

SYSTEMATIC DESENSITIZATION TREATMENT OF A RECURRING NIGHTMARE AND RELATED INSOMNIA

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Summary—A case of a recurring nightmare and related insomnia was treated by systematic desensitization using Brevital as the relaxing agent. A portion of the nightmare was treated as a simple phobia. The nightmare and insomnia disappeared after 11 treatment sessions. Four weekly interviews following the termination of treatment and subsequent 6-month and 2-yr assessment interviews revealed no evidence of the recurrence of the nightmare or insomnia.

OCCASIONALLY in the behavior modification literature one reads of the treatment of nightmares, frightening dreams and insomnia by systematic desensitization. Geer and Silverman (1967) described the treatment of a patient's recurring nightmare of a shadowy figure. Cessation of the nightmare was accomplished by asking the patient to visualize various stages of the nightmare while relaxing and by suggesting that the patient tell himself, "It is only a dream" whenever the nightmare hierarchy item produced anxiety. There were no further reports of the nightmare after seven desensitization sessions and still none after 18 months' follow-up. Silverman and Geer (1968) reported a patient with a recurrent fearful nightmare of falling off a bridge who also had a waking fear of crossing bridges. When the waking fear was overcome by systematic desensitization in seven sessions the nightmare also disappeared.

In the present case of nightmare and related insomnia the feared object was an hypothetical being, the devil.

CASE HISTORY

Steve was a 38-yr-old white, unmarried male who had been a resident of a mental hospital for 16 yr, diagnosed as schizophrenic reaction, chronic paranoid type. He had received traditional milieu, organic, and social therapies. He was referred to the Behavior Therapy Research Unit because of his complaints to the ward staff about a recurring nightmare and related insomnia.

Three assessment interviews were held with Steve. At the first two he was given a general mental status examination and a form of Fear Survey Schedule (Wolpe, 1967). He responded to all questions concerning his history, present activities and social relationships in an appropriate manner. When questioned about his dreams and insomnia he reported that the devil was persecuting him in the dreams, shouting at him and giving him electric

shocks. He was afraid of going to sleep at night, and would awake during the dreams and be unable to go back to sleep afterwards. Further exploration revealed that following these dreams Steve experienced diffuse anxiety, muscle tension and tremor.

The ward staff confirmed that Steve did have difficulty going to sleep at night, talked about his frightening dreams, and was frequently found awake in his room at about 4 a.m. The staff estimated that these difficulties had occurred almost daily during a 3-week observation period.

Steve reported considerable anxiety during the retelling of the dream, so that during the third assessment interview he was given intravenous Sodium Brevital (1%) by a staff psychiatrist to promote relaxation, and his responses were monitored by GSR recordings to assess arousal levels. During this relaxed state Steve stated that the devil appeared and talked to him as a snake.

Steve: I am afraid of the devil in these dreams.

Therapist: What does the devil look like?

Steve: He is a night sign.

Therapist: What is a night sign?

Steve: A night sign is a snake. The devil is a snake. He talks to me. He shouts at me. That's what he is.

After this Steve consistently described the devil as appearing as a snake. GSR recordings revealed arousal reactions to both talk of the devil and of snakes. (GSR levels were continuously recorded on a Beckman type R Dynagraph, Beckman Ag—Ag Cl electrodes being attached to the second and fourth fingers of the left hand.)

TREATMENT

Because images of the devil were associated with images of snakes, we decided to try desensitization of

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fears of snakes.

A 15 item hierarchy concerning snakes was constructed in the following manner. Steve was asked to approach a 6-ft King snake resting in a cage on a table in a rather long room. He first reported anxiety at a distance of 30 ft from the snake, and this became the lowest item of a hierarchy of decreasing distances to the snake. The final items were touching the snake and picking it up. Steve reported that he was able to visualize mental images and did describe their content.

Using the 15 item hierarchy, systematic desensitization was begun, using intravenous Sodium Brevital (1%) as the relaxation agent. It was administered by a staff psychiatrist.

Improvement was assessed by (a) self-report of level of anxiety to each hierarchy item, (b) continuous monitoring of GSR level changes to each hierarchy item, and (c) an *in vivo* assessment of correspondence between hierarchy items successfully desensitized, and actual approach behavior measured in feet.

Eight desensitization sessions were held over a 1-month period. Each of the 15 hierarchy items was presented until Steve reported no anxiety while imagining and the GSR had habituated.

After the eight desensitization sessions Steve was able to hold the snake in his arms without anxiety. During the treatment he reported a graduated lessening of general insomnia, no frightening dreams, and new dreams that were unusual because of their pleasantness.

Steve was interviewed weekly for the 4 weeks after treatment, at 6 months, and at the end of 2 yr. He reported no reoccurrence of the nightmare. Ward staff

members were also interviewed about Steve's nightmares and general ward behavior during the first month and at the end of the 6-month period, and reported no further nightmares or insomnia.

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