

## **Limitations in the Utility of Lucid Dreaming and Dream Control as Techniques for Treating Nightmares**

**Kathryn Belicki**  
*Brock University*

In the past several years I have been studying nightmares and in that context have examined the factors that prompt people to seek treatment for these experiences. Given that several articles in this issue of *Lucidity Letter* address the positive and negative aspects of lucidity and dream control. I thought I would add my reflections on this issue with respect to treating nightmares.

As an aside let me begin by noting that I separate dream lucidity from dream control for the very simple reason that they are quite unrelated (if not negatively related) in my own experience. I exercise a fairly high degree of control in my nightmares almost always in the absence of any lucidity. On the other hand I periodically experience lucid dreams (rather mundane ones I must admit) but in these am usually simply aware that I am dreaming and do not act to control the experience. Recently, concurrent with my editing this issue, I tried in a few lucid dreams to be controlling of the experience; in some the dream quickly turned malevolent, in others the dream scenery promptly faded or became achromatic. This differentiation between control and lucidity is not particularly important to my thoughts as outlined below, but I include it because of the growing documentation (and I have seen it in my clients) that these experiences can lead to what could be described as unpleasant side effects. It seems to me that we need to know more about this and I find myself wondering if this unpleasantness is a side effect of lucidity, control, either or both. From an applied perspective (e.g., of treating nightmares) this would be very useful information.

Turning to nightmares, let me begin by summarizing what we know about why people seek help for these dreams. The first thing to note is that many people who have nightmares are not very distressed by them even though their dreams are as unpleasant as those who are distressed. Certainly during the nightmare everyone is unhappy, but after the dream is over people differ tremendously in the amount of upset they subsequently experience. This gives us an important clue: it may not be that the dream is the problem so much as it is the person's reaction to the dream.

Before examining what leads to these differing reactions we also need to consider different types of nightmares. We have a lot more to learn in this area but there are a few distinctions that are worth noting. Some nightmares are clearly post traumatic in nature in that they began after a trauma and the content of the nightmare is clearly linked to the traumatic event, in the simple case of these nightmares beginning immediately after the trauma, they are often part of the person's natural reaction and they tend to go away spontaneously as the reaction is worked through. Alternatively, techniques directed toward changing the nightmare, such as desensitization to the content, often are swiftly successful. In the more complex situation in which the nightmares (and waking symptoms) persist in a chronic fashion and/or begin several months to several years after

the event, these symptoms are usually part of a larger picture of poor psychosocial adjustment and massive sleep disturbance. In this case treatment is very difficult no matter what the approach.

A second type of nightmare to note are those which are secondary to a physical condition such as disease, medication, drugs, etc. Given the possibility of these, I always have my clients undergo a thorough medical examination.

The nightmares I spend most of my time studying are those creative dreams which often occur throughout the person's lifetime from childhood onwards. While the predominant emotion is frequently terror, it may also be another such as rage, grief or guilt. I have become aware that some of these are hidden post traumatic nightmares. For example in the case of individuals who have been sexually abused as children, they often do not dream explicitly about the sexual abuse and therefore their nightmares can go unrecognized as being post traumatic in origin. Similarly in two cases Denis Belicki and I have treated in which the people spontaneously started having nightmares as an adult without any prior history of nightmares, and without any detectable physical contributors, nor any awareness of precipitating trauma, we subsequently uncovered in therapy a precipitating traumatic event the traumatic nature of which had not been consciously appreciated by the client. It may be important to detect such hidden post traumatic dreams as it has been my increasing experience that the distress attached to these experiences does not resolve until the person gains insight into, and works through, the impact of the precipitating trauma.

Finally we are left with those long standing, creative nightmares which do not appear to originate in major trauma or a physical condition. The key to treatment here lies in the difference between people who are very distressed with these experiences and those who are able to live with them quite well. From my research and clinical experience it would appear that distressed people have one or more of the following characteristics: 1. they take their dreams too seriously, 2. they have difficulty containing the emotion of the dream, or distracting themselves from it, after awakening. 3. they are experiencing a great deal of life stress and/or have problems in their waking psychosocial adjustment. Let us consider each individually.

### **1. Taking Dreams too Seriously**

What do I mean by too seriously? I have several things in mind here. One example is the person whose waking life is in fine order but simply because they have nightmares, concludes there is something terribly wrong with themselves or their lives. The problem is that they are assuming both that dreams are always profoundly meaningful and that the emotional "volume" of the dream is to be fully trusted. My own opinion on these issues is that dreams, like waking thoughts, can deal with quite trivial issues. Secondly, the nature of dream experience -- its single-mindedness with corresponding lack of proportion, its perceived reality, its lack of concern for the constraints of reality, etc. -- means that the emotional volume can be very easily inflated: the quality of the emotion can be trusted but not necessarily its strength.

Similarly the person who assumes that all dreams are deeply meaningful, and correspondingly feel that their waking thought and judgment has very little merit is at considerable risk to be disturbed by nightmares. Such an attitude becomes particularly problematic if they tend to always take their dreams literally and not metaphorically. For example, individuals have described to me cutting off relationships, usually for a short period of time, simply because a person behaved despicably in their dream. While dreams do occasionally provide direct insight into interpersonal dynamics, these individuals need to be taught (or reminded) about the possible metaphoric or symbolic nature of dream content.

People who feel they have prophetic dreams can be deeply disturbed by nightmares. An example is a woman I spoke with briefly on two occasions. The first time I spoke to her she had not driven a car in ten years because she had had a nightmare about driving a car which had seats that turned into grave stones. This dream haunted her because on other occasions she had had dreams which had seemed prophetic. In my conversation with her I pointed out that 1. no one has dreams that are always prophetic (and she agreed that most of her dreams were not). 2. that dreams can be metaphoric so that this could be “death” of another kind, and 3. that everyone has tragedy in their lives and everyone dies, and that to be overly preoccupied with these facts only reduces the quality of life. This initial conversation lasted only 15 to 20 minutes. A year later she contacted me to let me know that she had resumed driving after our conversation. Furthermore a subsequent encounter with a car like the one in her dream had led to an event which she felt was the fulfillment of the original dream. It did involve a “death” but of the metaphoric variety, and in fact was a very happy outcome for her.

With all these individuals, the problem is not the nightmare itself, but their attitudes and reactions to the nightmares. If we were to quickly strive to teach these people how to control or change nightmares, we would not only overlook the real issue but in the long term might even exacerbate the issue. Specifically, while in the short term we might treat these individual’s distress by giving them greater control over the experience, if they turn out to be one of those who in the long term develop unpleasantness as a side effect of lucidity or control, they would be uniquely unequipped to handle that distress as evident in their original distress. It seems to make much more sense to first of all teach people how to comfortably live with unpleasant dream experience before exposing them to techniques which occasionally result in more unpleasantness.

As a final aside, if the individual truly wishes to eliminate the distressing content rather than focus on their reactions, there are techniques which are usually much faster than inducing control or lucidity: sleeping with a light on, daily practice of deep relaxation, systematic desensitization, waking rehearsal of the dream changing the ending to a more positive one, etc.

## **2. Difficulty Containing the Emotion of the Dream**

Creative individuals who are hypnotizable and tend to become imaginably engrossed in

fantasy and esthetic stimuli (a tendency called “Absorption” in the literature) are prone to nightmares. Such high absorbers tend to get very emotionally involved in events they attend to: these are the individuals who get totally wrapped up in books and movies, experiencing them as real. It is not surprising that after they awaken from a nightmare, they have difficulty distracting themselves from the experience, and the emotion can extend right into the next day. This is very similar to the issue discussed above: the nightmare is not the problem so much as the reaction to the nightmare. The reaction however, is not caused by attitudes but by an attentional style driven by personality. Again I think a treatment strategy directed toward changing the dream is misguided here. These individuals need to be taught how to control or “box” their emotions and imagination, and how to distract themselves from the memory of their dream.

### **3. Life Stress and Problems in Psychosocial Adjustment**

Nightmares are common in adults and many people with even frequent nightmares are as well adjusted as individuals without nightmares. However, quite often (although by no means always) the subset of individuals who seek help for their nightmares also have other problems in their waking life. These problems may be exacerbating their nightmares, and at the very least will increase their sensitivity and lower their tolerance to unpleasant dream experience. With such individuals I fairly often choose the nightmares as the first thing to tackle as it is something we can usually have quick success with, which is tremendously empowering to them. It occasionally happens that by reducing theft distress with nightmares (either by changing theft reactions to the nightmare or by reducing nightmare frequency) the individual feels so much more capable of changing or coping with their other problems that therapy is no longer necessary. In other cases therapy has to address the entire presentation of problems and sometimes the waiting issues must take precedence over the dream problems.

My general bias in working with individuals presenting with both waking and dreaming problems is that troubled people tend to be very self preoccupied in a nonproductive way, and I am therefore hesitant to use techniques which encourage a deepening of that preoccupation (one obvious exception would be when treating repressed trauma); therefore, generally I avoid most dream work, even interpretation (and I include the induction of lucid dreaming as dream work), with any person who lacks a firm “grounding” in the world.

### **Conclusion**

When dealing with individuals who are troubled by their nightmares I use a wide range of techniques depending on the type of nightmare, the reason(s) for the distress, the personality of the individual and their current circumstances and psychosocial adjustment. However, as is now apparent, development of lucidity and/or dream control is noticeably absent from my therapeutic armamentarium sometimes because it simply does not address the problem and other times because there are more efficient, and

perhaps safer, ways of dealing with the distress.

Nonetheless I think the development of lucidity or dream control is valuable in work with nightmares (or dreams more generally) with individuals who wish to pursue self growth and who are able to live with some subjective distress in the process. As mentioned above I regularly use dream control to interact more productively with disturbing dream characters or to work through and change unpleasant dream sequences. Furthermore I have encouraged certain individuals with nightmares to develop similar practices. For example, with some clients, *after* they have mastered their distress associated with nightmares, we have gone on to do active dream work. Ultimately I view dream work as a set of techniques ideally suited for self exploration and development, but not necessarily useful for establishing equilibrium in distressed individuals.