University study could help people with recurrent nightmares

To be a part of the University of Texas nightmare study and treatment program, participants must be 18 years old. The treatment is free and participants are paid for their time. For more information, call 651-3369.

very time she slept, she was afraid for her life. In her recurring nightmare three or four nights a week, her ex-husband would walk into her house and start yelling and making degrading remarks about her like he always did.

Every time, she would feel powerless. She would curl in the corner of the room. Every time, she would wake up from the nightmare with her heart racing, not able to go back to sleep.

When the worst came to Joanne Davis, an assistant professor at the University of Texas’s psychology department, she was told something that sounded too good to be true. Davis told her she might be able to stop the nightmares.

Davis turned out to be right. She now wants to help others deal with what scares them in their dreams.

She’s looking for adults 18 and older with recurring nightmares. Participants will undergo four hours of psychological treatment over three weeks. The treatment doesn’t include any needles or pills.

I think it’s unusual for people to be concerned about something that is scary,” said Davis, who’s conducted four studies on the subject of nightmares. “One of the good things about the treatment is that it’s so brief.”

Davis became interested in nightmares while working at the National Crime Victims Research and Treatment Center in Charleston, S.C. There, she had a client with post-traumatic stress disorder, depression and a panic disorder. Davis was able to treat everything but the client’s nightmares. She searched for options and only found one for combat veterans. She took that procedure and modified it. The result worked on her client.

When she moved to TU, Davis started more studies to see if the treatment was a fluke. For most of the participants, it’s not.

“We can show in our studies we can get rid of the nightmares most of the time,” Davis said. “The participants report feeling better. They report fewer post-traumatic stress symptoms and depression.”

A new component of this study includes measuring the physiological changes in a person with nightmares. Davis’ research group has teamed up with one led by Jamie Rhudy, an assistant professor of clinical psychology at TU. His team measures a participant’s heart rate, perspiration and muscle movements. That’s done while the participants listens to different scripts read to them through headphones. One of the several 30-second sermons read to them is a version of their own nightmare.

“We can actually show we can reduce their level of arousal physiologically, it can have tremendous impact on their long-term physical health,” Rhudy said.

During the treatment, participants write out a description of their nightmares.

“That helps take some of the power away from it,” Davis said.

Then they’re asked to rewrite the nightmares so they have better endings. Participants are then given relaxation techniques and told to imagine the rewritten scenarios in their minds each night before they go to sleep.

For the woman with the nightmares about her ex-husband, she wrote that she stood up to him before kicking him out of her house. She became the powerful person in the situation.

“There is this notion we don’t have control over what is going on, but people do have control over their nightmares,” Davis said.

Five percent of Americans report having a nightmare at least once a week. When a person has post-traumatic stress disorder following a traumatic event, the rates go up to 50 percent to 80 percent.

In a similar TU nightmare study conducted by Davis last year, 80 percent of those who went through treatment reported not having a nightmare in the previous week. Seventy-five percent reported not having one in the previous month.

For psychological treatment, that is pretty profound,” Rhudy said. “When you get results that are consistent and reliable and help such a large percentage of people you treat, it’s very unusual.”

Medications do exist for those with nightmares, but Davis said she believes they only suppress the scary images.

“No if they forget to take their medicine, the nightmares come back very intensely,” she said.

“There is no long-term effect. With the psychological treatment, we can do these three sessions and for many people, it’s successful in getting rid of nightmares altogether. They don’t have to take a medication for their whole lives.”

Davis said this study is another step in her ultimate goal — to end nightmares completely.

“We know people are probably thinking this isn’t possible,” she said. “But we have had people come back in six months. They are so different. They look better. Sound better. They are sleeping. Once you start sleeping well, it changes your world.”

She said the woman no longer sees her ex-husband when she sleeps. She’s nightmare free.

“She’s feeling better and getting out of the house,” she said. “When I saw her after six months, she was starting to get involved with life again. Before her treatment, she had shut herself in. She was dating someone, too. She didn’t have a relationship since she left her husband.”

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