The future of lucid dreaming treatment

Commentary on “The neurobiology of consciousness: Lucid dreaming wakes up” by J. Allan Hobson

Josefin Gavie¹ & Antti Revonsuo¹, ²

¹School of Humanities and Informatics, University of Skövde, Sweden
²Center for Cognitive Neuroscience, University of Turku, Finland

1. Introduction

Hobson (2009) provides us with a timely and useful review of the history and the latest developments in lucid dreaming research. It seems that lucid dreaming is, although methodologically a challenging phenomenon to study, nevertheless becoming a part of the mainstream cognitive neurosciences. As Hobson’s review shows, our understanding of what kinds of states of consciousness and brain areas are involved in the production of lucid dreams has improved considerably.

Hobson (2009) does not discuss the potential practical applications of lucid dreaming. In particular, it has been argued that lucid dreaming may have potential as a therapeutic tool against recurrent nightmares (Green & McCreery, 1994; Halliday, 1988; LaBerge, 1985; LaBerge & Rheingold, 1990; Tholey, 1988). Therefore, the aim of the present commentary is to draw attention to the potentially important application that connects lucid dreams with nightmares: Lucid Dreaming Treatment (LDT).

Nightmares and lucidity are closely related phenomena also because, in some dreamers, highly unpleasant dreams may evoke unprompted lucidity. For people who suffer from recurrent nightmares that lead to sleep problems and increased anxiety, lucidity might prove to be a potentially useful tool that offers a way to control the content of the dream and thereby master the threatening situation within the dream. This could lead to a reduced frequency of nightmares, to less frightening nightmares, and thus alleviate some of the suffering related to recurrent nightmares.

2. Lucid Dreaming Treatment

A nightmare is defined by DSM–IV as an extremely frightening dream resulting in direct awakening and as having a negative impact on different aspects of waking life (American Psychiatric Association, 2000). Research studies have investigated the effects of LDT to reduce nightmare frequency. The two key components of the treatment are, first, learning to use cues that help the dreamer to become lucid during nightmares and, second, learning what one can do there after lucidity is reached. The participants in LDT are taught different lucid dreaming induction techniques, such as questioning the nature of the environment ‘Is this real or am I dreaming?’ and to intentionally recognize the frightening scenery of their nightmare to be a dream. The participants then choose some feature or content of the dream that they will attempt to change when lucid, so that the distressing nightmare will be redirected to a different track with an alternative (and less fearsome) ending.

Converging results from LDT studies suggest that lucid dreaming treatment is in fact effective for reducing nightmares. Several of the participants in such studies have shown a decreased frequency of nightmares (Spoormaker & van den Bout, 2006; Spoormaker, van den Bout & Meijer, 2003; Zadra & Pihl, 1997) and for some the treatment also contributed to a slightly improved subjective sleep quality (Spoormaker et al., 2003). However, some participants did experience fewer nightmares after engaging in LDT even though they had not become lucid at all and consequently could not have lucidly altered the content of their dreams. This suggests that the mere idea or feeling, necessarily included in LDT, of being potentially able to control and master one’s nightmares might play an equally vital role for reducing nightmares (Spoormaker & van den Bout, 2006; Spoormaker et al., 2003; Zadra & Pihl, 1997). Perhaps the feeling of potential control reduces anxiety as such, and the reduced levels of anxiety lead to a lesser frequency of nightmares.

3. Nightmares in Posttraumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder which may develop from exposure to a life-threatening or otherwise traumatizing event. The symptoms of PTSD are collected under three clusters, where one cluster consists of intrusion and persistent recollection of the traumatic event, including nightmares. Posttraumatic nightmares are defined by the cluster of symptoms related to the traumatizing event and are thus defined as recurring nightmares of the event (American Psychiatric Association, 2000). Research has shown that posttraumatic nightmares are among the most common symptoms in PTSD patients: up to 60-80% of PTSD patients suffer from them.

Treating PTSD as such does not necessarily reduce the frequency of nightmares (Spoormaker, 2008). PTSD and nightmares may in fact become intertwined in such a manner that nightmares strengthen PTSD symptoms and PTSD in turn causes nightmares. Disturbed sleep and nightmares...
Knowing that it is possible to master one's nightmares in that merely try to carry out their biological function. Lucid ability of survival of the organism (Revonsuo, 2000). Survival-related memories and thereby enhance the probability of being a helpless victim possibly contributes to the reduction of nightmares with LDT.

More and better studies would be needed to establish whether utilizing LDT as a treatment for posttraumatic nightmares can actually reduce nightmare frequency and aid the patient to master their fear in the nightmares. If LDT is found effective against nightmares, it might also be effective in reducing the fear associated with the original traumatic event in waking life. This would make LDT a useful supplement in the treatment of PTSD in general.

5. Conclusion

Although only little published research has been dedicated to the investigation of Lucid Dreaming Treatment, this research has presented preliminary and promising results, suggesting that LDT is effective in reducing nightmares. The reduction of nightmare frequency may consequently lead to better life quality during wakefulness. Earlier studies show that nightmares are not only a significant component of PTSD symptoms but that they also can develop into a disorder of their own. This further underscores the need to find effective treatments for chronic nightmares. LDT shows promising potential for the reduction of nightmare frequency, but its effectiveness is in need of substantial future exploration and validation before LDT might become more widely applied in the appropriate patient populations. In future studies, the effectiveness of LDT should be compared to other cognitive-restructuring techniques: larger sample sizes should be used and the intensity and length of the lucidity intervention should be substantially increased.

References


dreaming treatment for nightmares: a series of cases. 

Dreaming , 13, 181-186.

