

**ShrinkRapRadio #453, April 30, 2015, The Nocturnal Dreams of PTSD Victims
David Van Nuys, Ph.D., aka "Dr. Dave" interviews Stanley
Krippner, Ph.D.**

(transcribed from www.ShrinkRapRadio.com by Yann Derobert)

Introduction: This episode of Shrink Rap Radio is brought to you by Casper. Get 50 dollars off any mattress purchase by visiting casper.com/shrink and using the promo code SHRINK. On today's show, I'll be speaking with return guest, world-class psychologist, Dr. Stanley Krippner. And we'll be speaking about his work on the dreams of PTSD sufferers. For more information about Dr. Stanley Krippner, please see our show notes on ShrinkRapRadio.com. Before we go to the interview, I want to let all you professionals know that our strategic partner, the Jung Platform, has created CE courses from selected Shrink Rap Radio interviews on topics such as dreams, relationships, synchronicity, trauma, and more. Go to www.jungplatform.com to see the latest courses. Now, here's today's interview.

Dr. Dave: Dr. Stanley Krippner, welcome back to Shrink Rap Radio!

Stanley Krippner: It's a great pleasure to be with you again David!

Dr. Dave: Well, I'm afraid it's been much longer than I thought. You were my guest back on show #95, on dreams, and then on #30 on scientific parapsychology. And now this interview is going to be #453 in the series, if you believe that.

Stanley Krippner: Well, you have been very busy!

Dr. Dave: I really have. I think I may have spoken to more psychologists, at least interviewees, not as many as you... but it's been a privilege to speak to so many people. And I've interviewed some of your students here as well. Most recently, on #401, I interviewed Christopher Ryan, A Critical Examination of Monogamy.

Stanley Krippner: Yes, right.

Dr. Dave: Yeah, that was a very stimulating one, I must say.

Stanley Krippner: He turned his dissertation into a best-selling book.

Dr. Dave: Yeah, and I discovered it... I didn't even realize that he was your student... I discovered him on ted.com, and then as I was kind of exploring, there was a link to his site, and then, what do you know, to my surprise, there is a picture of you, there, with him. So I realize, oh, he's one of your students!

Stanley Krippner: Yes, the name of his book is Sex at Dawn.

Dr. Dave: Yeah, Sex at Dawn, right, yes. Well, I know that you're gonna be a presenter at the upcoming 32nd IASD Conference, and IASD is International Association for the Study of Dreams, conference in Virginia Beach in June. I know your interest in dreams goes way back and that you've been a very active member of IASD. Have you been to all 32 conferences?

Stanley Krippner: No, I haven't, because some of the early conferences conflicted with our Saybrook University residential conferences and I couldn't be two places at once.

Dr. Dave: Oh!

Stanley Krippner: So I've been at most of them but not all of them.

Dr. Dave: Okay, well, that's a little bit of a surprise that you can't be two places at once (laughs), given your past involvement in the paranormal. Do you remember how you first became interested in dreams?

Stanley Krippner: I actually started recording my dreams at high school. I had some very vivid dreams as a child that I remember to this day.

Dr. Dave: Wow.

Stanley Krippner: And so I would read the popular magazines stories about dreams. In fact, I actually remember the front page news of the local newspaper when Sigmund Freud died.

Dr. Dave: Oh my goodness!

Stanley Krippner: And so that launched me on a reading of Sigmund Freud and so of course I ran onto dreams, his classic book *The Interpretation of Dreams* was actually published in 1899, but the publisher decided to use 1900 as the date because he said this book is so important, this will be the dawn of a new century and during the first year or so, it sold a dozen copies. It took a long time for that book to catch up.

Dr. Dave: Wow. That was the first book that I read on dreams as a matter of fact. I think I was an undergraduate at the time. But it made a big impression on me.

Stanley Krippner: Oh yes! A lot of it still holds up, and a lot of it is now being sidetracked by more recent research on the topic.

Dr. Dave: Yeah, one of the things that has really surprised me is how much of the broad outlines of Freud's vision is in many ways being confirmed by, you know, recent developments in neuroscience.

Stanley Krippner: Well, of course, and we can't forget his colleague, with which he had a rupture of course, and that was Carl Jung, because much of Carl Jung's work, which has been scoffed at for many years has now been confirmed by scientific studies of dreams as well.

Dr. Dave: Yes.

Stanley Krippner: So, the two giants in the field and we of course are still learning from them and also Alfred Adler. I would say that Adler's position on dreams comes closest to the scientific research on dreams that we have today.

Dr. Dave: Can you say more about that, I was not aware of that.

Stanley Krippner: Yes. Adler anticipated many things. And, now we know that there are probably four basic reasons why we dream, dreams were adaptive in human evolution, and why they still serve an important psychological function. First of all, we do emotional downloading in dreams. We work through emotional difficulties, and of course this is one thing that the PTSD survivor has trouble doing, which is why they have

repetitive nightmares. They can't get the downloading accomplished.

Dr. Dave: Ha ha.

Stanley Krippner: Secondly, problem solving in dreams. And Adler was spot-on, he could see the dreams often apt to solve day by day problems in living. That's something that Freud and Jung didn't really catch on to. But Adler was very practical, very down to earth. Also dreams help us plan for the future. Jung was tracked on that. Jung put a great deal of emphasis upon dreams being rehearsal for the future. And also dreams help us to store memories. And again Adler was correct at anticipating that. We store the memories that will be useful to us, and we sort of discard the memories of the day that don't really serve much of a useful purpose. So, if you take a look at any of Adler's books on dreams, you'll find that they are really surprisingly contemporary, you can still learn from them.

Dr. Dave: Well, that's a great tip, and I'm sure some of my listeners will probably jump right on that. Have you ever had a dream that had a profound impact on the course of your own life?

Stanley Krippner: I actually have had dreams in which I rehearsed something that I will be doing in the near future. That is one of the functions of dreams as I just mentioned. Where I will be giving a talk, planning a conference, something very practical, and I'm doing it in dreams, sometimes in a very symbolic form, but it's like the dream is settling me up to do something like that in every day life. Also, I've had some dreams that prepared me for the death of loved ones. I had a very poignant dream about my father's death just a few months before he died. And, so, dreams sometimes have a preparatory function, this again is dreams about the future. Dreams about the future don't have to be precognitive, or prophetic, or premonitory they can be dreams that pool together information we already know and project it into the future so that we can be prepared for it.

Dr. Dave: How do you tend to work with your own dreams?

Stanley Krippner: I have a program, that I teach in my workshops by the way, in which I go to the emotion of the dream. For me, the emotional downloading in the dream is very important. And, so, the emotion in the dream is something that I go to even before focusing on the content of the story. And the emotion in the dream helps

me connect some emotional feelings I've had in the past, the distant past or the recent past, and then I take that to the dream content, and see if this is something that reflects a past experience that I need to work through. Is that emotion confirming something, in other words is this the emotional link to information storage, or is that emotion planning to do something in the future? So, I focus on the emotion and I take it on from there.

Dr. Dave: Yeah.

Stanley Krippner: Depending on how much time I have, I can do that in a few minutes or I could spent considerable time on that.

Dr. Dave: Okay. Now, I'm aware that among your many areas of expertise is work with trauma. How did you first become interested in that topic?

Stanley Krippner: I've actually been interested in that topic since my childhood because my cousin, Marcia Gates, was a nurse in the Philippines, and was captured by the Japanese, and spent the entire Second World War at a dreadful Japanese prison camp, barely surviving...

Dr. Dave: Wow...

Stanley Krippner: ... a cup of gruel or porridge a day for most of the time she was there. When she came back to the United States, she was a different person. The joy of life, the exuberance, the fun loving Marcia was no more. She was very serious but very very wistful. She had an unsuccessful marriage. She said: "Oh I thought I was going to find the bluebird of happiness". Well, she didn't. And she did some very very good work with veterans, and now there's an entire veterans center in Wisconsin named after her, an entire book written about her in her honor...

Dr. Dave: Oh my goodness!

Stanley Krippner: Yes. In retrospect, I realize that she was suffering from PTSD. The book is called Angel of Bataan, and it's a wonderful testament to her. Of course she didn't live to see the book but her example has inspired many. And then, some years later, some decades later, I was working with two groups who tried to help Vietnam veterans, and again they would often report recurring nightmares, and I did some research, that's where I found out about PTSD nightmares. Though I'm not a clinician,

I'm not a psychotherapist, but I was able to use my knowledge of dreams and the very useful therapies that people have come up with to help resolve post traumatic stress disorder nightmares, to be of assistance to veterans of the Vietnam war. And now that's carried over into the Iraq war, and the Afghanistan war, and we have literally tens of thousands of veterans who have symptoms of PTSD if not full fledged PTSD, almost all of them have trouble sleeping, almost all of them have repetitive nightmares.

Dr. Dave: Yes.

Stanley Krippner: And I would say that I've written three books on war trauma, all three of them have a section on nightmares. One is a book that I edited with Teresa McIntyre on the topic of the psychological effects of war trauma on civilians, and then there's a book I co-authored with two of my students, PTSD, Biography of a Disease, and then a book I wrote with Daryl Paulson, another student, a Vietnam veteran, Haunted by Combat, Understanding PTSD with War Veterans. And all of those have sections on nightmares in them. I should say there are a lot of good books about PTSD, some of them barely mention nightmares, I give it a big emphasis.

Dr. Dave: Yes. So, what have you learned about that. For example, I think it was at an IASD conference, actually, where I seem to recall hearing that the nightmares of soldiers are not direct replays of the traumatic experience. Is that true or not in your experience?

Stanley Krippner: Well, they're not exactly direct replays because remember what the brain is trying to do. The brain is trying to download the emotions on the dreams. So the dream is trying to put that traumatic experience into symbolic form or into a metaphor. It fails. It fails and so most PTSD nightmares are very very similar to the traumatic experience even though they're not exactly replays. Also there are variations on the theme. They're a little bit different from night to night. Again because the brain is trying desperately to work those traumas through the system and get rid of it, just like ordinary dreams which are highly emotional, where we get rid of unpleasant emotions by dreaming about them. Except then we have more symbolism, more metaphors. The nightmare tries to do that but can't quite hit the nail on the head. And so, in doing therapy with nightmares, what we try to do is to help download the emotions, and there are many many good books on the topic, many good procedures. Imagery rehearsal therapy is one that I personally like where somebody takes the nightmare, and they look for the personal myth or the lesson in the nightmare, maybe the lesson is: "Oh I feel guilty for the rest of my life. I killed a little girl by accident, I thought she was pulling a

grenade out of her dress and it was just a doll. I will never forgive myself, I will never be able to bring that girl back to life". Well, that's a very negative personal myth, and the veteran keeps screaming about that. Of course, he can't change that, but he can change the personal myth, to something like this: "Yes, war is a terrible thing. Innocent people die. The girl died, I died too. A part of me died. What I need to do is to find some way to make it up for her". And the veteran can volunteer to work with children, can volunteer to work in a hospital with children who are dying of cancer or some terminal disease. The veteran can even give money to some of the worthwhile children's relief organizations. And so there can be an action component that comes out of changing the negative personal myth to something positive. Now, where does the imagery rehearsal come in? At the end of the dream, the dreamer imagines that the dream is still going on. And in the dream, for example, the veteran can apologize to the girl, he can pray for the family, he can add a scene on and say "I'm going to do something to make it up as best I can". Now, this has to be very emotional, and it has to be rehearsed, several times during the day, and as soon as the nightmare happens, as soon as the dreamer wakes up, the dreamer needs to visualize that image of restitution to the girl, restitution to the family, and produce a closure and repeat the new personal myth, the new lesson from the dream. And then during the day, I recommend at least five times during the day, the soldier or other service member, rehearses that, rehearses that, draws it, speaks it, makes it go through his or her mind, and keeps doing that until the dream itself starts to change. Not easy. It's not easy. But the point is that once you can change the nightmare, then you begin to change other aspects of the symptoms of PTSD. Most therapists working on the symptoms using one of the very good, very excellent therapies that are around say "well, the nightmare will take care of itself". My suggestion is to work with the nightmare first, and then there's a ripple effect that starts to help the therapy for the other symptoms. The basic symptoms of PTSD, of course, are very widely known. There's the startle reflex, where somebody hears a noise, jumps for cover because they think that they're being attacked on the battle field.

Dr. Dave: Sure.

Stanley Krippner: So, hyper-vigilance is a very common effect. Dissociation, where their mind wanders and they can't focus on what they're doing, because they're back in the trenches, they're back on the battle field, back on the desert. A third is problems with mood swings. It's hard for them to relate to people. They have emotional ups and downs and it's very very difficult to get those emotions under control, and sometimes, the emotion becomes so painful that they do harm for themselves. And then also, in

terms of the common after effects of PTSD, you have the deadening of emotions, where the veteran feels no emotion whatsoever. Emotions are just simply too frightful and too threatening. So, as a result, the PTSD survivor, I ought to use the word "victim", because they've been through enough, and they've survived, the PTSD survivor has trouble with their relationships, has trouble holding down a job, has trouble with self-confidence, and this is why personal myth, self-talk, attitudes, values, really need to be changed and you can start doing this right back in the dream.

Dr. Dave: Yeah. I'd be interested to go back a little bit to what you said about restitution. Did you happen to see the recent film called American Sniper which is based...

Stanley Krippner: Oh! Yes...

Dr. Dave: Oh you did.

Stanley Krippner: ... said on American Sniper that's been reproduced in several different places, and I even did television and radio broadcasts on American Sniper.

Dr. Dave: Okay, and so you know that... I forgot his name... I think it's Chris... something... do you remember the name of the central figure, the sniper?

Stanley Krippner: Kyle.

Dr. Dave: Okay, that doesn't ring a bell.

Stanley Krippner: That was his first name. Oh I think that was his last name but anyway that's besides the point.

Dr. Dave: Well, yeah. So, when he came back, he was suffering from extreme PTSD. He had, as a sniper, he had the highest number of kills and... in military history, or at least US history. And he showed many of the signs that you just enumerated in terms of his PTSD. But he started working at the veterans administration hospital, kind of working with other veterans and... and then there's the relative that you mentioned and it sounds like she kind of on her own discovered that doing this volunteer work with other veterans was a form of restitution. And did that have any sort of a healing effect in her life that you're aware of?

Stanley Krippner: Oh yes, I believe it did. And working with veterans in a hospital is one way that the restitution can take place. I mean some of these veterans will be hospitalized for life because they have serious injuries, have lost limbs, and having a good life in a hospital is difficult but it's not impossible, and social support is so essential, so important, and sometimes the family just gives up on them. And that's a shame because now they need family more than ever before. And of course in American Sniper, the central figure, thought that he knew everything about PTSD and so he took a couple of veterans out to a shooting range, idiotically used live ammunition...

Dr. Dave: Right.

Stanley Krippner: ... one of them turned at him and shot him dead. So, you don't do things like that without professional help, without professional guidance. That's one of the lessons we can learn from that film. Clint Eastwood, the director of the film, called the film an antiwar movie and I think basically what it is. There is controversy over it but I don't think it glorifies war. I think it's a very antiwar film, and the PTSD is an example of that. Where the American sniper wasn't happy at home. He was only happy going back into the battle field and killing more of the enemy.

Dr. Dave: Yeah, I agree. I definitely agree. Now, have all of your own study been with... in the context of military and war or have you also studied accident victims, victims of rape, and other kinds of violent assaults? And do you think there are differences in terms of any of the principles that...

Stanley Krippner: Oh yes! First of all, every case of PTSD is different. And this is why therapy is tough. Because some types of therapy work for most survivors of PTSD but they don't work for everybody. There is a type of therapy where an individual replays the trauma over and over again until it's drained of emotion. And that's one of the most popular types of therapy, works for most people, doesn't work for everyone. Hum... some people get re-traumatized, they get worse after that therapy.

Dr. Dave: Right, right.

Stanley Krippner: And then there is cognitive behavioral therapy. Excellent for most people. Because it gets them to re-think their personal myth, their dysfunctional attitudes, their irrational beliefs. Again, it works fine for most people but some people

don't have the cognitive capacity to do that, especially people who have traumatic brain injury on top of the PTSD. And so they need something that's more concrete, movement therapy, art therapy, something that they can do with their hands, something that doesn't require a lot of cognitive work, a lot of thinking. Now, one of our Saybrook students developed what I think is a very effective form of therapy which is time-focused therapy. And he based it on the book on time perspectives by Philip Zimbardo...

Dr. Dave: Yes.

Stanley Krippner: ... former president of the American Psychological Association, a friend of mine. Phil heard about the therapy and he encouraged Rick Sword and his wife Rose Sword to write a book with him, called *The Time Cure*, and I think this is probably about the best treatment for PTSD around. Because it takes people back and forward in time. And it also uses group support, it also gives homework assignments, it also pays attention to emotions, it has a very good track record in terms of following-up and how symptoms can be reduced. So...

Dr. Dave: That's fascinating. I actually interviewed Phil Zimbardo about that book and about that work.

Stanley Krippner: Wonderful!

Dr. Dave: And one of the things that came out of it was, you know, I asked: Well, is the VA hospital implementing this, are they excited about it and so on... And he had a rather discouraging report that it's very hard to move the VA on some of these issues.

Stanley Krippner: It's very unfortunate that the VA is not warmed up to the Time Cure, very unfortunate. The bureaucracy in the VA has more or less settled on the two therapies that I just mentioned to you and even a very good therapy, like eye movement desensitization and restructuring, EMDR, is not looked upon favorably by the VA, despite the fact that it's evidence-based that it produces good results.

Dr. Dave: Yes.

Stanley Krippner: So, when you get involved with the VA, you are involved in the bureaucracy, and people sometimes make decisions that are binding and so it's very very difficult for a new type of therapy to catch their approval. However, things are even

worse than that. Of all of the veterans with PTSD, only half go to any type of therapy. And of the half who go to therapy, half drop out after one or two sessions. So, at best we have 25% of the people with PTSD getting any type of therapy. It gets worse. Less than half of the therapists they see have had any training in working with PTSD. So, the outlook is bleak and I agree with Phil Zimbardo that much work needs to be done.

Dr. Dave: Yeah.

Stanley Krippner: Now, talking about people who are not veterans, yes, these therapies are useful for accidents, survivors, rape survivors, people who have secondary PTSD, who have PTSD simply because somebody they know has been traumatized. Also, there are people who have survived earthquakes, natural disasters, people who have survived bullying, as you know bullying can drive people to suicide. And many teenagers literally have full fledged PTSD as the result of a bullying and are very desperately in need of some sort of treatment. So...

Dr. Dave: I'm missing a word, there, as a result of what? It sounded like you were saying "boolean" and I know I've got hearing issues...

Stanley Krippner: B U L L Y I N G

Dr. Dave: Oh, bullying, yes! Bullying!

Stanley Krippner: Excellent movie called Bully that I would encourage your viewers to watch, it really introduces bullying survivors, it talks about some of the suicides that result from bullying. Young people are bullied because they are fat, because they're skinny, because they're gay, because they're transgender, or because they're smart, or because they're a person of color, or they're a new kid in town, there are many many many reasons why they're bullied...

Dr. Dave: Yes.

Stanley Krippner: ... and befuddled.

Dr. Dave: Do you think that dream work could be useful in working with bullying victims?

Stanley Krippner: Yes, absolutely. Some of my students have actually worked with adolescents, who have been bullied and who show signs of PTSD, focusing on the dreams and, when they have a chance, getting them to use psychodrama acting out the dream...

Dr. Dave: Ha ha.

Stanley Krippner: ... that can be an effective way of dealing with PTSD dreams. You have to have a convenient group and a good therapist to do it but you could use Gestalt work, you could do psychodrama work, and you can do role playing, working with dreams, and it can be wonderfully cathartic in terms of moving this emotional residue through the system, through the psychological system.

Dr. Dave: Yes.

Stanley Krippner: I should mention one other thing about PTSD and nightmares. There is a type of dream called a lucid dream where people actually are aware that they're dreaming while the dream is going on. And there are now some technologies where people can learn how to have lucid dreams, not everybody can do it but if a PTSD survivor learns lucid dreams, they can become awake and aware while the nightmare is going on and then they can make some of these changes from within the nightmare itself. Like in the case I just mentioned, they can apologize to the girl who they killed, apologize to the family and do that within the nightmare itself. Take bullying, for example, if the nightmare is about a kid in school who is bullying the dreamer, well, the kid in the dream can actually beat up all the bully himself or herself. Sometimes they can forgive the bully but that comes later, that requires a great deal of maturity that many teenagers are not capable of doing. But they can find some way to fight and win the fight against the bully in the dream and that will provide a catharsis, a great emotional relief, and change the nightmare, also change her attitude, will give them some power, will give them some inner strength they can carry over the waking life.

Dr. Dave: Yes. Any other thoughts about dreams, dream work in relation to trauma of various sorts?

Stanley Krippner: The... Oh yes, this is a huge topic. Let's talk a little bit about medication and nightmares. Some PTSD survivors are so desperate that they will take a type of medication that eliminates dreams altogether. Well, this is good for the short

run, it gives them some solid sleep which they usually don't have. You can't do this forever. You can't do this indefinitely because we need our dream time, we need those rapid eye movements, sleep, our phases of the night. But it is a temporary fix. One can do that while one is learning a better strategy or while whether going through psychotherapy. A lot of people who are PTSD survivors insist on medication but it's a bandage approach. It changes the brain in the wrong way, it makes it dependent on the drug, and then they have more and more, larger and larger quantities of the drug, of the medication. Short term, yes. Long term, no, I'm afraid not.

Dr. Dave: Right.

Stanley Krippner: However, a PTSD survivor has to change not only behavior but has to change the brain. And the brain can be changed through good psychotherapy. The brain can also be changed through different types of martial arts, movement meditation. Sometimes silent meditation is not so good for PTSD, because they can't focus well enough. Movement meditation, like the martial arts, like Tai Chi, like Jujitsu, like Tai Kwon Do, okay, that's something that takes the PTSD survivor into the here and the now, it makes them mindful. In fact mindfulness psychotherapy is very good for PTSD because it puts them right into the present and that doesn't let them wander off into the trauma.

Dr. Dave: I know one thing that you've written about is post traumatic strength. Maybe you can talk a little bit about that? That the consequence of the trauma isn't always a PTSD reaction.

Stanley Krippner: Yes, absolutely. The post traumatic strength is actually something we feature in our books, most notably in our book *Haunted by Combat* we have a whole chapter on post traumatic strength. But it applies not only to the veteran but also to people who have survived bullying, who have survived accidents, etc., and in that found ways to make them stronger, that's why we emphasize the term "survivor". They have gone through a traumatic experience that could have killed many many people, could have ruined many many other people, but they have survived. All right, what was their survival strategies? Maybe they got peer support. Some people get peer support by group therapy. Others go to Alcoholic Anonymous or a twelve-step program. Some people have group support by going to a veterans organization. Also there's now group support for gay, lesbian, transgender, and bisexual teenagers where they can get group support. So, this is something where they can become empowered, they can learn from

others, they can get tips from others, and this is going to produce a post traumatic strength. Also, going back to the military, every soldier, every sailor, every marine, every air force veteran, has had a lot of money spent on them by the US government developing skills, technical skills, leadership skills, strategic skills. They can pull upon those skills, they can pull upon them and find ways of applying those in their daily life.

Dr. Dave: Oh, interesting.

Stanley Krippner: So. I tell the PTSD survivors who are veterans: "Don't waste time thinking about the trauma, think about the skills. Whenever you have a flashback, and something comes to mind in terms of your traumatic experience, just stop it and shift to something positive that happened." This is also part of the Time Cure that we mentioned earlier.

Dr. Dave: Yes.

Stanley Krippner: "Think about something positive that happened in the past. Change a negative past into a positive past. And think of the times you had with buddies, think of what you learned, the technical skills you learned. Think of the leadership skills, the survival skills, and how those can be used in everyday life."

Dr. Dave: You may be aware that Martin Seligman has received I think a lot of money from the government to institute a program designed to sort of give people, if you will, anti-PTSD skills, to teach them resilience skills. Do you have any information or more current than I do, or thoughts about that?

Stanley Krippner: Yes, a lot of money was spent on the resilience program and the follow-up studies have not been that encouraging sad to say.

Dr. Dave: Ha ha.

Stanley Krippner: So, that needs to be re-tooled. Let me tell you what I think that they've left out.

Dr. Dave: Okay, good.

Stanley Krippner: That's something that a lot of programs leave out. And that is

meaning. The existential meaning of the traumatic experience. And some times one of the destructive personal myths that the veteran has is: "The government has let me down. They sent me to fight in a war, and I still don't know what we were doing there. Neither do my buddies know what we were doing there. In fact, the positive memories I have are not of fighting some enemy that we couldn't see but try to save the lives of myself and my buddies." Well, the Veterans Administration doesn't like to hear of this anti-government talk. And, a lot of therapists have never heard of existential humanistic transpersonal therapy which gets to the core belief system, the core personal myth, and the core values of a person that are often shattered. PTSD can be looked upon as existential shattering, where one's whole world view fell apart, one's old belief in the government, in the leadership of the government, in the leadership at the top of the military fell apart. Same thing goes for civilian PTSD. A kid that is bullied, one's sense of the goodness of humanity falls apart. "If people are good why does this happen to me?". One's religion can be shattered. "Why did God inflict this upon me? Why did God let me survive and kill my buddies?". Well, these are existential issues and, sad to say, the resilience program doesn't deal strongly enough with existential issues but neither do a lot of the other therapy programs. This is one good thing about the Phil Zimbardo, Rick and Rose Sword, Time Cure. They get right into basic existential issues when they do this Time Cure program.

Dr. Dave: Ha ha. Yeah, another person that I've interviewed who I thought had a very good program along those lines is Dr. Edward Tick. I don't know if you've come along, come across him?

Stanley Krippner: Yes! Very good work as far as I'm concerned.

Dr. Dave: Yeah, he... gets people... gets veterans involved in sort of Native American style rituals and, you know, with drumming and also lot of group support, which as you were pointing out it so important.

Stanley Krippner: Well, as you know I do a lot of work with Native Americans. One of my recent books is called The Voice of Rolling Thunder, and it's the story of Rolling Thunder, and his rituals, and the way that he did healing. Now, he didn't live long enough to do too much work with PTSD but there are many people, and they don't have to be Native Americans, there are many people who use rituals, who use drumming, who use group circles, who pass the pipe around and share memories, and all of these come out of the Native American traditions. And I think that the use of rituals for PTSD is

grossly underrated. And the ritual can be something that is a religious ritual, a shamanic ritual, or a made-up-on-the-spot ritual. A ritual is a step by step program to obtain a specific goal. And if you put enough emotion into this, and enough passion into this, and enough creativity into it, oh yes, this can be very very therapeutic.

Dr. Dave: Yeah. You know, you've always got so many irons in the fire and things that you're passionate about, what else are you working on these days?

Stanley Krippner: Oh, good heavens!

Dr. Dave: (laughs)

Stanley Krippner: The problem is the things I'm passionate about really don't pay the bills.

Dr. Dave: Yeah...

Stanley Krippner: Yes I do them because I think they need to get done. The work that I have done with PTSD is all pro bono, I wouldn't think of charging any money for that. I've spoken to veterans organizations, I've even done demonstrations with people with PTSD nightmares, hoping this will catch on, people will see some of the inventive work that can be done along these lines. But, in terms of current work, yes, as you know I'm at Saybrook University and I am professor of psychology, which means I work with many students who are doing master's degree, work on dissertation work, and I'm happy to say that we have three students I'm working with right now who will be doing their dissertations on PTSD. All of them do a lot of work with veterans, and they're clinical psychologists, they can do the work much more effectively than I can do. They are creating one page sheets that teach basic lessons about surviving PTSD. And then they use these in group discussions, and then people have something that they can take home and study.

Dr. Dave: Ha ha.

Stanley Krippner: Oh yes, this is simple but this is very very effective.

Dr. Dave: Wow.

Stanley Krippner: One of them is doing work with rituals. They're creating drumming rituals. Also, there is a therapist in the Bay area, I'll just mention it, who is taking veterans out sailing and helping them have post traumatic strength by doing sailing expeditions. And this gives them a chance to use their military skills, and have some fun, some group camaraderie, and again put some passion into this to download the emotions out of PTSD. So, that's a little bit of what I personally am doing, but yes, I'm doing a lot of work with students, and they're not only working of course with PTSD. They're doing very creative work in invention, for example, in shamanism, for example, and I'm currently preparing a program for Munich, Germany. There will be a ethnomedicine conference, in the middle of May, hundreds of people will be coming there, a lot of them doctors and psychotherapists, and there will be a couple of bona fide shamans from different parts of the world, and there will also be anthropologists, psychologists, physicians who are skilled in native medicine. So, what I'm doing is to prepare an introduction to shamanism for people who know the term but really don't know what a shaman is. And also to warn them about people who do workshops about shamanism and call themselves shamans who have never had the initiation, who've never worked with the community, who really don't deserve that title.

Dr. Dave: Hum hum.

Stanley Krippner: So, to be a shaman, you have to have three things going for you. You have to be given that honor, that title, that assignment by a community, though they usually don't use the word shaman, they use their own word for it. Secondly, you have to be able to get information from sources that are not available to other members of that community. Dreams for example, drug states, dancing, drumming, sensory deprivation, I call those the five Ds of shamanism.

Dr. Dave: Hum hum.

Stanley Krippner: A shaman uses dreams, dancing, drumming, deprivation of sleep, and drugs, not street drugs but peyote, ayahuasca, plant drugs that produce visions and give knowledge. And then third, the shaman brings that information back to the community and helps people in the community and helps the community as a whole. So, without those three things going for you, you're not a shaman.

Dr. Dave: Yeah.

Stanley Krippner: So that's about the things I'm working at.

Dr. Dave: Yeah. That conference in Munich sounds like it will be a really good one. And so, speaking of conferences, maybe we should wind down here by you letting our listeners know why they should attend the IASD Conference, in June, in Virginia Beach, Virginia?

Stanley Krippner: Virginia Beach. Go to the International Association for the Study of Dreams website, you'll get all of the details. Now, last year it was on the West Coast. This year it's on the East Coast, so, your East Coast listeners I would urge to go down for five days of intensive work with dreams ending with the Dream Ball, it's a costumed ball where people dress up like characters from one of their dreams, and a prize is given to the most freudian costume, the most jungian costume, the most animal-like costume, the most nightmarish costume. It's a very very festive evening after some very intensive workshops and lectures, and dream tables! People get together at breakfast, and they discuss their dreams at breakfast! They learn many many new ways of working with dreams. And there are some very good panels on research where the latest research from sleep and dream laboratories is presented. And there are families that go there, and Virginia Beach of course is right on the ocean so there's a lot of recreational possibilities. And it's one of the highlights of the year, for me and for the people that go there. And if they want to learn something about dreams, there's plenty of panels and events for beginners.

Dr. Dave: Yeah. Well, Dr. Stanley Krippner, I want to thank you for being my guest again on Shrink Rap Radio.

Stanley Krippner: It's always a pleasure Dr. Dave, and I'm so impressed that you've interviewed so many psychologists and your listeners are getting quite an education if they tune in.

I hope you enjoyed this conversation with Dr. Stanley Krippner as much as I did. I think he's quite an amazing person. His knowledge of psychology is encyclopedic and he's always been extremely generous in sharing, mentoring, and connecting people with the resources they need to move ahead. I've known him casually for about forty five years, and I've known many of the students he's mentored. He has such a deep expertise in so

many facets of psychology, and he combines a remarkably open attitude to just about everyone and everything at the same time with a strong commitment to rigorous research. I hope he won't mind my revealing that he's about 81 years old at this point. And yet, he still has such a remarkable command of the literature, or I should say many psychological literatures, and so much passion for his many pursuits. I think you got a taste of this in the interview, at least I hope so. As always, you can get any of the many books by Dr. Stanley Krippner, including some of the titles he mentioned during our interview, using the amazon.com widget in our right hand side bar. Finally, let me give one more plug for the IASD Conference, that's the International Association for the Study of Dreams Conference, June 5 through June 9 of 2015, in Virginia Beach, Virginia. You'll find a banner ad in the left hand side bar on ShrinkRapRadio.com that will take you to all the information about the conference. I'm not able to attend this year but I'm passionate about the organization and that's why I'm giving them this free promo.