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All in the Image:
Nightmares, Posttraumatic Stress, and Expressive Therapy
Critical Literature Review
Capstone Thesis
Lesley University

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Abstract

This paper reviews the therapeutic potential of combining expressive therapy approaches with dreamwork protocol in treating recurrent nightmares seen in populations with PTSD. The intersection between the dreaming state, nightmares, dreamwork, and trauma can provide important insights into the purpose of dreaming, subconscious processing of trauma, and effective treatments for individuals struggling with nightmares. Clinical implications of dreamwork are considered in working with posttraumatic stress disorder along with this condition's connection to recurrent nightmares. In working with trauma and the arts at a sensory and affective level of experience, there is potential for individuals to explore and process their recurrent nightmares and traumatic experiences typically held at the subconscious level. Core principles of embodiment and the healing arts within trauma-informed care and nightmare work allow a broader range of options for individuals processing and working with traumatic nightmare material. Descriptions of both group and individual dreamwork in high-risk populations, including hospice/bereavement care, incarcerated individuals, formerly-imprisoned gang members, and war-affected children illustrate healing and working through trauma-related nightmares.

Keywords: dreams, healing arts, expressive therapies, embodiment, trauma, PTSD, nightmares, psychology, dreamwork, depth psychology, Jungian psychology, dreamwork, psychotherapy

All in the Image: Nightmares, Posttraumatic Stress, and Expressive Therapy:
Critical Literature Review

Introduction

The implications for connecting dreamwork and expressive therapy modalities as a form of treatment for the recurrent nightmares of individuals with PTSD is a compelling topic worthy of extensive study. Considering the near-universal nature of both dreaming and of trauma, I found a solid connection in the potential purposes and benefits of expressive-oriented dreamwork around PTSD-related nightmares. I initially chose this topic to learn more about the healing arts, frameworks around dreaming and their connection to the recurrent nightmare symptom characteristic of PTSD (posttraumatic stress disorder). Exploration into this subject so far confirms my suspicions that exploring the potential purposes and benefits of dreaming in connection with memory, trauma, and the healing arts is a rich area of research and inquiry worthy of further investigation. Researching dreamwork and expressive therapies can inform my future practice as an expressive arts therapist as I share therapeutic space with individuals living with nightmares as a symptom of PTSD and are interested in exploring expressive dreamwork approaches.

I also aspire to gain insight into the nature of trauma and its somatic core through dreamwork, cultivating clarity on how to identify where trauma experiences are stored in different parts of the memory, body, and levels of consciousness. Having this information will not only help me in understanding how my clients hold trauma in their bodies, minds, and spirits, but will also allow me to foster a space where they can go on their own self-discovery journey to find out how they manifest and carry trauma in their dreaming and waking life. In becoming

conscious of these patterns, clients are given a stepping stone to integrate and transmute their traumatic experiences manifesting as nightmares.

“Stick with the image,” James Hillman, founder of archetypal psychology and Jungian psychologist once said on the subject of dreamwork. He suggested that focusing on the image of a dream rather than analyzing and interpreting it allows the image to naturally unfold, revealing its nature, meaning, and purpose to the dreamer. Although Hillman’s emphasis on image is only one of many approaches to working with dreams, this image-based approach aligns with principles of expressive therapy. The significance of the image-making process which will be further examined in subsequent sections.

In this literature review, I will begin by exploring the history of dreamwork and will then define posttraumatic stress disorder and this condition’s connection to recurrent nightmares. The review will also include notes on trauma and how posttraumatic stress disorder develops. I will provide an overview of expressive arts therapy and examine the intentions, strategies, and benefits of creative and arts-based healing modalities. In the following section, the review delves into both group and individual dreamwork in high-risk populations, including hospice/bereavement care, incarcerated individuals, formerly-imprisoned gang members, and war-affected children. All the populations explored in this section are at a high risk for posttraumatic stress disorder and deserve further study and research. The final section of the review focuses on how to heal and work through trauma-related nightmares, first reviewing the most frequently recommended clinical approaches for severe nightmare treatment, image rehearsal therapy (IRT) and focusing-oriented therapy (FOD). I will then describe research and theories of expressive models and embodied practices for nightmare healing.

As this paper centers around an understanding of expressive arts therapy, I would like to expand on the core tenets of this modality. While psychotherapy is typically thought of as a verbal form of therapy, the expressive therapies invite multimodal and nonverbal forms of language through exploration of shape, color, and symbolic languages. This creative engagement is a process of self-discovery, allowing the individual to speak from and unlock unconscious places within themselves. As described by Rogers (1998), expressive arts therapy is a psychotherapeutic approach that “uses various arts- movement, drawing, painting, sculpting, music, writing, sound, improvisation- in a supportive setting to experience and express feelings” (115). Principles of expressive therapy include the idea that all people have the capacity and inherent ability to be creative, and that humans express “inner feelings by creating outer forms” (Rogers, 1998, p.115). The opportunity to create outer forms when working with dream material can play an important role for dreamers who are grappling with nightmare images and sensations.

Literature Review

Dreamwork Overview

Since the inception of modern psychology, dreams have been a source of intrigue and mystery, with Sigmund Freud famously naming dreams the “the royal road to the unconscious” (Bontempo e Silva, 2020, p.162). Within the realms of depth psychology, Jung influenced the acceptance of dreams and dreamwork as a source of relevant information within clinical practice. Jung pioneered the dreamwork technique known as active imagination, a theory which many dreamwork approaches that will be discussed in this paper originate from. Jung also emphasized that while dream images may appear personal to the dreamer, many are actually derived from universal and mythic symbols which he titled archetypes. Accessing archetypes in dreamwork

can assist the dreamer in understanding broader patterns of behavior through story-telling and image exploration. These themes will be further explored and applied to subjects of nightmares and PTSD in subsequent sections.

Jungian psychologist James Hillman, also added crucial insights into modern dreamwork practice and advocated that the virtue of dreams is inherent in the images themselves, as opposed to a more Freudian analysis of the material's logical attachment to the dreamer's personal life. Psychologists and mental health practitioners today recognize the benefits of working with dreams across client demographics, yet many are not trained nor adequately informed on the nature, purposes, and various approaches of dreamwork. Considering the benefits of dreams generally, they can contribute to "psychological adjustment and health" by their impact on procedural memory, narrative quality, fluid thinking and the experiencing of multiple emotions" (Qouta, 2016, p.98).

As a foundational piece of the human condition, working with dreams is not a practice which began with Freud and the birth of modern psychology, but has been used across millennia in ancient spiritual practices across countless cultures dating over 60,000 years ago (Saidy, 2023). Shamans from various indigenous groups often used dreams to travel to spiritual dimensions, acquiring wisdom to help heal their community. In the culture of indigenous peoples worldwide, the dream space is viewed as sacred, where one can connect to a greater consciousness to receive deeper understandings and insights (Ziegler, 2022). Cultures across history valued dreams and would integrate their contents into daily life, with the Tibetans considering dreams as a "source of guidance and spiritual knowledge" (Saidy, 2023). Modern concepts and research in lucid dreaming (a subject beyond the scope of this paper) also has roots in Tibetan tradition as a practice for self-reflection and awareness as lucid dreamers are aware

they are dreaming and can influence the ongoing dream narrative (Yount, 2023, p.1) As their relics indicate, Egyptians found dreams to be a crucial spiritual tool, considering the dreamworld to be the land between the living and the dead. They believed that dream material was a direct and clear communication from deities and spirits who were advising the living (Ziegler, 2022).

Dreamwork

In considering its purpose and basis, The International Association for the Study of Dreams (IASD) defined dreamwork as “an effort to explore meaning beyond literal interpretation for a dream recalled from sleep” (DeHart, 2010, p. 25). This definition suggests that modern dreamwork inherently goes beyond the straightforward analysis supported by Freud, and aligns with a more Jungian influence that the image and dream material itself is what contains key insights and understandings. Therapists, educators, social workers and group facilitators can all guide individual and groups through dreamwork (DeHart, 2010, p. 25). In terms of dreamwork facilitation, IASD labeled the dreamer as “decision-maker” when it comes to the significance of their dream, recognizing that every dream can have a multitude of meanings. Dreamwork’s positive impact on therapeutic work can include increased self-insight, motivation in treatment, and decrease the frequency of recurrent dreams” (DeHart, 2010, p. 25). Decreasing recurrent dreams through exploring dreamwork is a highlighted factor in considering the topics of trauma and distressing nightmares in future sections.

There are many different models of dreamwork and their application can often depend on the background of practitioner, setting, symptoms treated, and client population. Some align with traditional psychological approaches, such as imagery rehearsal therapy (IRT) and focusing-oriented therapy (FOD), while others lean towards the spiritual and holistic, like lucid dreaming and embodied imagination practices. I will get into the details of these different approaches as I

move forward in exploring the relevance of dreamwork in expressive therapy and the treatment of nightmares from PTSD nightmares.

Dreamwork is naturally expressive and aims to “amplify” images and notice repetitive, elaborate qualities (Bontempo, 2020, 164). A function of modern dreamwork that is closely connected to expressive therapy are concepts of role-playing (viewing the dream from perspective of other dream characters) and identifying the ego’s actions throughout the dream (Bontempo, 2020, p. 164). Guided relaxation exercises, observation of dreamer, dream narration can all be components of dreamwork, although the therapeutic benefits and dynamics of group dreamwork are beyond the scope of this paper. However, dreamwork in a group setting is not recommended for individuals with acute PTSD or trauma symptoms, a group who appear to benefit from feelings of safety and containment fostered in an individual session with a mental health professional (Haeyen, 2021, p. 9-10).

Trauma and Nightmare Dreamwork

With regards to trauma and nightmares, the concept of “master” dreams can serve particularly important functions to allow individuals with PTSD to “express overwhelming emotions, find a way to ease pain or horror or experience mastery over the situation” (Qouta, 2016, p.98). Master dreams are defined by their solution-oriented quality and “relief from trauma scene” (Qouta, 2016, p.98). If nightmare dream patterns are realistic without any symbolic elements of solution and included failed attempts at mastery, there could be a connection to depression/PTSD (Qouta, 2016, p.98). Nightmares are a key qualifying symptom of PTSD and are thought to occur as a response to distressing/traumatic life events. Nightmares also involve and activate the sympathetic nervous system, which includes rapid heartbeat, shortness of breath and sensations of vigilant attention/intrusion (Kuiken, 2023, p.165).

From the literature, research remains unclear if nightmares only produce negative outcomes. Yount (2023) pointed to the unique neurochemistry of the brain in REM sleep (when narrative-based dreaming typically occurs) and its attempt to balance specific parts of the brain during this part of the sleep cycle, aiding in the resolution of resolving traumatic memories (p. 2). Hartmann argued that posttraumatic dreams/nightmares could also have an adaptive purpose, and be “an active attempt to integrate the trauma into the person’s life” especially if there is traumatic content or new details that present difference from the actual event. As Black explained, “Emotional regulation is not just about reducing negative emotion. If an individual is avoiding the reality of the death and suppressing the associated feelings, then distress in dreams may also service to regulate emotion... by adaptively increasing negative emotion such as sadness. Future research needs to differentiate this form of emotion regulation from post-traumatic intrusion” (2020 p. 546). PTSD dreams were identified as nightmares and associated with physical and psychological distress during and after the dream in Black’s (2020) research study (p. 528).

Post-Traumatic Stress Disorder and Nightmares

Trauma

Trauma is generally referred to as experiencing “an extreme stressor, with an actual or perceived threat, that activates an extreme stress response and surpasses one’s ability to cope” (Secrist, 250). It is important to note that not all individuals who have experienced trauma will experience PTSD. There are many different ways one can experience trauma, some of which include neglect, domestic abuse, medical abuse, war/military combat, community violence and natural disasters (Secrist, 2019, 254). Herman describes the victim of trauma as “rendered helpless and overwhelms ordinary human adaptations to life.” Psychological trauma is described

as the emotional response to a traumatic event, with feelings of helplessness, loss of control, threat of annihilation, and intense fear (Herman, 2022, 48). Physical trauma describes a serious bodily injury, but can become entangled with psychological trauma, as often seen in warzone survivors, military veterans, and interpersonal partner violence. One's individual genetics, childhood history, adaptive skills, and resilience can have a significant impact on the potential development of PTSD after a traumatic event. Herman (2022) shares a poignant description of a traumatized individual in saying: "Balance is precisely what the traumatized person lacks. She finds herself caught between the extremes of amnesia or of reliving the trauma, between floods of intense, overwhelming feeling and arid states of no feeling at all, between irritable, impulsive action and complete inhibition of action" (p.69). Flashbacks, intrusive memories, and nightmares all contribute to the frozen-fleeing duality that an individual with PTSD can experience. A deep sense of "alienation, of disconnection" leaves traumatized individuals feeling helpless and often hopeless, with distressing symptoms of the disorder further exacerbating their divide from "the human and divine systems of care and protection that sustain life" (Herman, 2022, p. 75).

PTSD and Nightmares

While dreamwork inquiries can be applied to many different types of dreaming experiences, this paper focuses specifically on how dreams manifest in the form of nightmares for those with PTSD. In this section, I will highlight the nightmare dream type and its role as a "hallmark" symptom of post-traumatic stress disorder (PTSD) (Ross et al. qtd in Secrist, 2019, p. 250). Post-traumatic stress disorder was first included in American Psychiatric Association's diagnostic manual (the gold standard for diagnostic criteria) in 1980 (Herman, 2022). Since Abram Kardiner's early studies of trauma in war veterans in 1941, traumatic nightmares have

been highlighted as “one of the most challenging and...enigmatic phenomena {encountered} in the disease” (as cited in in Herman, 2022, p.54).

Although not every individual who is diagnosed with PTSD has frequent nightmares, research studies found that “71% of adolescent and adult individuals with PTSD experience posttraumatic nightmares” (Secrist, 2019, 250). A particularly detrimental symptom of nightmares is disrupted sleep, which can also contribute to other PTSD symptoms and negative affect the individual’s sleep quality, academic performance, peer relationships, and overall mental health (Secrist, 2019, 255). Nightmares are classified in the intrusion/re-experiencing category of PTSD symptoms, among other experiences like flashbacks, physiological/psychological distress related to trauma triggers, and intrusive memories (Secrist, 2019, 250). A nightmare is typically an emotionally charged dream narrative that is elaborate and story-like, with dream imagery appearing real and inciting major fear, anxiety, and other negative emotions. (Secrist, 2019, 249). For many traumatized people dealing with intrusion symptoms, they relive the traumatic event as if it were occurring in present-day. Secrist et al.’s study on nightmare symptoms in treatment-seeking youth found “strong positive relations between all PTSD symptom clusters and nightmare frequency...with the strongest relationship found between avoidance and nightmares” (Secrist, 2019, 254). The relationship between avoidance and nightmares will be further explored in sections dedicated to nightmare reduction, PTSD treatment and symptom management, and methods for interacting with traumatic material in nightmares.

Because nightmares and PTSD are a frequently seen and very complex symptom to work with, mental health professionals and dream work facilitators have spent consider effort in exploring nightmare reduction for individuals with PTSD. I plan to review some of the most

well-researched psychotherapeutic models, image-rehearsal therapy and focusing-oriented dreamwork, in later sections. Recent research and exploration on lucid dreaming techniques as a form of nightmare treatment presented compelling evidence and suggested new insights on how to foster the dreamer's increased awareness and consciousness in their dreaming state (Yount, 2023, p.1). As mentioned earlier, the fact that trauma is “encoded in an abnormal form of memory” in the brain means that it can break spontaneously into consciousness, seen both in the symptom of flashbacks during waking states and in traumatic dreams during sleep” (Herman, 2022, 53).

Overview of Expressive Therapies

Founded in the 1970's, expressive art therapy is a school of therapy which highlights the creative process as a healing tool and combines visual arts, music, movement, drama, writing and other creative processes to foster awareness, personal growth, and access to the imagination as a healing tool in therapeutic settings (IEATA, n.d). Unlike other creative therapies which focus on a specific modality (e.g dance-movement therapy or art therapy), the expressive therapies emphasize the creative process through use of intermodal transfer between modalities. A client's switch from one creative modality to another can help expand the therapeutic potential of the emotional themes they are working through. Expressive therapy can be facilitated in both group and individual setting across diverse populations of clients. Expressive therapists tailor their approach to individual preferences or group goals, carefully considering the order of modality exploration, types of materials used, and levels of challenge. Expressive therapy's use of the arts also lends itself to trauma-informed therapeutic work, as the “implicit felt sense” hijacked in trauma can be accessed and explore more safely through drawings, collage, movement, and other forms of non-verbal communication. This creative and sometimes intense exploration is held in

the container of a therapeutic space with a trained professional (Haeyen, 2021, p.13). As trauma “precedes cognitive knowing,” it can cause individuals to “hold memory in the very structures and tissues” of their being (Schiller, 2022, p.198). The implicit and sensory-based nature of trauma residing in the body also mirrors the somatic and embodied practice of expressive art therapy, which embraces core values of grounding, presence, and non-verbal creation that occurs along the Expressive Therapies Continuum (Hinz, 2020).

Trauma expert Bessel Van der Kolk explained how trauma is stored in a different part of the brain, causing traumatic experiences to manifest for the survivor as “non-language sensory fragments” which can’t be accessed verbally or on a pure cognitive level (qtd. in Malchiodi, 2020, p. 68). For this reason, traumatic nightmares can pose a challenge to more verbal/cognitive treatment approaches, as traumatic memories are saved in the mind as “non-verbal, auditory or audiovisual language” (Haeyen, 2021, p. 11). The benefits of creative therapies (such as drama therapy and art therapy) on PTSD-related nightmares have been explored and studied as length by numerous experts in the field, including Ellis (2016), Haeyen (2021), Schiller (2022) and others. Many researchers cite the embodied approach as a major asset to trauma-processing and nightmare reduction. More research and studies on the application of expressive therapy approaches to dreamwork/traumatic nightmares are necessary to better understand this connection.

In working with trauma and creativity in the expressive therapy field, Malchiodi described what she learned from her early clinical work with traumatized children in “how their bodies responded to stress and how they communicated it in nonverbal ways.” She was able to utilize the creative process by “capitalizing on the embodied qualities of expressive arts to help survivors ‘tell without talking’ about the somatic experience of trauma” (Malchiodi, 2020, p.6). The opportunities that the expressive arts provide for trauma survivors to express their experience non-verbally assists in processing traumatic material throughout the body, as opposed to only through rationalization at the cognitive level (Bontempo e Silva, 2020, p.164).

The natural alignment of principles between expressive therapy and dreamwork indicates the potential efficacy of this approach safe nightmare exploration. Through the gentle and affirming lens of the expressive therapies as a guiding structure, the images and felt sensations of traumatic nightmare material can be processed and integrated, leading to overall nightmare reduction and improvement in emotional and mental well-being. The experiential and affective layer which expressive arts therapy dials into is an important access point in meeting the client’s subconscious mind in waking reality to address and understand chronic nightmares and their purpose, meaning, and potential resolution for the dreamer. By utilizing the creative process, the dreamer and facilitator can more effectively collaborate to find opportunities to rescript the nightmare narrative and find resources to aid in this process. Both rescripting and resourcing are concepts rooted in imagery-rehearsal therapy and focusing-oriented therapy (Ellis, 2016). In conducting a research study on group dreamwork, Bontempo e Silva noted that “embodiment and psychophysical exploration” is of great benefit to exploring and expanding dream work in group settings, fostering nonverbal experiences and processing dream material through the somatic experience of the body in relation to others (2020, p.164). Expressive art therapy creates

space for healing and hope through imagination, aligning with nightmare reduction protocol for traumatic nightmares in its shared goal of supporting and enhancing resiliency in envisioning new narratives for one's lived experiences.

Dreamwork with High-Risk Populations

For this portion of the literature review, individual and group dreamwork in high-stress settings will be explored. Research indicated that dreamwork with a variety of populations can be a beneficial form of both individual and group therapy, especially with populations who have also experienced trauma and may be struggling with PTSD symptoms. Empirical data around dreamwork supported the efficacy of dreamwork for “reducing frequency of recurrent dreams, increased client insight into the self, and increased client involvement in the therapeutic process” (DeHart, 2010, p.25). DeHart (2010) also identified multiple benefits of experiential dreamwork in a group context with incarcerated women in a maximum-security correctional facility; they noted that the balance of rational and experiential modalities in the group allowed members to gain self-awareness, learn new ways of conceptualizing their thoughts, and helped to create “a sense of community, commonality, and connection” (p. 24).

Hospice Care

Wright's pilot study on meaning-centered dreamwork with hospice patients indicated that participants took their dream lives more seriously once they were in hospice, often perceiving them as messages to “change their way of thinking, address legacy concerns or complete unfinished business” (2015, p. 1193). Not only did participants find dreamwork “meaningful, comforting and helpful” as they neared their end of life, but Wright argued that this work reflected Frankl's logotherapy and suggested that “the freedom to choose our attitude toward a situation is our final refuge against suffering...Many dreams provide the dying with a renewed

sense of meaning and help them in preparing for death” (2015, p. 1203). Other poignant themes were identified in this study, including the observation that “participants’ dreams overwhelmingly reflected their reconciliation with the process of death and confrontations with crises of meaning” (Wright, 2015, p.1209). Dreamwork studies have also been conducted on those left behind after a loved one has passed away and themes of comfort versus distress in dreams of the deceased by bereaved dreamers were identified (Black, 2020). Researchers found that comforting dreams of the deceased could assist in regulating emotional distress, maintaining a continuing bond with the deceased, and processing trauma. Evidence was also found that the dreams of bereaved clients can both “passively reflect” the dreamer’s waking states of loss as well as actively function in helping the dreamer to process grief (Black, 2020, p. 544) These insights around dreamwork as a tool and reflection for bereavement and end of life process could have major impacts in both palliative and hospice care, along with clinical bereavement and grief work.

Group Dreamwork and Traumatic Dreams in Prison Facilities for Women

Though dreamwork can theoretically be conducted both individually and in a group setting with a trained facilitator, current research and dream experts highlight the risks of dealing with traumatic nightmares in group settings (Haeyen, 2021; Ellis, 2016). However, what happens if individual dreamwork is not a viable option due to lack of resources or environmental context? Both DeHart’s (2010) study on group dreamwork in a women’s maximum-security correctional facility in Columbia, South Carolina, USA and Eichelman and Dorava’s (2022) research on traumatic dreams in a women’s prison setting in Madison, Wisconsin, USA, emphasized the prevalence of nightmares in these settings and the efficacy of group dreamwork for individuals confined to institutions for an extended period of time.

Both studies were conducted in the United States and address the “high incidence... of traumatic dreams in prison, far more prevalent than the diagnosis of PTSD” (Eichelman and Dorava, 2022, p.186). Eichelman and Dorava (2022) argued for evaluation of traumatic dreams to become part of the prison mental health screening questionnaire, whether or not the individual endorses PTSD symptoms. The researchers also noted that nightmares are an undertreated mental health symptom which goes undertreated by prison mental health professionals (Eichelman and Dorava, 2022, p. 186). In this study, pharmacological use of the drug prazosin showed beneficial effects on PTSD-associated nightmares, but was not prescribed for individuals who did not show other PTSD symptoms. In Eichelman and Dorava’s study of a prison in Madison, Wisconsin, treatment like group therapy and trauma-informed EMDR therapy were not available resources for the main prison population, though they noted that a few patients were sent off-site to receive intensive PTSD treatment (Eichelman and Dorava, 2022, p. 188).

DeHart’s (2010) report on group dreamwork was based on techniques of Dr. Montague Ullman, a dreamwork expert who created group protocol with one group member per session volunteering to share their dream, while other group members offered questions and observations (p. 24). The techniques used in this research parallel with traditional group therapy approaches, while other types of group dreamwork in more expressive modalities (drama group work, embodiment of dream characters) will be explored in future sections. For group dreamwork in a prison-based program, DeHart set goals to “provide a safe context to work on personal issues ...learn new ways to conceptualize thoughts, address harmful assumptions...become more self-nurturing [and] create a sense of community, commonality, connection, and a sense of hope “(2010, p. 24). These aims were particularly powerful considering how challenging positive feelings of hope, community, and self-care must be for any incarcerated person. DeHart noted

how these goals were addressed in each session, concluding that the dream group was useful in providing psychoeducation on sleep (i.e stages of sleep) and shared specific strategies such as dream writing or active imagination that may assist in overall nightmare reduction and intrusive thoughts. One member of the group poignantly described the inherent curiosity and potential insights of dreamwork in saying, “The dream is an extension of yourself...you can have a dialogue with yourself or whoever was in your dream to find out more” (DeHart, 2010, p. 31).

Formerly-Imprisoned Gang Members

As seen in the previous section, nightmares with traumatic content are especially prevalent in incarcerated populations. Although Gaston et al.’s (2021) study on formerly imprisoned gang members does not directly address dreamwork with this population, the authors pointed out the deep roots of normalized violence seen in this understudied subgroup. This study argues that formerly imprisoned gang members are at the greatest risk for violence and homicide, with victimization rates for gang members being 100 times greater than that of the general population (Gaston, 2021, 1418). Many gang members were initiated as early as 12 years old, experiencing vicarious trauma and experiencing the “intergenerational nature of gang membership” (Gaston, 2021, 1427). Formerly-imprisoned gang members that were interviewed for this study had normalized nightmares, interrupted sleep, and identified violence as a typical part of their daily life both in and out of prison. One interviewee stated, “You just feel like you got to protect yourself [by having a gun] because nobody else is going to protect you” (Gaston, 2021, p.1425). Several participants described their trauma-related responses, including nightmares, to be “natural,” as they did not have the ability to acknowledge or feel how these extremely violent events have affected them (Gaston, 2021, p.1428).

The results of Gaston's study emphasized that violence and trauma were "unmet needs in the U.S correctional programming, including prelease and post release treatments" for individuals with gang histories (Gaston, 2021, p.1419). For formerly imprisoned gang members, exposure to gun violence and trauma can have long-lasting impacts on their life experience both in their communities and in prison. Compared to the general youth population, gang youths were 6 times more likely to report PTSD symptoms and 2.5 more likely to have attempted suicide, highlighting the serious mental health impacts on this understudied population (Gaston, 2021, p.1421). Gaston suggested "developing programs that consider unique ways of addressing trauma once individuals return to community, utilizing alternative modalities to group-based work when processing trauma (Gaston, 2021, p.1432). The theme of avoiding group-based therapy treatment when trauma-processing is important to highlight here, especially when considering dreamwork as a useful therapeutic tool for traumatized populations.

Dreamwork in War-affected Palestinian Children in the Gaza Strip

While all of the populations mentioned in this part of the literature review are ongoing subjects, this final section is particularly relevant. At the time of this writing in March 2024, there is an active war occurring in the Gaza strip between Hamas and Israel. The conflict began in October 2023 and a ceasefire has yet to be called as of the date of this writing. The fact that there was already extensive dreamwork research on the traumatized youth of Gaza illustrates the long-term nature of both this conflict and the mental health ramifications of living and surviving in a war zone. From other studies on populations traumatized by war, Quota acknowledged that "the complex trauma of war is known to take a longer time to heal in various therapies and interventions" (2016, p. 113).

While this study was published by Qouta in 2016, data was collected in 2009, only three months after the last war in Gaza ended, with the children in the research study “still living in unresolved military conflict and threat of another war” (Qouta, 2016, p. 113). The children in this study not only grew up under military conflict, but may have lost their lives or loved ones in the present conflict. While Qouta’s study involved multiple teachers and classes of children, upon analysis of the data, there was a failure to decrease symptoms of traumatic nightmares. Qouta emphasized that this lack of symptom relief was likely because the “interventions were not able to change dream characteristics due to the accumulation of the life-threatening situation” (Qouta, 2016, 113). Qouta’s assertion provided an important piece and clarifying note on dreamwork in stating that it may not be possible to rescript or re-imagine dream characteristic if the individual with nightmares is currently in a life-threatening situation. Regardless of modality, crisis management and intervention functions on the basis of bringing physical and emotional safety to the individual before moving into any deeper therapeutic work or intervention, regardless of the modality.

Despite the limitations and risks within this particular population’s context, Qouta identified a starting point and purpose for this study on dreaming in war-affected Palestinian children, citing that “dreams can provide a rich and vivid nocturnal environment where children can cognitively integrate and emotionally process their overwhelming traumatic war experiences” (Qouta, 2016, p. 110). Considering the ongoing traumatic war experience for all those living in Gaza, utilizing the “associative state” of the human mind when dreaming to assist in “making connections, inviting helpers, and training coherent thoughts” through dreamwork also fits well with therapeutic elements applied in trauma work” (Qouta, 2016, p. 114). As

explored thus far in this literature review, the root of nightmares lay within the interconnected knot of dreams and trauma.

Healing Trauma-Related Nightmares

In this section of the literature review, I will concentrate on both clinical therapeutic protocols for nightmare reduction, as well as more expressive models and embodied practices for nightmare healing. First, I will review the most frequently recommended therapy technique for severe nightmares, image rehearsal therapy (IRT) and focusing-oriented therapy (FOD). IRT emphasizes rescripting and envisioning new and novel outcomes, while FOD affirms that the “felt sense” of the dreamer will bring up the material needed in order to resolve the dilemma of the nightmare (Focusing-Oriented Psychotherapy, n.d). I will also review expressive therapy and embodied approaches to nightmare healing. Many argue that the creative arts process inherently “makes the unconscious conscious” and allows creators to bring tangible form to their psychological realities, confronting and become aware of these realities as they embody, externalize, and engage with their internal worlds (Gupta, 2020, p. 597).

Image-Rehearsal Therapy

Imagery rehearsal therapy (IRT) is a cognitive-behavioral treatment that aims to reduce the intensity of nightmares, particularly for those who deal with recurrent nightmares or posttraumatic stress disorder (Tull, 2019). IRT is known to be effective for working with trauma-related nightmares and also provides patients with a challenge to access their traumatic memories, which are stored as “non-language sensory fragments” saved as visual or audiovisual language (Haeyen, 2021; Malchiodi, 2020). While IRT needs to be based on some kind of nightmare memory or recall, the treatment’s main focus is in “changing the story line and implementing this new, empowering memory into one’s head” (Haeyen, 2021, p.5). With this

new storyline being introduced to the to brain, trauma-related nightmare memories can become more malleable and their material adjustable to the dreamer.

Haeyen (2021) argued that in combining imagery rehearsal therapy protocol and art therapy, the dreamer can access new storylines for their nightmares through tangible changes in their artwork. Art therapy was described by Haeyen (2021) as “an experiential treatment [modality] that addresses images, rather than words” suggesting that imagination, fantasy, and play create “space to stop the vicious circle of nightmares by changing theme, story line, ending or any part of the dream into a more positive and acceptable one” (p.1). Haeyen also recommended the creative application of art therapy to the otherwise purely written or verbalized cognitive-behavioral model of IRT. An arts-based approach allows the exposure and rescripting of the IRT protocol to be a more “indirect, experiential” process. Haeyen also considered general arguments for individual versus group dreamwork in his report and cited that “a calm and focused atmosphere where the client feels safe enough” to do the work is imperative for an arts-based IRT approach to dreamwork and its potential success in providing relief and reduction of traumatic nightmares (Haeyen, 2021, p. 9-10).

Focusing-Oriented Dreamwork

Focusing-oriented dreamwork (FOD) is another series of dreamwork protocol aimed at reducing nightmare frequency and intensity and was created by philosopher and psychologist Eugene Gendlin in the 1980's (Focusing-oriented Psychotherapy, n.d). The approach differs from IRT in its emphasis on the dreamer's own bodily experience, with the therapist's main role being that of listener and space-holder for this experience. Ellis (2016) researched the qualitative changes in recurrent PTSD nightmares after focusing-oriented dreamwork. Her work with FOD emphasizes that any psychotherapy for PTSD must “not be a purely cognitive approach” and

include ways to access the “implicit, sensory-based and emotional response systems” of the dreamer (Ellis, p.187). Ellis emphasized that the FOD model was designed with the intention to be conducted one-on-one with a client and trained mental health counselor, citing that “Researchers found individual therapy to be a more effective way to treat nightmares than group therapy” (Ellis, 2016, p. 187)

Like IRT, FOD is also centered around creating a new narrative, but takes a more embodied-experiential approach to dreamwork, emphasizing the clearing of space (setting aside distractions and stressors) as a critical part of collecting inner resourcing/self-regulation tools (Ellis, 2016). This step is explored and completed before the participant enters or begins to retell the recurrent nightmare experience. Working with information arising from implicit, sensory based, and emotional responses is also important to take note of throughout the intervention process (Ellis, 2016). The somatic experience of the client (bodily felt sense) is utilized as a guide to lead the dream in new directions. Results from Ellis’s phenomenological study of dream changes after using FOD protocol showed increased themes of finding one’s voice, seeking help, and or taking action, instead of the same disempowering narrative replaying in recurrent nightmares (Ellis, 2016, p. 187).

Themes of storytelling and narrative work come into play with the FOD model, suggesting that in entering one’s dreaming process when awake in session with a facilitator, it is more likely that the dreamer can work towards completing the “unfinished business of the dream” and lessens the likelihood of the dream recurring or repeating” (Ellis, 2016, p.198). Ellis (2016) also mentioned that “early progress” of shifting recurrent nightmares into more novel dream types occurs when “elements of current setting or time [enter] the concrete realistic replay of a trauma memory or when the dream characters...begin to change” (Ellis, 2016, p.198).

Dr. Ellis was featured on the Blue Lotus Queendom Podcast and discussed her 5-stage dream protocol based on focusing-oriented psychotherapy to assist individuals trying to cope with nightmares (“Nightmare Relief,” n.d). Ellis cited inspiration from Jungian approaches to dreamwork when it comes to rescripting dreams, such as “dreaming the dream onwards” and suggests that this technique can be especially helpful for individuals with PTSD because future-oriented planning challenges the characteristic symptom of “being cut off from the future” (“Nightmare Relief”, n.d). Ellis also highlighted the connection between frequent nightmares, lack of sleep, and negative impact on mental health and suicide risk, emphasizing how crucial trauma-informed nightmare work is for populations struggling with this specific symptom of PTSD

Expressive Dreamwork with PTSD Symptoms

As noted earlier in this review, the foundational tenets of dreamwork apply meaning-making, problem-solving, and growth in seeing nightmares as messages from different parts of the dreamer’s consciousness. Components of expressive dreamwork, emphasis on creative expression and intermodal process (transition between arts modalities), are also founded in principles’ of identity exploration. Dr. Katherine Lawson, specializing in the embodied imagination approach to dreamwork, shared that “nightmares hold very important information for the [dreamer]” and suggests that they are there not with the intention to “terrorize” but to call attention to important information the dreamer needs to address (“Healing through Dreamwork,” n.d). While dreams hold a highly uncomfortable aspect of trauma and presents it to the dreamer, there is also a “dreamer” role presented with capacities the dreamer might not yet be familiar with (“Healing through Dreamwork,” n.d).

Getting more in- depth into elements of expressive dreamwork practices, I'd like to introduce the theme of meaning-making, particularly in regards to the purpose and meaning of nightmares. Valerie Reichman, licensed expressive arts therapist and certified dreamwork professional, underlined the potent opportunity for inner communication when doing dream work, and suggested that the "unconscious mind has a language of its own, the symbolic images that come up during the night have something to say" ("Dreamwork & Expressive Arts Therapy", n.d). Reichman proposed the benefits of utilizing drama therapy and psychodrama approaches for group dreamwork for non-nightmare dreaming. Recreating the dream onstage, with members as playing specific parts/aspects of the dream, can be helpful for both embodiment of values and externalization ("Dreamwork & Expressive Arts Therapy", n.d). She cautions against the use of this particular approach when working with nightmares, recommending an individually-oriented and very slow approach to addressing dream material and dialoguing with parts of themselves ("Dreamwork & Expressive Arts Therapy", n.d).

Linda Yael Schiller, licensed clinician and expert on dreams, nightmares and trauma treatment, created GAIA (guided active imagination approach) as a trauma-informed dreamwork protocol to use specifically with dreamers dealing with nightmares. Her work is based on Jungian dreamwork, a subject covered in earlier sections, as well as EMDR (eye-movement desensitization and reintegration ("The Power of Dreams in Processing Trauma," n.d). EMDR is an innovative trauma protocol that assists in processing traumatic memories by bilateral stimulation of the brain through eye movements. The "sensory memory fragments" of trauma are accessed through the eyes which stimulates the body-mind connection, ultimately reducing the vividness and emotion associated with trauma memories. Not only did Schiller take both trauma-informed therapy treatments and Jungian theory into her GAIA method, but emphasized the idea

of identifying inner and outer resources (skills, beliefs, objects of comfort, safe places) as key in the dreamer's travels to these inner realms.

As a conclusion to this literature review, I would like to discuss the unique contribution expressive therapies makes in the field of nightmare reduction and dreamwork with various populations. Use of the expressive therapies promotes the idea that the process of creation itself is deeply transformative and healing in and of itself (Rogers, 1998, p. 130). Trauma's implicit and fragmented nature is deeply entwined with the unconscious and can be expressed, released, and reshaped through the expressive arts- including movement, art, writing, sound, music and imagery. The genuine healing and potent change held in creative spaces goes beyond explicit research outcomes like nightmare reduction, bringing to the surface information and insights that fosters lasting and foundational change for individuals once stuck in the never-ending cycle of PTSD (Rogers, 1998, p. 130).

Discussion

In this literature review, I explored the history of dreamwork, then defined posttraumatic stress disorder and this condition's connection to recurrent nightmares. The review also included notes on trauma and how posttraumatic stress disorder develops. I provided an overview of expressive arts therapy, examining the intentions, strategies, and benefits of creative and arts-based healing modalities. In the following section, the review delved into both group and individual dreamwork in high-risk populations, including hospice/bereavement care, incarcerated individuals, formerly-imprisoned gang members, and war-affected Palestinian children. All the populations explored in this section are at a high risk for posttraumatic stress disorder and are worthy of further study and research. The final section of the review focused on how to heal and work through trauma-related nightmares, first reviewing the most frequently recommended

therapy technique for severe nightmares, image rehearsal therapy (IRT) and focusing-oriented therapy (FOD). I then described research and theories of expressive models and embodied practices for nightmare healing.

In terms of recommendations for further research, I strongly believe further studies on the intersection between the dreaming state, nightmares, dreamwork, and trauma would provide important insights into the purpose of dreaming, subconscious processing of trauma, and effective treatments for individuals struggling with nightmares. Further research regarding the efficacy of expressive therapy interventions within trauma-informed care and nightmare work would allow a broader range of options for individuals processing and working with traumatic nightmare material. In working with trauma and the arts at a sensory and affective level of experience, there is potential for individuals to explore and process their recurrent nightmares and traumatic experiences typically held at the subconscious level.

Being guided through the intermodal process of expressive arts therapy within an overarching context of dreamwork could allow dreamers safe space to dialogue and interact with their dreams at a conscious waking level. Engagement with affective, sensory and experiential processing throughout this work could address the root cause and sensation of the nightmare, ultimately aiming to reduce symptoms through client awareness. I highly recommend that more mental health professionals become trained and educated in dreamwork, as it provides practitioners with various theories and tools to learn the language of dreaming. Learning dreamwork theory and practices also provides clients and dreamers with the agency and awareness needed to work with their own dreams. An increase in mental health professionals trained in dreamwork would allow more clients to gain new levels of awareness by accessing their psyches' subconscious information and trauma memories.

In terms of those interested in learning more about the topic of dreamwork and nightmares, I recommend exploring works developed by dream educators and teachers who also provide sleep education and information that contributes to individual growth and development. Whether nightmares, pleasant dreams or something in between, the core tenet of dreamwork argues that all dreams are significant and can be utilized to come to new insights and awareness by bring unconscious material to the conscious state. As one expressive therapist shared, creative dreamworker allows the dreamer to “make the invisible visible” (A. Hannah, personal communication, February 15, 2024). Many dream workers and educators highlight the idea that having an active dreaming life is a vital and useful aspect of the lived human experiences. Emphasis is placed on intention, investment, and effort in dream recall and are key aspects of translating and learning the language of dreams (J. Kowalewska, personal communication, February 11, 2024). Dream education can be empowering for many, and likely would have a profound impact on those struggling with nightmares and PTSD. Adding flexibility, curiosity, and imagination to disturbing nightmare content brings the opportunity to consider resolution, messages from the unconscious, and how the dreamer can become an active participant in their own healing process. Dreams have the potential to be “rich and vivid nocturnal environments” which can allow individuals to “cognitively integrate and emotionally process” overwhelming experiences (Qouta, 2016, p.110).

The long-held modern attitude towards dreaming limits this process to a simple automatic output of the sleeping mind which reflects and integrates our waking experiences. From researching this subject, I can state wholeheartedly that dreaming is a complex and layered part of the human system. Taking to heart the power and potential of dreams could have an impact on countless individuals’ psychological distress in both waking and sleeping life.

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