POST TRAUMATIC STRESS DISORDER AND NIGHTMARES

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ABSTRACT

Background:
Dreams and their significance in understanding human psychic experience have been traditionally explored in literature, religion, the symbolism of art and, of course, psychiatry. Dreams and their interpretation can provide a powerful therapeutic focus, although this field has always been controversial. While psychiatry has developed its own theories about dreams and their place in psychoanalytic therapy, these have continued to be widely debated.

Clinical examples:
Two clinical examples of veterans and their dreams will be discussed.

Discussion:
Dreams constitute a unique window on trauma and its effects. The window is not clear, however, but rather a challenge, showing us a changed version of events that is frequently distorted but can also bring insights into resolution. This view can be both diagnostic and therapeutic. Dreams provide an excellent opportunity to work through traumatic issues. Dreams point to the issues for therapeutic focus and may portray the patient’s attempts to recover or repair. Using dreams in psychotherapy can bring richness in the therapeutic relationship. For the clinician who seeks sym pathetic interest, the exploration of dreams can transform nightmares into a powerful vehicle for insight and resolution of post-traumatic reactions.

CLINICAL EXAMPLES

Example 1
A 62 year old Vietnam veteran first began to suffer from nightmares several months after leaving combat.
"There is shooting and killing. I am in a firefight with a Viet Cong. I try to defend myself but my gun slips from my hand. I try to run but I am not able to move."
"Although his associated depressive symptoms and many of his PTSD symptoms have significantly improved overtime, the nightmares have remained repetitive and chronic.
"Exploration of the pt's early family life revealed a pattern of abuse and traumatization. The patient had lost his father at the age of five and was raised in a quite-violent environment where he suffered emotional and physical abuse in the hands of his step-father. His mother did nothing to protect him.
"It's likely that many determinants contribute to the chronicity and persistence of the nightmares, including pre-existing personality vulnerabilities and co-existing trauma usually from early life (Lanyki, 1989).

Example 2
Ms. Y was a neglected, physically and emotionally abuse child, who spent many years in foster care. She became a victim of sexual abuse from the ages of 4 until 6. The perpetrator was her uncle who was 17 years old at that time.
Ms. Y revealed the abuse to her mother who did not believe her. Later in her early 20s, she became a rape victim twice, while serving the US Army.
Ms. Y developed recurrent nightmares shortly after her first rape:
"I am visiting my grandmother’s house. I open the door and go to the kitchen. I see a man sitting at the table. I don’t know him and I can’t see his face. He stands up and it’s clear that he is going to kill me."
In another nightmare, the same dreamer says:
"I’m lying in bed and feel sick. I have a fever. My mother comes and puts her hand on my forehead. Then I’m lying in bed naked. My mother leaves and then two men come and they rape me. I wake up screaming."
The same patient vaguely describes a chronic, recurrent nightmare as follows:
"I can’t really describe it… but I am in an unfamiliar house and I get attacked… one attack after the other… I don’t know if it’s the same person or not… but he attacks me and at the end I die."

After three years of weekly therapy the patient reported that the nightmare has changed:
"I am alone again and I get attacked… but this time I’m able to fight… one attack after the other… at the end I survive."

The patient felt that she had benefited from exploring her dreams during therapy sessions and the change in her nightmare’s theme may reflect the effectiveness of the treatment. Working on dreams is an important therapeutic technique and can be a significant contribution to treatment success.

BACKGROUND

In The Interpretation of Dreams (1900) Sigmund Freud called dreams the "royal road to the knowledge of the unconscious", that is, the royal road to the investigation of the workings of the mind. Freud’s central concept was that dreams represent a disguised fulfillment of repressed or conflicted wishes. In this dream, the dynamic force (the defenses) that ordinarily keeps forbidden wishes from gaining access to consciousness is weakened. If the wish were simply represented directly in the dream, sleep would likely be disrupted; the dream is considered to be the "guardian of sleep". The true meaning of the dream (the manifest content) is typically garbled and symbolized. The unacceptable latent dream thoughts are transformed into acceptable, although apparently meaningless, disconnected images through condensation, displacement and symbolism.

For the first two thirds of the 20th century the psychology of trauma received little attention, and little more was said about the role of trauma in dreaming. However, in the late 1960s, Vietnam War veterans came home suffering from Post Traumatic Stress Disorder and at the same time feminists began to demand that society take seriously the domestic abuse of women and children and the interest in the link between trauma and dreaming was rekindled.

Close study of at least one type of these dreams (Lanyki, 1991) shows that the dream may indeed metaphorically serve the function of wish fulfillment in that shame are transformed into fear. As such, the traumatic nightmare would institute a genuine psychoneurosis capable of analysis.

REFERENCES

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