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# Post-Trauma Dreams

**Margaret M. Bowater**

## Abstract

Post-trauma dreams are sufficiently different from the usual symbolic nightmare to merit particular attention. Two examples are given: one from Shakespeare, and another from the author's experience. Characteristic patterns are summarised, based on research by Hartmann, Siegel, and Stoddard et. al, indicating the normal process by which such dreams evolve into nightmares. Guidelines are suggested for dreamwork to assist clients' recovery, including taking note of the 'stuck points' signalled by repetitive elements in their dreams, and underlying issues in their philosophy of life.

## A literary example

I use as an introductory example Lady Macbeth's sleep-walking dream from Act 5 of Shakespeare's *Macbeth*. Lady Macbeth is observed wringing her hands while she walks at night, trying to remove an invisible spot of blood. 'Out, damned spot!' She repeats fragments of the conversation she has had with her husband after the murder of Duncan, when she went back herself to take the swords of the sleeping guards and smear them with Duncan's blood. Then she goes on,

Who would have thought the old man to have had so much blood in him?  
... What, will these hands ne'er be clean? ... Here's the smell of blood still.  
All the perfumes of Arabia will not sweeten this little hand. (V(i))

The deed is over, but Lady Macbeth's sleep is disturbed by post-trauma dreams. She has been deeply shocked to see 'so much blood', which her hands have touched. But there is another level to her disturbance. She has violated her conscience in the process. Not only her hands, but also her soul is contaminated, and now she is terrified of damnation.

## Experience and meaning

Lady Macbeth's dream is typical of post-trauma dreams. There are the brief literal fragments of experience, charged with emotion, and lacking a coherent story. Because they are so loaded with emotions, they break through the early

stages of sleep, not waiting for the natural periods of symbolic dreaming during the Rapid-Eye-Movement (REM) stages of the sleep cycle. (Hence Lady Macbeth's sleep-walking, which could not take place during REM-sleep, when the body's big muscles are 'switched off' to prevent movement.) When the sufferer is unable to talk about her experience to discharge the emotions, the dreams tend to repeat night after night without much change—as we are told by Lady Macbeth's personal servant. They will continue until the underlying issue is resolved. And the most disturbing elements of the issue can often be identified from the particular fragments highlighted by the dream, in this case the 'damned spot' which she is unable to wash off her hand. It is thus clear that experience alone does not create a post-trauma dream, but the meaning that it has for the dreamer.

### **Research on war veterans' dreams**

Dr Ernest Hartmann is a leading American researcher in the field of post-trauma dreaming, and a past president of the Association for the Study of Dreams (ASD)<sup>1</sup>. He drew conclusions mainly from his work with veterans of the Vietnam War suffering from post-traumatic stress disorder (Hartmann: 1998). The more disturbed men were the younger ones, who had not learned to dissociate their feelings from the horrors they lived through. Typically, a young soldier who had witnessed his buddy being blown-up, would dream not of his buddy's death, but of his own, because of his close attachment, or because of a pattern which came to be called 'survivor guilt'. This could be expressed in the thoughts: 'I should have died, not him. He didn't deserve to die as much as I did.'

The most disturbed dreams, however, came from a sub-group of men who had also suffered traumas which were still unresolved. The recent trauma would quickly collate with earlier experiences of terror, horror and helplessness, producing more complex post-trauma dreams and longer-lasting distress. Hartmann researched the dreams of other trauma survivors, and found the same patterns.

Dr Deirdre Barrett, another past-president of the ASD, has published a very useful book, *Trauma and Dreams* (1996), gathering together a number of significant articles by researchers in the field. Among these I have selected two to mention.

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1. Association for the Study of Dreams, 6728 Old McLean Village Drive, McLean, Virginia 22101-3906, USA. Two quarterly publications, *Dreaming* (journal) and *Dreamtime* (magazine).

## Research on firestorm survivors' dreams

Dr Alan Siegel (1995) led a team of psychologists who researched the dreams and other reactions of survivors of the great firestorm in 1991 in California, in which 25 people died and 5000 were rendered homeless. Forty-two volunteers and 18 controls were interviewed, kept dream journals for a fortnight, answered questionnaires, and attended three supportive workshops. The findings were similar to Hartmann's, and revealed further information:

- (i) People who had been evacuated in terror like the others, but returned to find their homes still standing, had more distressing nightmares than those whose homes were burned down—because (a) they suffered survivor guilt, and (b) they did not receive the same community support. They even felt ashamed of their terror—yet they had been through the same initial trauma.
- (ii) People who had suffered previous traumatic losses, or were currently suffering multiple stresses, had post-trauma dreams around the themes of grief and death.
- (iii) Graphic memory dreams faded gradually during the year, and became mixed with other concerns.
- (iv) Survivors had a resurgence of nightmares and increasing dread as the anniversary approached.
- (v) Recovery was indicated when the dreams began to show the dreamers as no longer helpless victims, but actively attempting to deal with the threat in the dream.

## Research on child survivors' dreams

Stoddard, Chedekel and Shakun (1996) studied the dreams of children in an American paediatric hospital specialising in treatment of severe burns. The authors found that most acutely burned children have nightmares, flashbacks or night terrors, and that these are made worse if the child has already suffered neglect, abuse, illness or previous traumatic events. Over time the sleep disturbances evolve from acute flashbacks and deliria to nightmares and then to more adaptive dreams. They agree with Piaget's three stages in children's understanding of dreams. In Stage 1, up to 6-years-old, the child believes the dream takes place outside of him in the room, and is therefore liable to confuse dream scenes with reality. (This may have direct relevance to the Christchurch creche case.) Stage 2, from 7- to 8-years-old, is transitional; and in stage 3, from

about 9-years-old, the child is clear that dreams are produced by thoughts inside his head.

### **Normal process**

In the normal experience of dreams after trauma, the initial dreams are full of vivid literal sensory impressions and feelings, like re-living the actual experience, with little change. Even at the start, however, they are not always literally accurate. Emotion can cause simple distortions, such as the substitution of self for buddy, as observed by Hartmann. If the survivor is not able to talk out his or her feelings to sympathetic people, perhaps because of associated guilt, the dream is likely to remain stuck, unchanging, and to recur whenever there are reminders or similar circumstances. In the normal process, however, the survivor finds someone to talk to, and the dream begins to connect with other memories of survival, and gradually evolves into the more symbolic nightmares of REM sleep. At this point, therapists can encourage the dreamer to create new endings for the dreams, in which they help themselves more actively. I have described a process for doing this in my book, *Dreams and Visions, Language of the Spirit* (Bowater: 1997).

### **A simple example**

Let me quote a simple experience of recovery from trauma. Mavis (not her real name) was a retired nurse of 65, independent in mind and body, when she found herself in the middle of a terrifying home invasion. She was staying in her daughter's home. As she walked along the passage to the loo in the middle of the night, she heard noises from another room, and suddenly a masked man in black burst through the door with a gun, demanding money. He ordered her into the room, where another masked man was standing over two girls who had been tied up. Mavis intuitively decided to fake a heart attack and gasped for breath. She was ordered onto the floor under a blanket. Meanwhile the other man went through the house, while she lay there in fear for her daughter. As it turned out, her daughter's husband attacked the robber so successfully that both men fled, and the victims called the police. They spent the rest of the night trying to come to terms with the experience.

Mavis found herself too disturbed to sleep the next night, so she went home, where she lived by herself. That was when she had the first dream of many, always the same:

I would be lying in my own bed at home, when two shadowy black figures would appear in the doorway. I could hear horrible deep breathing, like someone short of breath after climbing the stairs. I would try to move or shout but I couldn't. Then I'd wake up shouting, frightened, my heart pounding. I would think it might have been real, so I'd slam the lights on, and hunt through the house, and then sit down and have a cup of tea before I'd go back to bed.

Mavis had no one to talk to, and continued to have difficulty getting to sleep. After six weeks of this, she went to her doctor, and was referred for counselling. After just one session, the dream started to change. The figures became blue, and vaguer, but she would still wake up shouting. The counsellor saw her only once a month. After 6 months, the figures had become white and ghost-like, so being a resourceful woman, she reframed them as her guardian angels, and told them they could go now. But she kept on dreaming the horrible heavy breathing at intervals for another year, before it stopped. Apparently her body, in simulating a heart attack, had expressed something very real.

Did you notice the non-literal element in Mavis's dream? She dreamed she was in her own bed, but the actual experience took place in her daughter's home. This substitution identifies her *own* sense of violation in the experience. Her own security has been invaded.

## Therapy

Therapists can facilitate the process of recovery from trauma by encouraging full disclosure and expression of all the feelings involved, helping to develop a more objective and coherent narrative of the event, and exploring the existential questions that disturb the survivor, till he or she is able to take charge of life again without feeling like a victim.

Dreams will reflect the survivor's progress, indicating where the unresolved issues lie, and quietly signalling steps towards empowerment. Active dreamwork to encourage more resourcefulness can help the survivor symbolically rehearse ways of moving out of the victim role. And sensitive reflection on the meaning of the experience can lead to a greater wisdom in facing other traumas that life may bring.

## References

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