

Guiding Your Sleep While You're Awake

By SARAH KERSHAW JULY 26, 2010

[Nightmares](#) resulting from traumatic events usually fade over time, as the haunting images and terrifying plots become less intense. The dreams may also naturally evolve into what some specialists call “mastery dreams,” in which the dreamer has found a way to ease the pain or horror — say, confronting a rapist or saving someone from a fire.

But when that does not happen of its own accord, many therapists use behavioral interventions to reduce nightmares or guide the waking patient toward having a mastery dream — using the conscious mind to control the wild ways of the unconscious.

Some of these techniques have been in use for years. In one treatment, known as lucid dreaming, patients are taught to become aware that they are dreaming while the dream is in progress. In another, called in vivo desensitization, they are exposed while awake to what may be haunting them in their sleep — for example, a live snake, caged and harmless — until the fear subsides. Both techniques have been researched extensively.

More recently, therapists and other experts have been using a technique called dream incubation, first [researched](#) in the early 1990s by Deirdre Barrett, a psychologist at Harvard Medical School.

And Hollywood has just produced its own spin on lucid dreaming and the idea of controlling dreams, with the release earlier this month of “[Inception](#),” a thriller whose plot swirls through the darkest layers of the dream world. As Dr. Barrett wrote in an online review of “Inception,” for the International Association for the Study of Dreams, “I love the idea of millions of action-film fans the world over leaving theaters asking each other if they’re ever had a dream in which they knew they were dreaming — or whipping out their smartphones and Googling to find out if you really can learn to influence dream content.”

Using dream incubation for problem solving, Dr. Barrett, the author of “The Committee of Sleep,” which expanded on her initial research, asks patients to write down a problem as a brief phrase or sentence and place the note next to the bed. Then she tells them to review the problem for a few minutes before going to bed, and once in bed, visualize the problem as a concrete image, if possible.

<http://www.nytimes.com/2010/07/27/science/27dream.html?action=click&contentCollection=Health&module=RelatedCoverage®ion=EndOfArticle&pgtype=article>

As they are drifting off to sleep, the patients should tell themselves they want to dream about the problem and ideally keep a pen and paper, and perhaps a flashlight or a pen with a lit tip, on the night table. No matter what time they wake up, they should lie quietly before getting out of bed, note whether there is “any trace of a recalled dream and invite more of the dream to return if possible.” They should write down everything they remember.

For reducing nightmares, she helps patients devise a mastery scenario to work with, and they can remind themselves of it as they fall asleep, saying to themselves, “Tonight if I have the dream of the fire, of Vietnam, I want to find a fire hose, freeze the action, speak to the Vietnamese boy,” She said.

Dr. Barry Krakow of the Maimonides Sleep Arts and Sciences center in Albuquerque and the author of “Sound Sleep, Sound Mind,” helped develop imagery rehearsal therapy. In a 110-page manual he gives his patients, he has them select a nightmare they want to transform into a dream of lesser intensity.

“Change the nightmare any way you wish,” the manual says. “Let new positive images emerge in your mind’s eye to guide you in ‘painting’ your new dream.”

Patients then rehearse the new dream, which could be a less haunting version of the nightmare or a completely different dream, at least once a day for 10 or 20 minutes. He suggests recalling a nightmare only once or twice a week — and only when changing it into a new dream.