarios: pursuit with no escape, loss of control in threatening situations, falling into the abyss, as well as the overwhelming feeling of helplessness. In these sequences, the dreamer appears reduced to a purely passive, reactive role; any form of initiative seems systematically suppressed. The physical echo as hyperventilation, circulatory instability, sustained sympathoadrenal activation, not only

disrupts sleep continuity but persists as a somatic residual effect into the waking state. At the level of sleep architecture, a significant impairment can be demonstrated: panic dreams lead to increased arousal responses, a reduced proportion of REM sleep, and an overall decrease in sleep efficiency (Spoomaker & Montgomery, 2008). The resulting daytime consequences include concentration problems, increased irritability, and daytime sleepiness. Anticipatory sleep anxiety is particularly clinically significant: the fear of the next panic dream generates a conditioned avoidance reaction toward falling asleep itself and intensifies the overall burden in the sense of a vicious cycle.

1.2 Etiology, Comorbidity, and Epidemiological Relevance

Panic dreams have multifactorial etiological causes. Vulnerability factors include high emotional reactivity, childhood trauma, and chronic stress. Epidemiologically, they occur with increased prevalence in individuals with panic disorder, post-traumatic stress disorder, depressive disorders, and generalized anxiety disorder (Krakow & Zadra, 2006). Research from the past decades no longer views panic dreams merely as an epiphenomenon or accompanying symptom, but as an independent risk factor, particularly in the context of increased suicidality among individuals facing multiple stressors.

1.3 Therapeutic Initial Assessment: The Problem of Passivity

The core clinical issue of the panic dream lies not solely in its symptomatic intensity, but in the structural experience of radical passivity or helplessness: Dreamers experience themselves as incapable of action, as objects of an event they can neither influence nor interrupt. This experience generates—when repeated—learned helplessness (Seligman, 1975) even in the waking state: the feeling of being fundamentally at the mercy of one's own inner images. Any therapeutic approach that aims to treat panic dreams effectively and sustainably must therefore, beyond reducing the frequency of dreams, define the recovery of self-efficacy as an independent treatment goal. Another critical point is the time lag: any dream work only begins in retrospect, once the scene has already faded and the level of autonomic arousal has subsided. The possibility of practicing action-oriented response patterns directly and physically while in a state of arousal remains structurally excluded in classical approaches. This is precisely where the MIND Method comes in.

2. THEORETICAL FOUNDATIONS AND CONCEPTUAL POSITIONING

The MIND Method is situated within the humanistic-experiential therapy paradigm and integrates approaches from Focusing and Focusing-oriented dream work, as well as lucid dream research. Its epistemological fundamental premise is: Dreams are not primarily messages to be deciphered, but spaces of experience that can be entered and actively shaped.

2.1 Epistemological Foundation: From Interpretation to Experience

The vast majority of classical dream approaches, from Freud through Jung to person centered psychotherapy, share a common epistemological assumption: dream meaning arises through interpretation that is applied to the dream event from the outside (Freud, 1900; Jung, 1964). Whether through the therapist, a diagnostic interpretive framework, or the IRT's paraphrasing method, the focus is always on a cognitive-analytical step that transforms the dream experience into a manageable symbol or a malleable narrative.

Eugene T. Gendlin brought about a decisive paradigm shift with his Focusing approach (Gendlin, 1978, 1986). His central finding: it was not the quality of therapeutic interpretations, but rather the clients' ability to relate to a bodily felt, as yet unclear overall sensation, the so-called "felt sense", that was the most robust predictor of treatment success. Meaning does not arise from external interpretation, but grows out of the immediate physical experience.

When applied to dream work, this also results in a radical shift in perspective: It is not the therapist who understands the dream—the dreamer's body "understands" it, or more precisely, finds its next step in dealing with the dream. The therapeutic task shifts from explaining to accompanying: The facilitator supports the dreamers in giving attention to their own bodily field of resonance and to develop impulses for action from this field.

2.2 The Simulation Approach: Training Lucidity in the Waking State

The MIND method overcomes the post-hoc problem of dream work through a simulation approach modeled on the logic of a flight simulator: Pilots practice handling critical situations not only in an emergency, but in a realistic simulation that activates the essential patterns of perception, decision-making, and action. Behavior is not planned cognitively, but practiced physically, so that it can be accessed automatically in an emergency.

The inner stage of the MIND method fulfills this simulation function for panic dreams: It creates a dream-like simulation while awake. Anxiety-inducing images are present, the felt sense is activated, vegetative reactions occur—and the person can simultaneously experience what it feels like to act in this situation, rather than fleeing or freezing. This experience is stored holistically and physically. It can be recalled the following night.

Scientifically, the MIND approach corresponds to the concept of lucidity in dreams (LaBerge, 1985; LaBerge & Rheingold, 1990). In a lucid dream, the dreamer realizes that they are dreaming and thereby gains agency within the dream scenario. LaBerge's polysomnographic studies at Stanford University provided the first experimental evidence of this phenomenon. The MIND method trains lucidity not primarily at night, but during the day-through a structurally identical experience: the walk onto the stage.

2.3 Myth as a Therapeutic Medium

The fact that the MIND method works with mythological stories has a precise clinical rationale. Dreams and myths share a structurally common visual language: both operate with archetypal figures, threats, helpers, and transformations; both elude the logic of everyday life; both speak from a symbolically condensed level of experience (Jung, 1964).

The decisive methodological advantage of mythological stories over personal dream content is their immediate availability and repeatability. While personal panic dreams can only be processed in retrospect, and often already blur in memory or trigger avoidance reactions, mythological material is available at any time. It can be read, heard, imagined, and revisited as often as desired. The myth serves as a structuring anchor: it establishes threatening figures, helpers, and conflict scenarios without personalizing them. This protective framework enables the practice of inner agency before the person turns to their own emotionally charged dream sequences. In clinical practice, mythological stories and fairy tales are generally suitable; the author finds the most powerful models in Greek mythology.

3. HOW THE MIND METHOD WORKS – THE FIVE-PHASE MODEL

The MIND Method is designed as a structured five-phase process whose phases follow an inner dynamic of movement: from hearing to feeling, from feeling to seeing, from seeing to acting, from acting while awake to acting in sleep. The phases are not bureaucratic step-by-step sequences, but rather stages of an experiential process that derives its impact from continuity and physical grounding.

3.1 Phase 1 – Mythic Activation

The first phase introduces participants to a space of resonance through the oral telling of an archetypal story. The narration does not take place in the mode of didactic information transfer, but in an evocative tone: with pauses, varying speech tempo, and a vocal delivery aimed at bodily resonance. The goal is less the understanding of the story's meaning and more its effect, the activation of a physically perceptible field of resonance.

3.2 Phase 2 – Imaginative Emergence

The second phase begins with a Focusing-oriented mindfulness exercise to open the person's access to their physical resonance field. In this space, the myth begins to "thaw": For every situation, a bodily response can be felt, in the form of a sensation that is initially unclear but already bodily perceptible in relation to the story.

The facilitator holds the space without commenting or interpreting.

3.3 Phase 3 – Narrative Stage

The third phase forms the structural center of the method: The Felt Sense developed in Phase 2 is transferred to an inner theatrical situation. The person is first guided, in the form of a guided

fantasy, into an imaginative theater and then assumes the role of a spectator. The distance between the spectator's position and the stage ensures a healthy separation. The observing person allows themselves, so to speak, to be surprised by the scene unfolding on stage, which characters appear, and what atmosphere prevails.

The stage also serves a specific psychological protective function: it creates a distance between the person and the inner events, which is completely absent in the panic room. The person is not trapped in the scene; they observe it from a safe space. At the same time, the events on stage structurally resemble the dream experience: they arise without conscious planning, from the person's unconscious, shaped by their themes, experiences, and current inner state. The observer position and emotional involvement are simultaneously available, a constellation that is the defining characteristic of lucid dreaming.

3.4 Phase 4 – Dream Interaction

The therapeutically decisive moment is the transition from the observer's position to the active one: the person is invited to step onto the stage themselves. They leave the audience area and enter the performance space. This step is structurally identical to the moment of lucidity in a dream: the person knows that the scene arises from within themselves and can simultaneously consciously engage with the characters.

On stage, various options for action are available: The person can confront a threatening figure instead of fleeing. They can ask: "Who are you? What do you want from me?" They can offer support to an inner figure: "You are not alone." This action should arise as spontaneously as possible, unplanned and arising from inner mindfulness. The Felt Sense serves as a continuous feedback system, indicating whether a step is appropriate, comes too early, or whether a different direction should be sought.

The ability to interrupt the process at any time with an explicit exit signal ("Stop—I'm getting out") is a constitutive part of the method. The ability to enter and exit forms the learned inner gesture, making the process therapeutically safe and transferable to nighttime dreaming.

3.5 Phase 5 – Transfer to Dreaming

The fifth phase aims to transfer the acquired experiences into nighttime sleep activity. Before falling asleep, the person formulates an intention in the tradition of lucid dreaming (LaBerge, 1985), which does not refer to a cognitive strategy but to a physically anchored experience: the feeling of standing on a stage; the moment of pausing instead of fleeing.

After several sessions, participants report characteristic changes: the pursuit scenario transforms as soon as the person in the dream moves toward confrontation. Threatening figures change their role when they are directly addressed. Some participants describe the emergence of an observer's perspective in the dream, a classic lucidity phenomenon: being simultaneously in the scene and beyond it. A particularly significant experience: In the dream, the person encounters themselves, the fleeing figure, and recognizes it as an aspect of their own self. This marks a moment of inner integration, in which the split typical of panic dreams between a helpless self and overwhelming power begins to dissolve.

3.6 The Felt Sense as a Form of Carrying Forward

An integral component of all five phases is body-oriented mindfulness in the sense of Focusing. The Felt Sense, the diffuse, bodily present overall sensation of a situation, serves as a source of insight from which meaning and impulses for action arise and are carried forward.

4. THE MIND METHOD BEYOND IRT – DIFFERENTIAL INDICATIONS

4.1 Imagery Rehearsal Therapy: Efficacy and Conceptual Limitations

Imagery Rehearsal Therapy (IRT) is currently considered the most evidence-based method for treating panic dreams within the framework of cognitive behavioral therapy (Krakow & Zadra, 2006). The standardized procedure involves narrating the distressing dream, writing it down, and consciously rewriting it into a less threatening or subjectively more positive version, which is practiced regularly. Meta-analytic findings confirm a reduction in dream frequency and intensity through this approach.

The conceptual limitations of IRT lie in three areas: First, it treats the panic dream primarily as a disruptive symptom that is to be neutralized by rewriting its content, the subjective experience during the encounter with the dream, particularly the physical response, plays a secondary role. Second, the relationship with the anxiety-inducing figures remains unaddressed: the "panic-inducer" is eliminated by rewriting the script, not examined. Third, IRT produces symptom reduction, but not necessarily the experience of agency or self-efficacy: The person rewrites the dream differently, but does not experience themselves differently within it.

4.2 Conceptual Expansion Through the MIND Method

The MIND method is not a competitor to IRT, but a differential expansion. Its conceptual added value lies in three dimensions:

Experience-orientation instead of script modification. The MIND method does not change the content of the dream event, but rather the person's position within it. Instead of replacing the figure of fear with a friendlier one, it enables the person to confront the figure of fear, standing firm, asking questions, taking action. The therapeutic change does not take place at the level of the dream narrative, but at the level of physically experienced self-efficacy.

Integration rather than elimination. While IRT overwrites threatening dream figures, the MIND method invites us to turn toward them and ask: Who or what is this figure? What does it reveal? What changes when one stands up to it? Inner figures that are experienced as overwhelming in a panic dream can, within this framework, take on different qualities. Threat becomes encounter; from encounter, meaning emerges.

Carrying forward as a shift in attitude. IRT aims to modify the dream content. The MIND method, however, also aims to change the person's attitude within the dream: to the emergence of lucidity, to the ability to pause instead of fleeing, to the possibility of asking questions instead of screaming. The transfer is not one of content but of structure.

4.3 Differential Indication

A differentiated logic of indications emerges from the conceptual comparison: IRT is the method of choice in acute phases, in cases of severe symptomatic distress, in cases of severe trauma, and in tightly structured or time-limited settings. It offers a clear, cognitively accessible framework and a robust evidence base.

The MIND method comes into play when the person is sufficiently stable to engage with intense inner images: where a supportive therapeutic relationship exists, where the treatment goal goes beyond mere symptom reduction, and where the person wishes to develop the ability to deal with their own inner images differently. In this context, both methods can be used sequentially or in parallel: IRT for stabilization, MIND for deepening and for developing experiential self-efficacy.

4.4 Clinical Risks and Safety Requirements

The MIND method places increased demands on the setting, the therapist, and the participants. In cases of heightened psychological vulnerability, immersion in archetypal scenarios can lead to distress or, in severe cases, to intrusive reactions. In severely traumatized individuals, imagination can reactivate traumatic memory traces and pull the person out of the protected setting.

Therefore, clear agreements regarding intentions to stop must be made in advance, and grounding anchors must be explicitly introduced and practiced: conscious awareness of the feet on the ground, rubbing the hands, emphatic exhalation, holding a stable object, visual orientation in the room.

Specific competency requirements are placed on the accompanying person: Focusing experience in the sense of Gendlin, practice in narrating and guiding imagination, as well as, crucially, a non-interpretive, holding basic attitude in the sense of Rogers (1957). The therapeutic task consists of holding the framework, not filling the content.

MIND IN ACTION

The concept is certified by the State Chamber of Psychotherapy of Baden-Württemberg. It is already offered as continuing education for psychotherapists and is also part of the continuing education curriculum for child and adolescent psychotherapy at the OAP in Offenburg.

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Appendix

The MIND Method in Practice

*Mythological Storytelling, Inner Stage Work, and the Development of Self-Efficacy
— A Guided Session with Elena*

ABSTRACT

This clinical vignette presents a verbatim session transcript illustrating the MIND method (Mythic–Interactive–Narrative–Dreamwork) in guided practice. Using the ancient Greek myth of Theseus and the Minotaur as a therapeutic medium, the facilitator leads the participant Elena through a structured five-phase process: mythological activation, body-oriented grounding, imaginative emergence, inner stage work, and post-session reflection. The transcript demonstrates how archetypal material—neither interpreted nor explained—can spontaneously generate personally resonant imagery, activate the felt sense, and enable an experience of self-efficacy structurally analogous to lucid dreaming. Editorial annotations highlight the clinical significance of key moments.

Keywords: *MIND method · Clinical vignette · Guided session · Theseus · Minotaur · Felt sense · Inner stage · Lucid dreaming · Self-efficacy · Panic dream therapy*

1. CONTEXT AND PURPOSE OF THIS VIGNETTE

The following transcript documents a live demonstration session conducted as part of a podcast on the treatment of panic dreams. The session is not an abridged case study but a complete first session with a volunteer participant, Elena, who had not previously encountered the MIND method. It is reproduced here in edited form—preserving the spoken character of the exchange while correcting transcription artifacts and mythological proper nouns.

The session illustrates all five phases of the MIND method in sequence: Phase 1 (Mythic Activation), Phase 2 (Imaginative Emergence), Phase 3 (Narrative Stage), Phase 4 (Dream Interaction — stepping onto the stage), and an informal Phase 5 element in the closing reflection. Editorial notes are inserted at clinically relevant moments to connect the session to the theoretical framework outlined in the companion article.

2. THE MYTHOLOGICAL FOUNDATION: THESEUS AND THE MINOTAUR

Before the guided session begins, the facilitator narrates the myth in full. The version below reproduces the spoken narration as delivered, lightly edited for written publication.

The Myth as Told in Session

Theseus was a young king in Athens. As a consequence of some earlier defeat or punishment, the Athenians were required to send twelve young men and twelve young women—twenty-four young people in total—to Crete each year. There, they were placed in the labyrinth and left to the Minotaur. None had ever survived. Until Theseus.

The Minotaur was a creature, half-human and half-bull, born of an extraordinary circumstance. The legendary ruler of Crete, King Minos, had fallen out of favour with the gods—above all with Zeus—by withholding a sacrificial bull that had been promised. As punishment, the gods caused Minos's wife, Pasiphaë, to fall in love with a bull. From that union, the Minotaur was born: wild, dangerous, and impossible to tame. At first, he roamed freely. When he could no longer be controlled, he was imprisoned in the vast labyrinth beneath the palace of Minos—a structure easy to enter and nearly

impossible to leave. To sustain him, the annual tribute of young Athenians was sacrificed. Theseus, the young king, resolved to put an end to this. He sailed to Crete and prepared to face the Minotaur. On his arrival, by chance or fate, he encountered Ariadne—a daughter of King Minos, born outside the dark circumstances that had produced the Minotaur. They exchanged a glance; something ignited between them immediately. Theseus told her of his purpose. Ariadne offered what help she could. She could not help him defeat the creature, she said, but she could help him find his way back out—if he survived. She gave him a ball of thread, to be tied at the entrance so that he could follow it back.

Thus Theseus entered the labyrinth alone. At some point he heard it: a low, growling hum, a dangerous sound. He followed it until they were face to face. Whether the Minotaur's eyes burned with fury or whether years of imprisonment had already broken him is not entirely clear. He was not evil in himself—but he was part bull, and captivity had made him wild. They fought. In the end, Theseus prevailed. He found the thread, followed it step by step through the darkness, and emerged. He took Ariadne aboard his ship. The story had one more turn: on the island of Naxos, on the way home, she was left behind. Some say Dionysus himself took her onto his ship. Theseus returned to Athens alone and was celebrated.

Clinical note: *The myth is narrated in an evocative, unhurried tone—with pauses and varying tempo—not to convey information but to activate a bodily field of resonance in the listener. The therapeutic value lies not in the story's content but in what it stirs.*

3. SESSION TRANSCRIPT

The following dialogue is a lightly edited transcript of the guided session. Speaker labels: D.M. = Dieter Müller (facilitator); E. = Elena (participant).

3.1 Phase 2 — Body-Oriented Grounding

D.M.	I'd like to ask you to sit in a position that is comfortable but also allows both feet to rest flat on the floor. Relax as much as you can—not by force, but simply by loosening up a little, the way I am doing right now. If you are able to, please close your eyes.
D.M.	For now, this is a relaxation exercise. Bring your attention to the soles of your feet. As if it were important to find out exactly what is happening down there. The sole of your foot, the sole of your shoe. That point of contact. Notice how warm or cool it is—how tight or loose the shoe feels. How much space your foot has. And what the contact with the floor is like. Sometimes you can feel right away whether there is a carpet underneath, or a stone floor.
D.M.	When you have done that, slowly move your attention upward—through your legs, all the way up to your seat. Feel the chair with your skin again. Notice your thighs, the points of contact with the seat, with the cushion. Sense how far you can feel the padding. Take a moment. And be aware that you can place your entire weight on this seat.
D.M.	In the next step, shift your attention from the seat to the backrest—to every point of contact on your back, everywhere the chair is supporting you. Notice all of these points, consciously and without effort.

D.M.	And in the final step of this short grounding exercise, observe your breathing. Focus on the inhalation in particular. Notice how the air flows into your body through your nose. Feel how much space is created each time the breath enters. This perceived breathing space need not correspond to the anatomical size of the lungs—in terms of sensation, it may extend deep into the pelvis, or only as far as the throat. What matters is not how deep it goes, but how it feels for you right now. Rest with your breath.
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Clinical note: *This grounding sequence follows the Focusing orientation developed by Gendlin (1978). It does not aim to relax the participant in the conventional sense but to open access to the bodily resonance field—the precondition for felt-sense work.*

3.2 Phase 2 — Imaginative Emergence: The Physical Response to the Myth

D.M.	Now, with your eyes still closed if you wish, think about the story again—and let it sink in. Letting it sink in does not mean thinking about it analytically. It means feeling it. How does the story feel, physically, when you bring it to mind? Is there a bodily response? Perhaps faint, perhaps more pronounced, or perhaps nothing at all. Anything is possible. But please notice whatever is there.
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D.M.	Did you notice a physical reaction? Something tighter, warmer, darker, more tense—anything at all?
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E.	Yes—there is a certain restlessness in my legs.
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D.M.	A restlessness in your legs. Let us stay with that. It is manageable?
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E.	Yes, it is not that strong. But it is there.
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D.M.	And it belongs to the story. It is part of what the narrative is carrying.
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E.	Yes, that fits. It goes together.
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Clinical note: *The felt sense has been contacted. The restlessness in Elena's legs is not interpreted or explained—it is simply acknowledged and confirmed as belonging to the material. This is the starting point for imaginative work.*

3.3 Phase 3 — The Inner Stage

D.M.	What follows flows naturally from where we are now. I am inviting you on a short imaginative journey. You are sitting here—that is your starting point. Now imagine you are setting off for a theater: either one you know, or one you are creating as you go. The important thing is that you begin to move. Perhaps you take the train, or a bus, or drive, or cycle—until you arrive at your theater.
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D.M.	When you get there, take a look around. See where the entrance is. They let you in. A performance is about to begin. Find the right room. For now, this theater is empty—just for you. The curtain on the stage is still closed. Sit wherever feels right for you: right at the front, at the back, in the middle, wherever.
D.M.	The auditorium grows darker. Spotlights illuminate the stage. Slowly, the curtain opens. A scene from the myth begins to unfold—it does not have to be the beginning. Just allow something to appear. Do not try to determine what it is. Let your imagination surprise you.
D.M.	Is anything there? Do you need more time, or is something already happening?
E.	Yes—it is the fight between the two. Theseus is fighting the Minotaur.
D.M.	And how does it look on stage? Is it a fair, almost ceremonial contest—or something more brutal?
E.	Neither of them has weapons. It is a fight with their hands, with their bodies.
D.M.	Before I ask how it ends—if it ends at all—take a look at the stage set. Is it dark everywhere? Is there light? Are there objects, colours?
E.	It is empty—just the two of them, in the middle, and it is mostly dark.
D.M.	Labyrinth-dark.
E.	Yes, exactly.
D.M.	And the fight—is it coming to an end, or might they go on for a long time?
E.	It is not entirely clear who is winning.
D.M.	That is interesting. In your image, it remains open for a long time—who will prevail. You are not following the myth one-to-one, and you need not. The image is yours.

Clinical note: *The stage set has emerged spontaneously—not constructed but discovered. This is the hallmark of Phase 3: the inner stage generates material from the participant's own unconscious, shaped by their personal themes and current inner state. The ambiguity of the fight's outcome is clinically significant: Elena's image does not simply replay the myth; it transforms it.*

3.4 Phase 4 — Dream Interaction: Stepping onto the Stage

D.M.	I would like to try something with you now. Step onto the stage—with full awareness. See whether an impulse arises, whether you feel the courage to go. Nothing will happen to you. It may still take a small act of courage. Can you do that?
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E.	Yes.
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D.M.	What I suggest is this: if it works, recall that physical sensation from before—the restlessness—and sense from there what kind of impulse is present. What do you want to do? Do you stand in front of them? Do you say something? Step between them? Sit down on the floor and watch for a moment? These are only examples. Find your own image. What is your first impulse?
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E.	The first impulse was to step in between.
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D.M.	And do you do it?
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E.	Yes.
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D.M.	Describe how that goes. Do they allow it?
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E.	I am surprised, because I am significantly smaller than both of them. But I manage to separate them.
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D.M.	You are smaller—and yet you manage to come between them. Does anything come to mind that you want to say? Something that supports the action?
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E.	Something along those lines—yes.
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D.M.	Look a little further: how do they react? Do they stop? Do they listen?
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E.	So far, both of them are confused.
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D.M.	You have managed to confuse them. That is enough for now—unless you feel there is something more you want to do.
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E.	There is a tendency emerging—to separate the two from each other, to push them toward two different places. So they cannot meet again.
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D.M.	You want to make sure they do not continue afterwards. If you want, act on that as well. You have the energy for it. Who do you push away first?
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E.	Theseus.
D.M.	Good. I think that is enough for this first scene. Can you bring it to a close, or is there something you still need to finish?
E.	I can close it like this.
D.M.	Then I suggest you consciously visualize yourself walking off the stage. When you are ready, leave the theater and make your way back here. Take your time, go at your own pace. And when you are fully back, open your eyes and move around a little.

Clinical note: *This is the structurally decisive moment—the transition from spectator to actor. Stepping onto the stage is the waking-state equivalent of achieving lucidity in a dream: Elena knows the scene arises from within herself and simultaneously acts within it. Her agency is physical, spontaneous, and felt—not planned or cognitively rehearsed. The choice to separate rather than fight is her own; no interpretation is offered.*

3.5 Post-Session Reflection

D.M.	Is there a feeling present?
E.	Definitely—though I am not sure I can name it exactly. Is there something sad there? Yes, there is something sad.
D.M.	Sadness is not comfortable—but I think it is always good to feel it and to name it. Thank you so much for opening up. How did you experience the session overall? How did those images come about, for you?
E.	I do not have an explanation for it myself. It just appeared—spontaneously. Not constructed.
D.M.	That is what matters most: that it comes naturally. Though I do assume it has to do with your own themes.
E.	That is true—but we do not know that yet.
D.M.	And we do not want to interpret it now. What I would like to point to: it was not the image of Ariadne that kept returning—it was the fight. That scene repeated itself. Something in you chose it, and it was yours. And from your reaction at the end—something sad, something wondrous too, perhaps—I believe the myth succeeded in touching something personal within this universal story. Something that belongs to you.

E.	Yes, well—I am also thinking about how much we should read into it. This topic: how to deal with violence, or how to respond when someone behaves violently. Whether to resolve it with more violence, or differently. That is a personal theme for me. It also connects to personal values—and both of those were on display on that stage.
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D.M.	My sense is always that we get closer to those values precisely because they are not socially framed—not rehearsed. What struck me most was the quality of your power when you went on stage. You entered with force and let it out. The awareness that you can actually make a difference.
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E.	For me it felt like force, but with a protective quality. I wanted to protect both of them—from each other. A different kind of power. Not the kind that was on stage before, meant to tear each other down. But the power was there.
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D.M.	A completely different kind of power. And the power was there.
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4. CLINICAL COMMENTARY

The session with Elena demonstrates several key features of the MIND method in practice. **Spontaneous imagery.** Elena did not construct her stage set—it emerged. The choice of scene (the fight), the absence of weapons, the labyrinthine darkness, and the ambiguity of the outcome were all generated without instruction. This spontaneous quality is the hallmark of Phase 3 and distinguishes the MIND method from cognitive rehearsal techniques such as IRT.

Self-efficacy from within. Elena's decision to step between the two combatants arose from an impulse, not from a plan. It was grounded in her felt sense—the restlessness in her legs—which served throughout as a feedback system. Her action was physically stored as an experience of agency, available to be carried into the next night.

Protective power, not aggression. Elena's reflection in the post-session dialogue is clinically precise: the force she brought to the stage was protective, not destructive. She separated the fighters rather than joining the fight. This distinction—identified spontaneously, without interpretation—points to a personally relevant theme that subsequent sessions could explore.

The sadness. The emergence of something sad at the close of the session is not a complication but a marker of depth. It indicates that the mythological material has touched a personally meaningful layer. In the MIND framework, this is an opening, not a problem—an avenue for further processing in the sense of Gendlin's "carrying forward."

The facilitator's role throughout was to hold the frame without filling the content. No interpretation was offered. No meaning was assigned to the images. Elena's stage set, her impulse, her words, and her reflections were entirely her own.

5. PHASE 5 — TRANSFER TO NIGHTTIME DREAMING

The final step of the MIND method, which in a full session would be guided explicitly, is described here for completeness. In the tradition of lucid dreaming intention work (LaBerge, 1985), the participant is asked—before falling asleep—to recall not a cognitive strategy but a physically anchored memory: the feeling of standing on the stage; the moment of choosing to step in rather than flee; the quality of the power that was present.

Participants who work with the method over several sessions typically report that the pursuit scenarios of their panic dreams begin to change: they find themselves pausing rather than fleeing; they turn toward threatening figures rather than away; some report an observer perspective arising within the dream itself—a classical lucidity phenomenon. In some cases, the dreamer encounters their own fleeing figure and recognizes it as an aspect of themselves—a moment of integration in which the split between a helpless self and an overwhelming threat begins to dissolve.

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