



Commentary: How to Make the Ghosts in my Bedroom Disappear? Focused-Attention Meditation Combined with Muscle Relaxation (MR Therapy) – A Direct Treatment Intervention for Sleep Paralysis

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A commentary on

How to Make the Ghosts in my Bedroom Disappear? Focused-Attention Meditation Combined with Muscle Relaxation (MR Therapy) – A Direct Treatment Intervention for Sleep Paralysis
by Jalal, B. (2016). *Front. Psychol.* 7:28. doi: 10.3389/fpsyg.2016.00028

We read with interest Dr. Jalal's recent publication on another potential treatment option for recurrent isolated sleep paralysis: *Meditation Combined with Muscle Relaxation* (MR Therapy). The author is to be commended for adding to the limited literature on ameliorating problematic cases of isolated sleep paralysis (ISP). As recently reviewed (Sharpless, 2016), there are few options available, pharmacological or otherwise, for the chronic and severe cases of ISP, and none of these yet possess compelling evidence in favor of their efficacy.

We appreciate the citation of our work in his article. However, we disagree with the author's claim that MR Therapy is the "first direct treatment" for ISP (Jalal, 2016, p. 1). This comment is puzzling given that our 2015 book (i.e., Sharpless and Doghramji, 2015) was cited in this same manuscript. Contained within is a manual titled *Cognitive Behavioral Therapy for Isolated Sleep Paralysis* (CBT-ISP) and a corresponding adherence measure (pp. 257–272).

CBT-ISP is a brief, systematic approach that focuses upon helping patients both prevent and disrupt recurrent ISP episodes. In order to better clarify the nature of our own approach and to compare and contrast it to MR Therapy, we detail CBT-ISP in Table 1 below.

As can be seen, there are areas of substantial overlap between CBT-ISP and MR Therapy. Both have strong emphases on various forms of relaxation, symptom reappraisals, shifts in attention away from episode content, and the practice of disruption techniques while patients are in a supine position. We should also note that both approaches are based upon panic disorder models.

However, there are some notable points of divergence. First, MR Therapy discourages attempts to move, whereas CBT-ISP actively encourages these attempts in order to directly disrupt episodes and shift attention away from potentially frightening symptoms (e.g., hallucinations). Our approach is based upon empirical work with sufferers who reported that these attempts were effective (Sharpless and Grom, 2016). Second, the author discourages attempts to control breathing whereas we view this as a potential source of relaxation to be used "in the moment." Third, he encourages the use of prayer as a form of relaxation/meditation whereas we are more cautious

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Sleep Therapy Robert Leon Williams, Wilse B. Webb, 1966

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Sleep therapy: a bibliography and commentary, by R.L.

Williams and W.B. Webb, with a special review by J.A. Lewis Robert Leon Williams, Wilse B. Webb, **Ivan Pavlov** Daniel P. Todes, 2014-10-15 Winner of the Pfizer Award from the History of Science Society Contrary to legend Ivan Pavlov 1849 1936 never trained a dog to salivate to the sound of a bell So begins this definitive deeply researched biography of Ivan Pavlov Daniel P Todes fundamentally reinterprets the Russian physiologist s famous research on conditional reflexes and weaves his life values and science into the tumultuous century of Russian history particularly that of its intelligentsia from the reign of tsar Nicholas I to Stalin s time Ivan Pavlov was born to a family of priests in provincial Riazan before the serfs were emancipated and made his home and professional success in the booming capital of St Petersburg in late imperial Russia He suffered the cataclysmic destruction of his world during the Bolshevik seizure of power and civil war of 1917 21 rebuilt his life in his seventies as a prosperous dissident during the Leninist 1920s and flourished professionally as never before in the 1930s industrialization revolution and terror of Stalin times Using a wide variety of previously unavailable archival materials Todes tells a vivid story of that life and redefines Pavlov s legacy Pavlov was not in fact a behaviorist who believed that psychology should address only external behaviors rather he sought to explain the emotional and intellectual life of animals and humans the torments of our consciousness This iconic objectivist was actually a profoundly anthropomorphic thinker whose science was suffused with his own experiences values and subjective interpretations Todes s story of this powerful personality and extraordinary man is based upon interviews with surviving coworkers and family members along with never before analyzed taped interviews from the 1960s and 1970s examination of hundreds of scientific works by Pavlov and his coworkers and close analysis of materials from some twenty five archives The materials range from the records of his student years at Riazan Seminary to the transcripts of the Communist Party cells in his labs and from his scientific manuscripts and notebooks to his political speeches they include revealing love letters to his future wife and correspondence with hundreds of scholars artists and Communist Party leaders and memoirs by many coworkers his daughter his wife and his lover The product of more than twenty years of research this is the first scholarly biography of the physiologist to be published in any language **Coercion as Cure** Frank Villafana, 2017-07-12 Understanding the history of psychiatry requires an accurate view of its function and purpose In this provocative new study Szasz challenges conventional beliefs about psychiatry He asserts that in fact psychiatrists are not concerned with the diagnosis and treatment of bona fide illnesses Psychiatric tradition social expectation and the law make it clear that coercion is the profession s determining characteristic Psychiatrists may diagnose or treat people without their consent or even against their clearly expressed wishes and these involuntary psychiatric interventions are as different as are sexual relations between consenting adults and the sexual

violence we call rape But the point is not merely the difference between coerced and consensual psychiatry but to contrast them The term psychiatry ought to be applied to one or the other but not both As long as psychiatrists and society refuse to recognize this there can be no real psychiatric historiography The coercive character of psychiatry was more apparent in the past than it is now Then insanity was synonymous with unfitness for liberty Toward the end of the nineteenth century a new type of psychiatric relationship developed when people experiencing so called nervous symptoms sought help This led to a distinction between two kinds of mental diseases neuroses and psychoses Persons who complained about their own behavior were classified as neurotic whereas persons about whose behavior others complained were classified as psychotic The legal medical psychiatric and social denial of this simple distinction and its far reaching implications undergirds the house of cards that is modern psychiatry *Coercion as Cure* is the most important book by Szasz since his landmark *The Myth of Mental Illness* Frank Villafana, 2017-07-12 Understanding the history of psychiatry requires an accurate view of its function and purpose In this provocative new study Szasz challenges conventional beliefs about psychiatry He asserts that in fact psychiatrists are not concerned with the diagnosis and treatment of bona fide illnesses Psychiatric tradition social expectation and the law make it clear that coercion is the profession's determining characteristic Psychiatrists may diagnose or treat people without their consent or even against their clearly expressed wishes and these involuntary psychiatric interventions are as different as are sexual relations between consenting adults and the sexual violence we call rape But the point is not merely the difference between coerced and consensual psychiatry but to contrast them The term psychiatry ought to be applied to one or the other but not both As long as psychiatrists and society refuse to recognize this there can be no real psychiatric historiography The coercive character of psychiatry was more apparent in the past than it is now Then insanity was synonymous with unfitness for liberty Toward the end of the nineteenth century a new type of psychiatric relationship developed when people experiencing so called nervous symptoms sought help This led to a distinction between two kinds of mental diseases neuroses and psychoses Persons who complained about their own behavior were classified as neurotic whereas persons about whose behavior others complained were classified as psychotic The legal medical psychiatric and social denial of this simple distinction and its far reaching implications undergirds the house of cards that is modern psychiatry *Coercion as Cure* is the most important book by Szasz since his landmark *The Myth of Mental Illness*

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