Lucid dreams and ptsd

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The Stigma Surrounding Lucid Dream Therapy In PTSD

In our society, dreams are often thought of as “ meaningless biology” (LaBerge 1). The stigma that has accompanied dreams into our century can be thought of as quite unfortunate. This stigma accompanies all types of dreams, including lucid dreams, the conscious awareness in a dream. In the small body of research that indicates the possible therapeutic uses of lucid dreaming, one can see how hard it would be for society to accept this kind of therapy if viewing the key element, dreaming, as “ meaningless biology” (LaBerge 1). Society needs to change the attitudes around dreaming due to the possible benefits that dream therapy could have on problems such as Post-Traumatic Stress Disorder (PTSD). The benefits that lucid dream therapy could have for these treatments show why society needs to embrace all types of dreaming as important and useful human resources.

As defined by Stephen LaBerge, “ Lucidity, allowing as it does flexibility and creative response, presents a means of resolving dream conflicts and hence fosters a return to effective self-regulation. This is the basis of approach to healing through lucid dreaming: to facilitate the person’s self-healing mechanisms by means of intentional imagery on the mental level” (Healing through Lucid Dreaming 1). Those who have had a lucid dream but are unfamiliar with the terminology could easily recognize their dream as “ lucid”. Almost all dream researchers agree to these two basic principles of lucid dreams and lucid dreamers: a) that lucid dreamers will frequently awaken from REM sleep once dream consciousness is achieved and b) that lucidity will be easiest to induce at times in the night when the body is likely to be changing from REM to waking. This makes lucid dreaming sound quite

disruptive to sleep. It is perhaps a relief that lucid dreaming is normally rare unless one has trained him/herself for lucidity.

Proposing that lucid dreaming has a connection to the treatment of PTSD, an outline is needed. Appendix A and B outline various aspects of PTSD. The first is taken from Warning Signs of Trauma Related Stress (taken from Tanenbaum, DeWolfe and Albano) and the other from DSM-III-R (PTSD 1). There is mention of nightmares being a symptom of PTSD. This obviously means that dreams of the trauma and that these dreams are of a disturbing nature. LaBerge defines nightmare as "…the result of unhealthy reactions" (Healing Through Lucid Dreaming 1).

Even though disturbing dreams are said to be a symptom of PTSD, the treatment is non-dream oriented. This is logical because physical problems can be treated in non-physical ways and vice-versa. What is illogical is that dream oriented treatment is not considered. This could be simply an oversight, but could also be an indicator of the aforementioned stigma surrounding dreams. Dream therapy is not a new phenomenon, but it seems unfortunate that it is popular only within select circles or therapists. Lucid dreams could be an important tool for the recovery of PTSD victims and it is unfortunate that this stigma could be the preventing factor surrounding this type of therapy.

In an article by George Howe Colt, he discusses the advantages of lucid dreams:

Instead of being eaten by a dream monster, lucid dreamers may be able to eat the monster themselves. Instead of showing up for an important exam

dressed only in his underwear, a lucid dreamer can race home and put on clothes or, knowing it's only a dream, throw caution to the winds and find out what happens when he walks into an exam undressed. " The value of lucid dreams is you can have any imaginable experience without consequences," says LaBerge, himself a lucid dreamer (Life Special/Cover 5).

The first of these advantages, the " dream monster," involves being less afraid of the threatening situation (Colt 5). If a person suffering from PTSD has a distressing dream about their trauma, it could be very beneficial to re-experience the trauma while having more control and less fear. This gives the opportunity for exploration of other possible outcomes (as seen in attending the exam to view the reactions while only half dressed) or the exploration of feelings in general. A person in therapy of PTSD could be instructed in their therapy session to use this lucidity to their advantage. If the dreamer becomes lucid, they could be instructed to change the setting or situation of their trauma (as seen in running back home to put clothes on) and use this shift to initiate exploration. This is only some of the possible connections of lucid dream therapy to PTSD.

One of the largest advantages of lucid dream therapy could be the element of control that lucid dreaming offers. If disturbing dreams often plague the victim of PTSD, he/she could use this control to shift the nature of the dream entirely rather than being left to suffer through the nightmare. One could use this control to deal with the stress in a sort of " virtual" way and also be free to go at a pace that he/she feels is comfortable. Certain PTSD victims may use lucid dreaming to push their distressing dreams to the absolute edge of their imagination. Perhaps it could be beneficial to know the " limit" of how

far things could go since sometimes the “ unknown” can be worse than the “ known.”

Regardless of the exact way that lucid dreaming could be used to treat PTSD, the fact that there are so many diverse ways to use lucid dreams in this type of therapy is compelling. Surely if there are so many possibilities one of them might find its way into therapeutic circles. There is no question that dream experts see the importance of lucid dreaming, so why has lucid dream therapy been overlooked by everyone else? It is possible that with the great variety of therapies for PTSD the therapists feel that there is no need for additional methods. In the article “ Gift From Within,” Frank M. Ochberg lists a variety of therapies for PTSD: educating the victim (i. e. books, articles); holistic health (i. e. physical activity, nutrition, humor, spirituality); social support and social integration; and finally, clinical techniques (i. e. therapy, role play, and medication) (3).

This is just a sample of the possible therapies. Ochberg continues on, and, perhaps as expected, makes no mention of dream therapy. There is also no mention of treatment for the sleep disturbances associated with PTSD. This indicates the attitude that one must use other methods to treat the disorder rather than the attitude that using sleep disturbances constructively could actually be a tool to treat the disorder. One can only speculate at the reasons behind this sort of oversight. It is doubtful that any therapist would say that better means of therapy should not be explored or discovered. Another factor could be that the ones who do the research on therapeutic methods are not always therapists. Even if the therapist thought that additional methods were unnecessary, this does not mean that some

experimental research would not be done in this area. It is not likely the lack of need that has prevented lucid dream therapy from being explored, but more likely the previously discussed stigma that presents dreams as " meaningless biology" (LaBerge 1). It is also true, however, that the attitudes surrounding dreams are slowly changing. The growing field of dream research and dream experts characterizes these changes, but not the development of positive dream attitudes in non-dream oriented psychology. Better attitudes surrounding dreams in non-dream psychology must be developed before dream therapy reaches a popular status.

It is true there are some potential problems with lucid dream therapy. Some of these could be the nature of lucid dreaming itself. What if the decision was made to use lucid dream therapy and the patient could not achieve lucidity? Lucidity can be " induced" or helped by a variety of means but this is still no guarantee.

Another problem is lack of dream recall. The use of lucid dreams would be useless if the dreamer had no recollection of the events. One could argue that if the dreamer gained control to " tone down" the fear in the dream, one would be less likely to wake up with disturbed feelings from the nightmare, even if one did not remember the nightmare the next day. Regardless of the recall, the dreamers' sleep would not be disrupted. Lucid dreams can produce an awakening, but the argument can be made that lucidity will produce the same amount of awakenings as the nightmares. The effect will certainly be different, which is a benefit to the lucid induced awakening.

The benefits of lucid dream therapy seem to outweigh the possible disadvantages. The advantages hinge on the assumption that dream recall will be high and that the subjects will become lucid easily. These are large assumptions but they are not so large that they should be the preventing factor of lucid dream therapy research. Research could still be possible while outlining those difficulties, so why has this not been addressed? Again, we return to the repeatedly mentioned stigma. Evidence has been presented to show the advantages of lucid dreaming for treating disturbing dreams. It has been noted, "…recurrent nightmares and sleep continuity disturbances are key criteria for PTSD and sleep disturbances are the most frequently reported complaints among PTSD patients" (" Clinical Frontiers" 1). It has also been shown that lucid dreaming, though thought to treat disturbing dreams, has not been used in PTSD therapy. Since we know there is a stigma surrounding dreams, it is possible and logical to draw the conclusion that this stigma is a factor in the omission of dream therapy from the treatment of PTSD. When the attitudes surrounding dreams and dream therapy changes in the scientific circles, it is quite possible then that lucid dream therapy will be used in the treatment of PTSD.

Warning Signs of Trauma Related Stress

1)Recurring thoughts or nightmares about the event.

2)Having trouble sleeping or changes in appetite.

3)Experiencing anxiety and fear, especially when exposed to events or situations reminiscent of the trauma.

4)Being on edge, being easily startled or becoming overly alert.

5)Feeling depressed, sad, and having low energy.

6)Feeling “ scattered” and unable to focus on work or daily activities. Having difficulty making decisions.

7)Feeling irritable, easily agitated, or angry and resentful.

8)Feeling emotionally “ numb”, withdrawn, disconnected or different from others.

9)Spontaneously crying, feeling a sense of despair and hopelessness.

10)Feeling extremely protective of, or fearful for, the safety of loved ones.

11)Not being able to face certain aspects of the trauma, and avoiding activities, places, or even people that remind you of the event (taken from Tanenbaum, DeWolfe and Albano).

Criteria A: You have been exposed to trauma.

Criteria B: You Re-experience the trauma in the format of dreams, flashbacks,

intrusive memories, or unrest at being in situations that remind you of the original

Criteria C: You show evidence of avoidance behavior – a numbing of emotions and reduced interest in others and the outside world.

Criteria D: You experience physiological hyperarousal, as evidenced by insomnia,

Criteria E: The symptoms in Criteria B, C, and D persist for at least one month (PTSD 1).

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