

# Understanding Nightmares

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# Historical Definition

Nightmare was the original term for the state later known as waking dream (cf. Mary Shelley and Frankenstein's Genesis), and currently as sleep paralysis, associated with rapid eye movement (REM) sleep. The original definition was codified by Dr Johnson in his *A Dictionary of the English Language* and was thus understood, among others by Erasmus Darwin and Henry Fuseli,[4] to include a "morbid oppression in the night, resembling the pressure of weight upon the breast."

# Incubus and Succubus

Such nightmares were widely considered to be the work of demons and more specifically incubi, which were thought to sit on the chests of sleepers. In Old English the name for these beings was mare or mære (from a proto-Germanic \*marōn, related to Old High German and Old Norse mara), whence comes the mare part in nightmare.



# Modern Definition

Nightmare is the term currently used to refer to a dream which causes a strong unpleasant emotional response from the sleeper, typically fear or horror, or the sensations of pain, falling, drowning or death. Such dreams can be related to physiological causes such as a high fever, psychological ones such as psychological trauma or stress in the sleeper's life, or can have no apparent cause. Sleepers may waken in a state of distress and be unable to get back to sleep for some time.

# Often Confused with:

## $\lambda$ Night Terrors

- A delta sleep parasomnia
- No recognizable dream content

## $\lambda$ Nocturnal Panic Attacks

- Typically occur in transition between stages of NREM sleep
- No recognizable dream content

## $\lambda$ Sleep paralysis- Hagridden

- Resulting of waking incompletely from REM

# Nightmare Disorder

- λ Nightmare disorder, also called dream anxiety disorder, is characterized by the occurrence of repeated dreams during which the sleeper feels threatened and frightened. The sense of fear causes the person to awake.
- λ The person wakes from the nightmare with a profound sense of fear. Waking is complete, and usually accompanied by increased heart rate, sweating, and other symptoms of anxiety or fear. Once fully awake, the person usually has a good recall of the dream and what was so frightening about it.



DOG NIGHTMARES

# DSM Criteria for Nightmare Disorder

- λ Repeated awakenings from a major sleep period or naps with a detailed recall of extended and extremely frightening dreams...
- λ On awakening from the frightening dream the person becomes oriented and alert...
- λ The dream experience or the sleep disturbance ...causes significant distress or impairment...
- λ Nightmares do not occur exclusively during the course of another mental disorder...



Well, good night, sleep tight, and don't let the bed bugs bite.

# Impact of Nightmares

- λ Because of the physical symptoms of anxiety and because clarity is achieved immediately upon waking, returning to sleep after a nightmare is often difficult. The vividness of the recall and the prominence of the dream images in the person's mind can also make it difficult to calm down and return to sleep.
- λ Subjects with major depression and repetitive nightmares were more suicidal than those without nightmares

# Impact

- λ Sometimes people may avoid going to sleep after a particularly intense nightmare because of the fear of having another bad dream. In addition, people may have problems falling asleep if they are experiencing anxiety caused by the fear of having nightmares. As a result, these people may have the signs and symptoms associated with mild sleep deprivation, such as decreased mental clarity, problems paying attention, excessive daytime sleepiness, irritability, or mild depression.

# Cause?

- λ The causes of nightmares are not known for certain. Adults who have nightmares on a regular basis are a small minority of the American population. About half of these people are thought to suffer from psychiatric disorders that cause the nightmares. Nightmares may also be triggered by major psychological traumas, such as those experienced by patients with post-traumatic stress disorder. For most patients who do not have an underlying mental disorder, the nightmares are attributed to stress. Nightmares that occur on an irregular and occasional basis are usually attributed to life stressors and associated anxiety.

# Triggers vs. Causes

- λ A number of drugs have been linked to nightmares including:
  - Amphetamines, Cocaine and other stimulants
  - Beta blockers
  - Sedative hypnotics or discontinuation
  - Alcohol or discontinuation
  - Sympathomimetic drugs
  - Narcotics

# Epidemiology

- λ College student samples report 8%-25% have one or more nightmares a month.
- λ Cross cultural adult samples report 2%-6% have one or more nightmares a month.
- λ General population samples find 5%-8% report a current problem with nightmares.
- λ High rates of nightmares are reported in people with substance abuse, borderline personality schizophrenia spectrum and dissociative disorders

# Psychopathology

- λ Nightmares are a form of intrusive recollection, and occur in up to 88% of PTSD patients
- λ Trauma is sometimes listed as a cause of nightmares.
- λ Occurrence of nightmares is only moderately correlated with measures of psychopathology.
- λ Nightmares are frequently associated with sleep disorders including insomnia and may be understood as a primary sleep disorder.

# What is going on

- λ REM sleep cycles
- λ Sleep, dreams and memory
- λ Dreams as a brain state like schizophrenia
- λ Schizophrenia caused by nightmares

# Assessment

- λ A clinical interview with a few questions about sleep and nightmares will ordinarily identify nightmares as a problem
- λ Additional questions should be asked about impact on sleep, avoidance behavior and attributions about nightmares.
- λ Record keeping may help determine relationships with stressors, medications etc.

**Instructions: The following questions relate to your experience of nightmares in the past 3 months. Please read each question and answer to the best of your ability. If you need more room, feel free to use the back of the page.**

1. Approximately how many hours do you sleep per night? \_\_\_\_\_
2. Approximately how long does it usually take for you to fall asleep?  
 Less than 15 minutes  
 15 minutes to 1 hour  
 1 hour to 2 hours  
 More than 2 hours  
if more, how many? \_\_\_ hours
3. In general, how fearful are you to go to sleep?  
 Not at all  Slightly  Moderately  Very much  Extremely
4. In general, how depressed do you feel when you wake up?  
 Not at all  Slightly  Moderately  Very much  Extremely
5. In general, how rested do you feel when you wake up?  
 Not at all  Slightly  Moderately  Very much  Extremely
6. How long have you experienced nightmares? \_\_\_ months OR \_\_\_ years
7. Did your nightmares begin after a traumatic event, such as sexual assault, combat, fire or any other stressful event?  Yes  No
  - 7a. If yes, how old were you when the trauma occurred? \_\_\_\_\_
  - 7b. What was the trauma or stressful event? \_\_\_\_\_
8. Approximately how many nightmares have you experienced in the past 3 months?  
 per week  
 per month (if less than one per week)

9. On how many nights in the past week have you experienced a nightmare? \_\_\_\_\_

10. On how many nights in the past week have you ~~experienced~~ **more than one** nightmare per night?  
\_\_\_\_\_

11. In general, how disturbing have the nightmares been?

\_\_\_ Not at all \_\_\_ Slightly \_\_\_ Moderately \_\_\_ Very much \_\_\_ Extremely

12. How many different nightmares do you generally experience? \_\_\_\_\_

13. If you have experienced a trauma (serious car accident, natural disaster, sexual assault, etc.), please indicate how similar your nightmare is to the trauma you experienced. If you have more than one nightmare, please answer for the most frequent nightmare. My most frequent nightmare is:

\_\_\_ Exactly or almost exactly like the trauma

\_\_\_ Similar to trauma, but not exact; Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Unrelated to traumatic event(s); Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Do you typically wake up after experiencing a nightmare? Yes \_\_\_\_\_ No

14a. If yes, how long does it typically take you to return to sleep?

- less than 15 minutes
- 15 minutes to 1 hour
- 1 hour to 2 hours
- more than 2 hours
- typically do not return to sleep

14b. If yes, what do you do to help you get back to sleep? (e.g. nothing, read, watch TV, consume alcohol or drugs, etc...)

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14c. After waking from the nightmare, do you experience any of the following symptoms?  
(check all that apply)

- |                                                                                  |                                                       |
|----------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Palpitations, pounding heart, or accelerated heart rate | <input type="checkbox"/> Sweating                     |
| <input type="checkbox"/> Feeling dizzy, unsteady, lightheaded, or faint          | <input type="checkbox"/> Trembling or shaking         |
| <input type="checkbox"/> Sensations of shortness of breath or smothering         | <input type="checkbox"/> Feeling of choking           |
| <input type="checkbox"/> Chest pain or discomfort                                | <input type="checkbox"/> Nausea or abdominal distress |
| <input type="checkbox"/> Numbness or tingling sensations                         | <input type="checkbox"/> Fear of losing control       |
| <input type="checkbox"/> Derealization (feelings of unreality)                   | <input type="checkbox"/> Chills or hot flashes        |
| <input type="checkbox"/> Depersonalization (being detached from oneself)         | <input type="checkbox"/> Fear of dying                |

# Pharmacological Treatment

- λ Prazosin (Minipress) has been used in treatment of nightmares.
- λ It is an alpha antagonist ordinarily used to treat hypertension.
- λ Several small studies show it to be effective in treating nightmares in individuals with PTSD.
- λ Effects disappear and nightmares return within days of discontinuation.

# Psychological Treatments

- λ Insight oriented psychotherapy
- λ Hypnotherapy
- λ Relaxation training
- λ Exposure based treatment as applied to anxiety
  - Systematic desensitization
  - Prolonged exposure
- λ Imagery rehearsal

...THE STANDARD THERAPIES HAVEN'T WORKED, SO I'M GOING TO TRY OVERWHELMING YOU WITH PSYCHOBABBLE!



# Imagery Rehearsal

- λ A brief manualized CBT treatment that can be offered in individual or group format.
- λ Advantage of not requiring uncomfortable exposure.
- λ Consistently supported in research trials.

# The Model

- λ Treatment may be provided in a small number of sessions (1-5) of 2-3 hrs duration in group format or similar number of hours for individuals.
- λ Psycho-educational component on the emotional processing model of dreams.
- λ A model of a sleep disorder and a habit or learned behavior.
- λ Work with waking images influences dreams

# Model continued

- $\lambda$  Nightmares can be changed into positive new images
- $\lambda$  Rehearsal of new images while awake reduces or eliminates nightmares without having to change each and every nightmare.

# Conducting Therapy

- λ Presentation of the model and discussion of it's implications.
- λ Imagery exercises and homework practice
- λ Skills for unpleasant imagery and understanding the need to deal with only minimal details
- λ Change the nightmare
- λ Rehearse the revised dream image

# Changing the Dream

- λ It may be most helpful to work on less distressing dreams first if they are available.
- λ Suspension of “real world” rules and the magic world of dreams.
- λ Some examples.



It's a note... "Dear aliens, I am sick and tired of being subjected to your humiliating invasive procedures..."

# Special Questions in PTSD

- λ The truth in the memory or avoidance
- λ Beliefs about the importance of nightmares including symptom substitution and pressure relief concerns
- λ Beliefs about controllability of nightmares
- λ Identity as victim
- λ To use exposure or not

# Outcome Research 1

- λ Karkow et al (1995)
- λ Two Groups n=39 given imagery rehearsal, n=19 wait list control nightmare sufferers
- λ Subjects rated pre-treatment, and 3 months after treatment
- λ Subjects treated showed significantly and clinically meaningful decreases in nightmares and improvement in ratings of sleep

# Outcome Research 2

- λ Karkow et al (2000)
- λ Two groups n=43 imagery rehearsal n= 48 wait list control completed study
- λ Subjects were women with PTSD secondary to sexual assault
- λ Treatment consisted of two 3 hr and one 1 hr session
- λ At 3 months after treatment Treatment group show significant reduction of nightmares, PTSD symptoms, and improved sleep

# Outcome Research 3

- λ Karkow et al (2001)
- λ Two groups n=88 Imagery rehearsal, n=80 wait list control
- λ Subjects were women with PTSD, and a history of rape, sexual assault and/or sexual abuse in childhood.
- λ Follow-up at 3 and 6 months found significant reduction in nightmares, significant improvement on sleep and PTSD measures

# Outcome Research 4

- λ Forbes et al (2003)
- λ Subjects were 12 Vietnam War Veterans (Australian) with combat related PTSD
- λ Treatment 6 sessions of imagery rehearsal
- λ Follow-up at 3 and 12 months significant improvement in nightmare frequency and intensity ratings, as well as improvement in PTSD, depression and anxiety symptoms

# Outcome Research 5

- λ Davis and Wright (2005)
- λ Treatment consisted of exposure, relaxation, and re-scripting
- λ 1 male 3 females, presented in case series
- λ 3 of 4 subjects met Dx criteria for PTSD at start and one did after treatment.
- λ Subjects showed improvement in nightmare frequency, intensity, and depression measures
- λ Rationale and benefit of additional exposure

# Outcome Research 6

- λ Grandi et al (2006)
- λ Subjects 10 adults with nightmare disorder were given a self-exposure manual and told to follow it's instructions for 4 weeks.
- λ Follow-up for 4 years
- λ Nightmares improved with self-exposure and remained improved in follow-up

# Outcome Research 7

- λ Davis and Wright (2007)
- λ Two groups, manualized CBT with exposure and re-scripting or wait list.
- λ At 6 months 84% of treatment group reported absence of nightmares in previous week. They also reported reduced symptoms of PTSD, fear of sleep, number of sleep problems, and improved quality and quantity of sleep.