

Bridging dentistry and psychotherapy: dream analysis in sleep bruxism treatment

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Abstract

Objective: This case study evaluates interdisciplinary collaboration between dentists and psychotherapists, using dream analysis to treat sleep bruxism, a prevalent psychosomatic disorder driven by anxiety.

Method: Nastović's three-dimensional dream analysis, integrating personal, collective, and familial unconscious contents, was applied in a case study to explore sleep bruxism's psychosomatic etiology.

Results: In a 40-year-old female patient, dream analysis uncovered unconscious conflicts contributing to anxiety and bruxism, achieving symptom relief without dental interventions.

Conclusions: Integrative therapy, particularly dream analysis, is vital for addressing sleep bruxism's psychosomatic roots, requiring enhanced dentist-psychotherapist collaboration and psychotherapeutic training for dentists.

Keywords: sleep bruxism, dream analysis, integrative therapy, psychosomatics.

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Introduction

Sleep bruxism, characterized by involuntary teeth grinding or clenching during sleep, is a prevalent psychosomatic condition linked to anxiety and unconscious psychological conflicts [1, 2]. Unlike awake bruxism, often associated with severe psychiatric disorders, sleep bruxism affects both psychologically stable and unstable individuals, posing a significant public health challenge [3]. Standard dental treatments, such as occlusal splints, mitigate symptoms but often fail to address the psychosomatic etiology, risking symptom persistence or migration to other organ systems [4].

In dentistry, psychosomatic symptoms like burning mouth syndrome, atypical odontalgia, and bruxism reflect psychological stressors disrupting physiological balance, necessitating holistic treatment approaches [5, 6]. This study advocates an integrative model combining dental and psychotherapeutic interventions, with in-depth dream analysis as a novel tool to uncover unconscious contributors to sleep bruxism. Through a case study and literature review, we demonstrate its potential to resolve symptoms and emphasize the need for interdisciplinary collaboration.

Background

Psychosomatic nature of bruxism

Bruxism manifests as a parafunctional activity of the masticatory system, causing tooth attrition, temporomandibular joint dysfunction, and related symptoms [4, 6]. Sleep bruxism, more prevalent than awake bruxism, is strongly associated with anxiety, with increased incidence amid societal stressors like the COVID-19 pandemic and geopolitical instability [7, 8]. Sleep bruxism is associated with REM sleep disturbances, where nightmares may induce defensive movements and intense jaw clenching, damaging teeth and masticatory structures [4, 5, 8]. These psychosomatic manifestations underscore the need for integrative treatment addressing psychological and physiological factors.

Role of the unconscious

The unconscious psyche drives psychosomatic disorders, with repressed emotions and conflicts manifesting somatically when defense mechanisms fail [10]. Dreams, described by Freud as the "royal road to the unconscious," offer direct access to these contents, making dream analysis a valuable therapeutic tool [11]. Nastović's three-dimensional method, integrating Freud's personal, Jung's collective,

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and Szondi's familial unconscious, provides a robust framework for uncovering the etiology of psychosomatic conditions [12].

Current challenges in treatment

Despite sleep bruxism's psychosomatic nature, treatment remains fragmented. Dentists primarily use occlusal splints or prosthetic reconstructions, which address symptoms but not etiology, risking symptom recurrence or migration to other organ systems [4, 13]. Psychotherapeutic interventions are underutilized due to limited interdisciplinary collaboration and insufficient psychotherapeutic training for dentists [13]. This gap highlights the need for integrative approaches targeting both symptoms and underlying causes.

Method

The study employed Nastović's three-dimensional dream analysis, examining dreams through personal, collective, and familial unconscious lenses [12]. This method analyzes dream symbolism, patient associations, and emotional responses to uncover repressed contents driving psychosomatic symptoms. A case study evaluated its efficacy in treating sleep bruxism, with therapy delivered via twice-weekly online sessions over two months, focusing on dream interpretation and life stressor discussions. Informed consent was obtained, ensuring ethical conduct [12].

Results

Case study

A 40-year-old single woman presented with early tooth attrition, intermittent temporomandibular joint pain, and morning generalized tooth pain due to nocturnal teeth clenching. Clinical examination and vitality tests excluded inflammatory dental causes, while anamnesis revealed chronic stress and anxiety. As attrition was not advanced, occlusal splints were not urgently required, and the patient declined their preventive use. She consented to a psychotherapeutic approach focusing on dream analysis to address conscious and unconscious anxiety and underlying conflicts.

Over two months, the patient engaged in twice-weekly online sessions, recording and analyzing dreams using Nastović's three-dimensional method. This approach decodes symbolic dream content through patient associations, requiring robust theoretical knowledge and clinical psychotherapeutic experience to identify actionable insights [12].

Dream analysis revealed narcissistic traits originating from a dysfunctional childhood family environment, including a need for maternal validation and a persistent sense of inadequacy despite notable talents and professional competence. This pattern persisted through her education and career, compounded by employment instability, which eroded her self-confidence. Living alone without familial support, she faced existential and societal pressures, exacerbated by the COVID-19 pandemic. Transitioning to remote work after securing stable employment led to social isolation and heightened anxiety, including hypochondriacal fears, which persisted upon returning to in-person work. She experienced ongoing concerns about project failure, despite dream analysis revealing her untapped potential, undermined by familial patterns of inadequacy [5, 7]. A pivotal moment occurred during the analysis of a nightmare titled Mephisto.

Mephisto dream (abridged)

The patient described:

I'm walking through a courtyard surrounded by small houses; my apartment is in the courtyard, which has grass and bushes, resembling old-fashioned courtyards. I step onto the street. It's cool and gloomy after the rain. I turn right and realize I can't find what I'm looking for because roadwork is underway — workers are removing old, large cobblestones. It's still gloomy and damp, but the grass is green. There's a wooden garden table on the lawn. I know my brother is sitting across the table, telling me not to fear the neighbor's dog he's watching. I look down at my feet and see a huge black dog, oversized, like a lion, lying with its paws crossed in front of me. I think I'm safe because I'm not alone and can slightly move my legs away from the dog, which scares me a little. Suddenly, the black dog traps my legs with its paws, and I dare not move to avoid injury. I don't want to move because I'm afraid, though I feel restlessness in my legs and an unbearable tingling sensation.

Analysis of the Mephisto nightmare marked a therapeutic breakthrough. Through symbolic interpretation, the patient identified an unconscious saboteur, symbolized by the dog "Mephisto", inhibiting professional expression despite workplace excellence. Green grass, a recurring motif, signified growth and readiness to realize potential. Restless leg sensations reflected eagerness to progress, while ceased rain indicated past challenges had subsided, despite gloomy weather mirroring her mood. Her brother's reassurance symbolized external support, mitigating unconscious destructive impulses and familial undervaluation, from which she recognized potential comfort. Her philosophical

To see more about Nastović's three-dimensional method, follow the link <https://ivannastovic.com>

and mythological knowledge accelerated insights. Confronting these barriers enabled workplace recognition, significantly reducing anxiety and jaw clenching, halting tooth attrition without dental interventions. Continued psychotherapy was recommended to prevent symptom recurrence or psychosomatic migration [5, 12].

Outcomes

Post-therapy, the patient reported significant anxiety reduction and no further jaw clenching, preventing progression to clinical bruxofacets. She was recommended psychotherapy to prevent symptom recurrence or psychosomatic migration. The case demonstrates the efficacy of dream analysis in addressing the psychosomatic etiology of sleep bruxism when patients are cooperative and possess resources for self-awareness.

Discussion

Efficacy of dream analysis

Dream analysis, particularly Nastović's three-dimensional method, efficiently accesses unconscious conflicts driving psychosomatic symptoms, aligning with contextual models of psychotherapy that emphasize tailored interventions for anxiety-related disorders [9, 12]. In this case, nightmares revealed repressed emotions and inadequacy patterns, enabling behavioral changes and symptom resolution. Jung's assertion that interpretation transforms a dream into an experience underscores this approach's therapeutic value [11].

Integrative therapy needs

This case highlights the limitations of symptom-focused dental treatments like occlusal splints, which fail to address psychosomatic etiology, risking symptom recurrence or migration to other organ systems [4, 13]. The global rise in sleep bruxism post-COVID-19, driven by heightened societal stressors, underscores the urgency of integrative therapy combining dental and psychotherapeutic expertise [7, 8]. However, dentist-psychotherapist collaboration remains rare, despite its potential to advance treatment models, improve outcomes through targeted psychosomatic interventions, and foster interdisciplinary research into bruxism mechanisms [13, 14]. Dentists, with training in head and neck anatomy and psychiatry, are well-positioned to contribute but require enhanced psychotherapeutic education [15].

Limitations

Reliance on a single case study limits generalizability, and dream analysis's success depends on patient cooperation and cognitive resources. The absence of

a control group precludes comparative efficacy assessment. The lack of standardized protocols for integrating dream analysis into dental practice poses implementation challenges. Future research should involve larger cohorts, control groups, and longitudinal studies to validate these findings.

Conclusion

Sleep bruxism, a complex psychosomatic condition, requires integrative therapy combining dental and psychotherapeutic interventions. Dream analysis, as shown in this case study, effectively uncovers unconscious conflicts, alleviating symptoms in engaged patients. To advance care, dental and psychotherapeutic communities must foster collaboration, and dentists need access to psychotherapeutic training. Further studies evaluating psychotherapy's efficacy in bruxism treatment are essential to develop evidence-based guidelines, addressing both symptoms and causes for improved public health outcomes.

Declaration of interests

The author declares that there is no conflict of interest.

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