

‘I’m flying, not falling’: Sensory Sleep Events Following a Fall from Height

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journals.sagepub.com/home/iclRuth Parkes¹ 

Abstract

Hypnagogic and hypnopompic (H&H) events are sleep phenomena which occur at the borders of consciousness between falling asleep and beginning to wake. There is limited qualitative exploration of the nature of these experiences, and no studies have yet been conducted specifically with accident survivors who go on to experience H&H events. The current paper uses Interpretative Phenomenological Analysis to examine the unusual sleep events and sensory dreams experienced by a female survivor of a fall from height, alongside reflections on the H&H experiences of the author, who survived a similar fall. Unusual sleep events were found to be part of the process of sense-making when recovering from a traumatic accident. The experience of dwelling in liminal states – both physically and mentally – at different points in the recovery journey, and the differences in physicality between dream and waking states following serious injury are also discussed.

Keywords

hypnagogia and hypnopompia, sensory dreams, spinal injury, liminality, phenomenology

Introduction

In 2018, I fell around 20 feet from a mountain path, after stepping to one side to allow a group to pass. I attempted to stop the fall but to no avail: A feeling of existential dread at the inevitability of gravity defined me in that moment. I hit rocks and heard and felt

¹School of Health, Social Work and Sport, University of Lancashire, Preston, UK

Corresponding Author:

Ruth Parkes, School of Health, Social Work and Sport, University of Lancashire, Eden Building room 326, Victoria Road, Preston PR1 2HE, UK.

Email: rparkes@lancashire.ac.uk

my back and arm break in several places, then somersaulted and continued to fall, hitting the ground and sliding to a stop. After the accident, visual and auditory intrusions formed part of a post-traumatic stress reaction: images of a badly broken arm fruitlessly trying to arrest the fall, and the noises and sensations of the accident, including the sound and feeling of bones breaking (see also Parkes & McGarvey-Gill, 2022). Following a course of Eye-Movement Desensitisation and Reprocessing (EMDR), the intrusive memories were replaced by a different sensory phenomenon: hypnopompic hallucinations.

These sleep events occurred several times a week, from roughly four years after the accident to the present day. While in a semi-waking state and, importantly, lying supine as in the months spent in recovery, it seemed as if dishes of food and glasses of liquids were balanced on my body. The associated feelings were of intense anxiety and precariousness, fearing even a fractional movement would cause the contents to spill and the glassware and crockery to smash. This feeling, as tangible as any occurring in a fully conscious state, was that this outcome would be personally catastrophic. The obvious link between the trauma of the accident and spinal injury and this unusual sleep experience prompted the current study. To contextualise the study, the literature on hypnagogic and hypnopompic (H&H) events and other unusual sleep phenomena in the context of trauma or trauma-associated factors will be examined, highlighting the as yet almost exclusively quantitative nature of this field of study.

Hypnopompic events are described as vivid cognitive and sensory experiences while waking up, whereas hypnagogic events occur while falling asleep (Ghibellini & Meier, 2023). Qualitative exploration of accident survivors' H&H events is currently lacking in the academic literature. However, factors associated with recovering from serious accidents such as stress, depression, anxiety and PTSD symptoms have all been quantitatively examined in relation to these and other sleep phenomena. In their study of the impact of stress on the sleep of 155 individuals, Soffer-Dudek and Shahrar (2011) found that H&H hallucinations were the third and fourth most common reported sleep events ($N=186$ and $N=137$ respectively), and much more prevalent in the sample than nightmares ($N=25$) and sleep paralysis ($N=13$). Furthermore, anxiety and depression, commonly occurring following trauma, have been found to correlate with a significant increase in H&H events (Szklo-Coxe et al., 2007; Ohayon et al., 1996).

While more commonly associated with sleep disorders such as insomnia and nightmares, a diagnosis of PTSD has also been found to increase the likelihood of experiencing troubling H&H hallucinations. Ohayon and Shapiro (2000) found that H&H events caused significantly greater distress for PTSD sufferers compared with people who had experienced traumatic events but did not have a diagnosis of PTSD, although the frequency of H&H events was comparable across both groups. Thought suppression or avoidance, one of the four strands of PTSD symptoms (APA, 2013) has been found to be positively associated with troubling hypnagogic events (Schmidt & Gendolla, 2008; Wegner et al., 2004), as have its obtrusive siblings – auditory and visual intrusions – which are predictors of auditory and visual H&H hallucinations respectively (McCarthy-Jones et al., 2011).

Sleep studies with those who have had near-death experiences (NDEs) have also been conducted, with a finding of increased presence of lucid and problem-solving dreams and out-of-body experiences during sleep for those who have had NDEs (Lindsay et al., 2025). Interestingly, such an increase in unusual sleep phenomena was not routinely found in those who have been close to death without experiencing NDEs, suggesting that the change may have been due to the NDE itself rather than the traumatic experience.

Mysliwiec et al. (2018) proposed a new parasomnia; 'Trauma Associated Sleep Disorder' (TSD). This model highlights an inciting traumatic experience as a feature of sleep disturbances noting that, like H&H events, trauma nightmares occur within light sleep when motor function is intact, rather than deeper REM sleep when the body is ordinarily paralysed. The presentation of this model largely used studies of combat veterans as the evidence supporting TSD, making no specific reference to accident survivors.

The measurement scales for Jones et al.'s (2009) Durham Hypnagogic and Hypnopompic Hallucinations Questionnaire (DHQ) are based on the hypothesis that a tendency to experience intrusive thoughts and the use of thought suppression are positively associated with higher levels of auditory H&H experiences. The former is due to the link between H&H events and waking auditory hallucinations, and the latter due to thought suppression's role in producing intrusive thoughts (Jones & Fernyhough, 2009). The third hypothesis informing the DHQ scale is 'transliminality', the extent to which content within a person's preconscious or unconscious thoughts is able to pass into consciousness. In the aftermath of an accident, suppression of thoughts about the event and fragmented sleep are frequently experienced (Shipherd & Beck, 2005), thereby potentially increasing the likelihood of survivors experiencing H&H events.

Cheyne et al.'s (1999, revised 2002) Waterloo Unusual Sleep Experiences Survey looks at H&H events primarily in the context of sleep paralysis and delineates three categories of such events: 'Intruder' – a 'felt presence' in the room; 'Incubus' – the feeling that someone or something is sitting on the person's chest and 'Unusual bodily experiences', comprising a range of sensations such as feelings of flying, spinning, accelerating or autoscopia (seeing things as if from outside your own body). Nowhere within Cheyne et al.'s study is there an indication that any of the 1273 participants experienced an interaction with (perceived) objects such as the author's interaction with crockery as part of H&H events.

As illustrated above, the literature on H&H events is largely quantitative in nature, with a focus on epidemiological and clinical factors. The events have not been studied qualitatively or in accident survivors as a distinct group, sidelining the epistemological authority of these individuals in making sense of their own experiences (Thomas & O'Riordan, 2025). The aim of this single-participant phenomenological study is to qualitatively explore the experience of surviving a serious accident, in this case a fall from height with resultant spinal injury, and going on to experience H&H events. Themes derived from the participant account are explored alongside reflections from the author's own experience of a similar accident and subsequent H&H events. The highly specific nature of the accident experience means that emphasis is necessarily on survivor sense-making of how these phenomena relate to their accident or their

recovery period, rather than an attempt to make general claims about H&H events following trauma. The underlying principle of the study draws from Deleuze's notion of constant flux in the subjective meaning and perception of experiences (Hughes, 2009).

Methodology

Ontological and epistemological underpinnings of the study include the understanding that the self can exist as tangibly in dreams as in waking life (Kara & Ozcan, 2019), and Bion's (2023) work on the importance of 'not-knowing' ('O'). 'O' is a state in which understanding of oneself and the world is constantly developing and changing, as opposed to traditionally understood concepts of knowledge ('K'). Bergson (1946), like Bion, recognises the benefits of embracing dreamlike states of thinking during waking life in order to access understandings of uniquely personal experiences. In the current phenomenological study, the use of intuitive thought and casting off concerns about a single way of knowing allows the participant to recall and make in-the-moment sense of the H&H events they experienced. This Deleuzian approach (Crociani-Windland in Clarke & Hoggett, 2019), where the fascinating vicissitudes of life are most important, is ideal for exploring the topic.

Procedure

Information was gathered from the participant during a 70-min interview on MS Teams. A loose interview structure was utilised, with only two targeted questions: 'Can you tell me about your accident?' and 'Can you tell me about any sleep phenomena you have noticed since your accident, that you think might be related to it?' Given the challenge of explaining what is meant by H&H events and how these might symbolically relate to accident experiences – rather than directly replaying the event itself as a flashback – the author briefly outlined their own experience within the study advert.

Participant

Due to the study's aims to gather a rich understanding of a very specific experience, it was appropriate to take a phenomenological approach where the sole participant's sense-making about their experience was the primary basis for the study. The participant was not known to the author prior to the study. To offer additional data about the as-yet little understood lived experience of falling from height and associated sleep events, the analysis of the participant's account integrated reflections on the experiences of the author through reference to their reflective journal.

Ethical Considerations

Institutional ethical approval was gained from the University of Lancashire's Health ethics panel (HEALTH 01159). The participant was given an information sheet about the study, the process of informed consent, how to withdraw from the study and how

their data would be used, including confidentiality procedures such as the use of a pseudonym, 'Jenny'. A signed electronic consent form was obtained, and consent was reaffirmed at the start of the interview. The participant was given their interview transcript and invited to redact information if they wished. The participant redacted a lot of personal context around their accident, having reflected that they were not comfortable with this being in the public domain. Information about local and national sources of support was offered on a debrief sheet, and participant's data was securely stored in a password-protected document on the University of Lancashire's secure server.

As well as the standard ethical considerations outlined above, research which asks participants to recall sensitive or potentially traumatic topics must be carefully planned to avoid retraumatisation. The author has over 20 years' experience in conducting interviews about sensitive topics, including personal trauma experiences, in practice and research contexts. A supportive atmosphere was carefully developed with a pre-brief, check-ins throughout the interview, and particular care taken to conclude the interview on positive topics. It should also be recognised that taking part in research based on significant personal experiences can be beneficial (Jaffe et al., 2015), and where participants do experience negative feelings, these often dissipate quickly (Legersky & Bunnell, 2010). Indeed, the participant in the current study felt that taking part represented the first opportunity since their accident to positively contribute to something, as her catastrophic injuries prevented her from engaging in most activities.

Data Analysis

Interpretative Phenomenological Analysis (IPA) was used to explore the participant's account. IPA's idiographic approach is ideal for developing an understanding of how people make sense of their own lived experience, particularly where the topic is little understood or under-researched, or where it has strong emotional resonance. While foregrounding the personal sense-making of the participant, the researcher engaged in rigorous analysis of the data from which further insights and observations could be drawn. The findings are presented with a heavy emphasis on direct quotes, to centre the participant's voice. Smith et al.'s (2022) suggested procedure for IPA was implemented: The interview was transcribed verbatim and read multiple times, with descriptive notes made in the left margin of the transcript and conceptual and linguistic notes in the right margin. Linguistic notes included metaphor, simile, word repetition and use of imagery. The notes were transformed into codes ($N=156$), copied onto paper slips and then physically grouped and re-grouped to create an overall theme structure. The initial theme structure contained nine superordinate themes and 21 subthemes. Through further examination of concepts underpinning the themes, the final theme structure comprised six superordinate themes and 17 subthemes, of which three superordinate themes are examined in this paper.

The author used their reflective journal, written in the years following their accident, as a further source of data with which to reflect on and develop the themes identified by

the participant. The journal captured the changing thoughts and emotions associated with hypnopompic events, revealing the variations in each iteration of the experience. This highlighted the importance of not allowing a fixed personal interpretation to influence the interaction with the participant or the analysis of their interview data. The journal also functioned as a 'container' in which the near-contemporaneous recording of thoughts and feelings about the accident and associated sleep disturbances could be examined with a degree of psychological distance. The undeniable 'insider status' (Bukamal, 2022) of sharing the unusual experience of surviving a fall from height generated a powerful feeling of mutual empathy within the participant interview and therefore demanded a high level of reflection-in-action (Schon, 1987) to prevent over-identification. It was also vital to acknowledge a crucial 'outsider status' created by the differential outcomes of the fall; the participant was paralysed by her spinal injury whereas the author was not.

Findings

To provide context about their respective experiences, it is helpful to summarise both the circumstances and sequelae of the participant's and the author's accidents, and their experiences of sleep disruption. These details can be found in Table 1, while the themes drawn from the participant's experience can be found in Table 2. This paper focuses on the three themes which recurred most frequently in the participant's account, and which contained the greatest richness of data regarding the intersection of surviving a fall and unusual sleep events; Liminality and consciousness; Sleep events as sense-making tool; Dream logic and dream physicality. When considering Jenny's experience, it is important to note that she did not, at the time of interview, have conscious recall of any details about her accident.

Liminality and Consciousness

Jenny's serious injuries required her to be heavily sedated for an extended period in the initial stages of her recovery. Her first recollections were feelings and sounds, a combination of dreamlike states and sensory input from her surroundings. While in this liminal space, Jenny dreamt/felt as if she were radioactive or magnetic, which she attributes to the number of scans and X-rays she was vaguely aware of having during that time. Auditory stimulation from other people frequently wove itself into her sleep experiences:

'At some point during these dreams someone would introduce themselves: "Hi, my name is Amy". "I'm your nurse, I'll be looking after you today", which is apparently something the nurses would say to me even when I was sedated, and quite often that would incorporate itself into the dream'.

The vivid intensity of early sleep events and her lack of recall about the fall itself meant she struggled to distinguish between dreams and reality: 'The dreams were so vivid, they've become almost like memories...quite strong memories to the point

Table 1. Participant and Author Accident and Sleep Details.

Aspect	Participant (pseudonym Jenny)	Author
Nature of accident	Fell 30 ft (9.1 m) from a window	Fell 20 ft (6 m) from a mountain path
Time since accident	Five years	Eight years
Injuries sustained	Multiple spinal fractures, fractured ribs, collapsed lung, head injury.	Multiple spinal fractures, multiple fractures to humerus, radius and ulna.
Lasting physical effects	Paralysed from chest down, minimal use of arms and hands, ongoing pain and infection issues.	No paralysis. Chronic pain and transient weakness in back and lower extremities, weakened left arm.
Memory of accident	None	Full recall, no loss of consciousness
Post-accident sleep phenomena	Intense hypnopompic events while in hospital, reducing at home with the tapering of medication. Dreams of flying instead of falling after leaving the window, dreams of floating/moving through spaces without wheelchair or use of legs. Unrecalled nightmares. Ongoing hypnopompic events about tripping and falling, attached to a specific location.	Frequent dreams following initial recovery period to present day about struggling to walk/legs being heavy and left-sided paralysis. Several years after the accident, hypnopompic hallucinations about lying completely flat and still to avoid spillage and breakage of crockery visualised as covering the body.
History of unusual sleep phenomena	Occasional hypnagogic sensations of falling throughout lifespan.	Substantial sleep disruption since childhood and into adulthood including frequent and recurring nightmares, sleep-walking, REM sleep behaviour disorder.

it’s like it happened in real life. One of those is that I’d fallen out of the window and I was flying’. Having no consciously accessible memories about the accident meant the intensely hopeful outcome of flying rather than falling took on the status of memory for Jenny, rather than dream.

While the intensity and frequency of sleep events reduced for Jenny with the reduction of her pain medication, hypnagogic events still formed part of her day-to-day interactions with her parents: “‘Did I ask you that in real life, or did I dream that?’” It becomes hard to differentiate the dreamlike state and reality’. This blurring required Jenny to apply logic to distinguish whether something had taken place or not: “‘Surely that’s not happened?’”, like, my best friend has come over at 11:00 at night? Well, of course they haven’t’. Jenny cannot yet trust her memory and cannot discern real from unreal during these moments, but she can still rely on her intellect and

Table 2. Participant Theme Table.

Theme	Subthemes
Distancing attempts	Formal language Minimising and caveats Speaking in third person Euphemising
Broken (memories and body)	Broken memories Broken body
Liminality and consciousness	Reality blurs – what is ‘real life’? Liminal state Suppressed knowledge
Dream logic and dream physicality	Dream logic Gulf between waking and dreaming physicality
Sleep events as sense-making tool	Understanding the accident experience Knowledge gathering
Control (sense of agency over own body, mind, experience)	Loss of bodily control in sleep Regaining agency in sleep Retaking control Coping choices

cognitive reasoning to make sense of what is happening to her. Dreams taking on the status of memories and the ability of H&H events to blur the line between sleep and waking raises the question: should the ‘real life’ Jenny is trying to grasp be defined only as what happens while she is awake?

The author’s journal record of hypnopompic events shows that they are characterised by similar confusing liminality; an absolute belief during the light sleep just before waking that there are items (plates, glasses and bowls of food and drink, sometimes valuable items such as vases) balanced on their body, but with full awareness of place; the bedroom and the bed in which their recovery period took place. The semi-waking state is characterised by anxiety, desperate attempts not to move, and feeling powerless to stop disastrous breakages ensuing. It is only when closer to full consciousness that it is possible to apply logic and realise that the scenario is implausible, and movement is therefore safe.

The obvious interpretation of this hypnopompic event is that fragile crockery and glasses represent the fragility of the body, and the deeply embedded fear that any movement will cause irreparable damage. This reflects the recovery period, where lying utterly flat and still while sleeping was essential to avoid further injury to the spine. Recovery also involved moving in highly prescribed ways, scrupulously following a specific sequence to sit up and secure a back brace using only one arm, without twisting or bending the spine. The meaning of the sleep event also extends beyond the obvious parallel to prescribed movement during recovery; it reflects the accident itself in which one small movement – a step to one side – caused devastating consequences.

Sleep Events as Sense-Making Tool

Jenny is unable to consciously recall the circumstances of her accident, only the events immediately preceding it. She disclosed that part of her reluctance to engage with therapeutic services is the possibility that she will remember what happened, which feels aversive. While waking memory remains suppressed, dreams and other sleep phenomena act as processing tools for Jenny to make sense of her traumatic experience:

‘Somewhere in the back of my mind it’s there lingering away, and it’ll quite often just pop up through my dreams, but not always to the point I can fully remember what’s been going on. I’ll just wake up in the morning and feel upset. I know I’m upset because of what I’ve dreamt, but I can’t remember the full content of what’s happened’.

The subconscious seemed to be the only space available to Jenny to recall what had happened to her, and the awareness captured in dreams is not currently crossing the threshold into her waking mind. Jenny’s dreams seem not only to be about the fall itself but the context around it: ‘A lot of the trauma actually goes down to those images and dreams I had initially, which were almost like a repetitive manifestation of what I’d been going through prior to my accident’. She did not want to share the details, but references to ‘a big question mark’ around the circumstances of her fall imply that there are complex layers of meaning and consequence around how and why her fall occurred. Jenny’s nervousness about ‘unpacking’ the circumstances of her accident seems to sit outside her usual preference for cognitive order, as demonstrated when she talked about the role of sleep events in organising thoughts and memories of what happened: ‘It does feel very tangled. I’d like to think that I’ve normally got my mind in a good, methodical working order, yet my dreams seem to be almost like my three-year old nephew scribbling on a piece of paper’.

Jenny’s sleep events functioned as vehicles to process the loss of sensation in her body in the very early stages of recovery. A semi-conscious awareness of her paralysis wove itself into Jenny’s early sleep experiences, helping her to begin the process of understanding the reality of what had happened to her. Memories of these dreams were suppressed due to their traumatic nature: ‘The first sensations of not being able to move but not really knowing to what extent, that whole series of dreams forms part of the stuff that I’ve not really unpacked because it’s quite emotionally distressing’. By contrast, the author has full recall of their accident; the sights, sounds and sensations from the moment the fall became inevitable, throughout the experience of falling itself, and the wait for rescue. Perhaps it is the clarity about and sequenced understanding of the events, supported by EMDR, that obviates the need for dreams re-living the accident, as to date these do not seem to have occurred.

Dream Logic and Dream Physicality

Jenny’s sleep events included unusual bodily sensations which reflect aspects of physicality which had been preserved or lost. One of the first experiences Jenny had when

regaining consciousness reflects her physical condition of lying horizontally on a hospital bed and unable to feel much of her body: 'Probably the first sensation I had was of me floating around a restaurant but horizontal above everything'. Jenny had insight into why this hypnagogic dream might have been important in her early recovery: 'Immediately after the accident, it's almost like my body's saying; "you don't have use of your legs anymore"'. So instead, I was trying to carry on normal life by floating'. This highlights the schism between Jenny's embodied knowledge and the delayed cognitive awareness of her new physical reality caused by her heavy sedation.

Jenny dreamed about mobilising through spaces in ways that could not be explained: 'In some dreams, weirdly, I'm walking about or I'm *getting about* but I'm not in a wheelchair and I can't walk'. In the dreams, Jenny is aware she is paralysed and therefore can't understand how she is moving: 'There's no visible wheelchair helping me, but I'm aware I can't walk. Like how am I functioning? How am I chasing after my three-year old nephew round the garden? I can't walk. Where's the wheelchair?' Jenny has a specific recurring hypnopompic dream which features this sensation of mobilising without legs or wheels, then tripping, waking up with a jolt at the exact moment she starts to fall. Jenny used the term 'walked' when describing the dream, even though the mode of movement is neither walking nor using a wheelchair; it is another liminal state:

'It's always in the same place, opposite my [old] dance school. It's as though I'm walking towards the house I used to live in when I was about four or five years old, walking to school and it's that same stretch of path. And I don't know if it goes back to 'did I actually fall over there when I was a child?' Even if I'm dreaming about something else, when that trip and fall happens, it's always in that place.'

Jenny's insights into the meaning of location in this dream were incisive:

'It's after we've walked past the funeral home opposite. So it's almost like I've walked past this symbol of death then walking opposite my dance school, which is something I can't do [now], and then I'm going towards my childhood primary school and the church that was attached. I was born and raised into a Catholic family, so it's almost like that 'walking back into the faith' sort of thing.'

Prior to her accident, Jenny was an independent person and an ambitious, successful professional. As a result of her injuries, Jenny now lives with her parents and requires a high level of care. She is not currently able to work and is beginning to consider how she might regain a sense of purpose. It seems entirely reasonable to interpret Jenny's dream as representing her accident journey: She avoided death (passing the funeral home) but has dramatically reduced ability to express herself physically (passing the dance school) and has moved from adult independence to being reliant on her parents, as she was in childhood (moving towards her childhood home, the school and the church). When she trips in the dream (has the accident) and wakes up, she is still in

that safe place reminiscent of childhood, where her parents are close by to look after her.

The author's reflective journal contains remembrances of hypnopompic dreams which showed physical representations of 'what might have been' rather than what actually transpired in terms of suffering a more significant loss of mobility. One of these dreams involves teaching a class, and paralysis beginning taking hold first of the left leg and arm, then the left side of the face, causing them to collapse onto a desk, then slumping until their sensationless face is resting on the desk. As the dream goes on, attempts are made to continue teaching in this position, to the obvious concern and incredulity of the students. Waking with a jolt at that point, it is initially hard for the author to remember whether they *are* actually paralysed on the left side, until the remnants of the dream have dissipated. In trying to persist in teaching and insist that no help is needed (when this is patently absurd), the dream takes to extremity a waking determination not to allow the accident to dictate what is achievable in post-accident life.

Prior to the accident, the author had a semi-frequent dream about heaviness in the legs while walking, to the point where moving became almost impossible. The journal showed that these dreams had increased in frequency and intensity post-accident. They also had the new feature of attempting to walk backwards by sliding their feet, when lifting their legs was no longer possible. This mirrors the response in the left-sided paralysis dream; rather than being stymied by immobility, new ways of coping are sought and implemented in the dream to maximise perceptions of intact physical agency. Sleep paralysis itself has never formed part of the author's sleep events: the sensation involved in the crockery balancing dream is not an inability to move, but the sense that movement is impossible to avoid, causing fear and panic. The semi-conscious mind appears to reflect the embodied knowing precipitated by the near-fatal experience but suppressed in conscious life; an awareness that one small movement – such as stepping slightly to one side on a mountain path – can result in disaster.

Discussion

The Role of Recall, Thought Suppression and Transliminality in Hypnagogic and Hypnopompic Events

Schmidt and Gendolla (2008) and Wegner et al. (2004) found that a tendency for thought suppression increases individuals' susceptibility to H&H events. In the current context, this suggests that those who suppress memories of their traumatic accident may be more likely to experience such sleep events. Jenny has no conscious recall of the traumatic accident and can reasonably be assumed to be suppressing unwanted thoughts; she has so far avoided working through her experience therapeutically as she believes this increases the possibility of recalling her accident. The hypnopompic event about tripping in the street and jolting awake symbolically represents the fall, but

sidesteps engagement with direct memories of the accident itself. The trip in the dream is a distinct axis point between a scene constructed of deeply established memories of childhood places of safety to awakening into their new physical reality, the cause of which they do not consciously recall. Waking up at the point of tripping (with its concomitant sensation of losing control of one's physical agency) prevents the dream from becoming a direct re-experiencing of what happened after that first instant of the real fall, thus protecting Jenny from the feeling of dread which characterises the point of a fall where gravity takes over. However, it may be that the suppression of memories is actually perpetuating the sleep disruptions she is experiencing.

The current study provides initial qualitative evidence that full recall of – and an absence of thought suppression about – a traumatic event does not preclude H&H events which directly relate to it. Despite the author's full recall of the accident and their deliberate, structured reflections on their thoughts and feelings about it, the primary hypnopompic event is characterised by intense feelings of anxiety clearly related to the physical recovery process, and to a lesser extent the accident. A different type of suppression – a denial of the impact of the subsequent disability on present capability and autonomy – does exist in the author's attitude to and coping strategies used in recovery. This could in itself be enough to generate a hypnopompic hallucination which represents an unwanted reversion to an intensely vulnerable physical state.

As well as thought suppression, Jones et al.'s (2009) DHQ identifies higher levels of 'transliminality' as a predictor of H&H events. Transliminality has been defined as an unusually keen sensitivity to psychological material, both from the unconscious mind and in the external environment (Thalbourne & Maltby, 2008). Both Jenny and the author experienced a profound physical and psychological change following a potentially fatal accident. As documented above, their vivid sleep experiences have, at times, significantly blurred their conceptualisation of 'real life' versus dream states. Such opening up of consciousness as a result of proximity to mortality is well documented by Taylor (2013) in his exploration of Suffering-Induced Transformational Experiences and by Frank (2013) in 'The Wounded Storyteller'. Herzog summarised this consciousness shift eloquently in his account of the near-fatal first ascent of Annapurna in the Himalayas: 'In my worst moments of anguish, I seemed to discover the deep significance of existence of which, till then, I had been unaware'. (Herzog, 1997, xviii).

Changes to the nature and quality of consciousness have also been echoed in empirical studies, such as the finding that there are increases in lucid dreaming and a tendency to experience out-of-body sleep events in those who have had near-death experiences (Lindsay et al., 2025). This latter point resonates with Jenny's dreams both of floating above day-to-day life and of inexplicable ambulation without the use of neither wheelchair nor legs. The potential link between increased transliminality and traumatic events further underscores the importance of exploring H&H events in accident survivors; these liminal states may form part of a suite of potential consciousness changes that occur as a result of narrowly avoiding death.

Capturing the Lived Reality of Post-Accident Sleep Events

The potential limitations of psychologically or medically informed approaches to understanding H&H events in accident survivors mean an alternative approach could be beneficial. Studies such as Lindsay et al. (2023) found that individuals who have had NDEs may perceive significant sleep disturbances, even though objective measures of sleep disruption may find no such changes. While the ‘sleep-state misperception’ highlighted in studies such as these could be a useful area for exploring sleep in accident survivors, it seems more important to examine how individuals’ lived realities of the sleep disturbances they perceive may impact their wellbeing.

To offer a richer understanding, these events could be further explored using phenomenological approaches, recognising that interpretations of an experience can be re-constructed anew upon each repetition. These approaches are particularly important for exploring the sequelae of traumatic accidents, as individuals’ articulation of their experience at a given moment may be influenced by factors such as their emotional and physical state, the level and nature of recall of the accident itself, and the recency and impact of sleep disruption. Sleep experiences between survivors may also be differentiated by a range of autobiographical factors, such as culture and religion (Glaskin, 2016). By using phenomenological approaches in research about unusual sleep events following trauma, the centrality of ‘self’ in meaning-making in the spaces between conscious and unconscious states can be more effectively foregrounded.

Phenomenology has not traditionally been used in the examination of dreams, as the approach tends to characterise ‘lived experience’ as tangible, waking events of which individuals make their own interpretations (Langdridge, 2018). As demonstrated by Jenny’s experience, defining what constitutes ‘real life’ can be challenging during periods of intense physical and psychological turmoil, where sleeping and waking states can blur and dreams can replace conscious recall as a core memory of what has occurred. Given the liminal space in which H&H events take place, there is value in taking a phenomenological approach to exploring these sleep phenomena, particularly when they relate to perhaps the ultimate tangible experience: threat to bodily integrity and life itself.

Zippel (2016) effectively summarises how phenomenological analysis of dream states is an opportunity to consider them as an intentional sense-making tool, by applying Fink’s characterisation of the ‘dream-world’ as a place where ego-consciousness partly survives (Fink in Woodward, 1987). H&H events occur at the border of consciousness, inhabiting the space where corporeal realities of traumatic accidents are either obscured – in this study, by Jenny’s inexplicable mobilisation in dreams – or brought into focus, such as underscoring the perils of even slight movement after spinal injury. The presence of the sleeper-ego as well as the sleeping-ego within the hypnopompic state allows individuals to examine traumatic events at the border between reality and unreality, actuality and inactuality (Zippel, 2016). Evidence of the sleeper-ego’s role in the present study includes Jenny’s awareness that the absence of both a

wheelchair and the capacity to self-mobilise '*makes no sense*' as she moves through spaces, indicating awareness of her paralysis while in a sleep state.

Conclusion

Further large-scale research into sleep disruption in accident survivors is an important area of future study. However, the richness of data gathered from a single participant indicates that quantitative, medicalised approaches used in the small body of literature on the link between trauma and H&H events are unlikely to be the most effective way to capture the lived reality of these idiosyncratic experiences. The current single-participant study is not intended to make any general conclusions about connections between trauma and sleep disturbances. Instead, along with the author's own reflections, it offers a rich insight into the sleep experiences of individuals who have been severely injured after a fall from height. It has illuminated some of the ways in which sleep events can help survivors to make sense of their experiences, including coming to terms with physical limitations and providing symbolic representations of the accident or the recovery period. A key area for future research would be to use phenomenological approaches to explore further accounts of accident survivors' sleep experiences, in particular H&H events. This would give greater depth to our understanding of the possibilities and limitations of phenomenology in examining experiences which occur in liminal spaces, particularly when these relate to trauma. Future research could explore whether the level of conscious recall of a traumatic event has any influence over the presence, nature and intensity of related sleep events. The potential increase in transliminality – openness to unconscious and external sensory stimuli in conscious life following near-fatal accidents – is also an exciting area for further study.

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ORCID iD

Ruth Parkes  <https://orcid.org/0000-0002-4491-4504>

Ethical Considerations

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Consent to Participate

Consent was gained in writing and re-confirmed verbally before the start of the interview.

Consent for Publication

Consent to publish the participant's data was included within the study consent form.

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Data Availability Statement

All data used in the current study are available from the corresponding author upon reasonable request.

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Supplemental Material

Supplemental material for this article is available online.

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