I
imagery rehearsal therapy is a broad term for myriad cognitive-im
gage therapies for patients and potentially acute
termediate nightmares. Several groups are researching specific brands of the thera-
py, and this modality is receiving sub-
stantial attention in two con
tiguous ways. First, several review articles have ar-
gued that imagery rehearsal therapy (IRT) is now or is becoming a first-
line treatment for chronic nightmare disorder (CNS, 2010;99:290-399; Sleep
(PTSD) in U.S. military personnel has raised public awareness of the interac-
tion between chronic nightmares and traumatic expression. Many PTSD programs stress imagery rehearsal, which involves intense focus on the content of nightmares and the trauma event. A recent report in this publication about an IRT program conducted at Yale University, New Haven, Conn., for Viet-
name War veterans might have given the impression that the therapy requires a large
expression element, because “pa-
tients are asked to identify a repetitive
ightmare related to a traumatic event” (“Revised Imagery Protocol May Help Some Vets,” April 2009, p. 10). However, this is not what my colleagues and I intended when we developed the
treatment, as noted in the most widely published version of IRT (JAMA 2001;286:537-45). Since 2000, our continuing work at the Sleep & Human Health Institute, Ambu-
larium, has focused on a two-com-
ponent IRT protocol, both of which ex-
pose the patient to an affectionate and traumatic content of
ightmares (Behav. Sleep Med. 2006;4:457-70).

each component targets a distinct
but related problem in the nightmare
experience. The first addresses nightmares as a “learned sleep disorder,” and the
second addresses them as the “symptom of a damaged or malfunctioning im-
geasure.” The therapy comprises four
sessions for groups—some for
ividuals, just a few hours.

In the first two sessions, patients are encouraged to recognize the
impact of nightmares on their sleep by dis-
scussing how nightmares promote learned
insomnia. Then they are taught to use imagery rehearsal to
select a nightmare, change the
content, and then use imagery to
learn a new set of content. In the last two
sessions, patients are encouraged to
learn how nightmares can develop into
a learned insomnia. Then they are taught
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Anecdotally, this physiologic disorder of sleep respiration seems to play a
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disturbances. There is emerging evidence that the mechanisms of respiratory
paresis may be implicated (Sleep 2002;6:189-202).

When we looked beyond insomnia and nightmares, we diagnosed extraor-
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