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Resolving Nightmares

How to Recognise and Work with Different Types of Nightmares

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Abstract

Recurring nightmares and post-trauma dreams are symptoms of real emotional pain or fear in some aspect of a dreamer's life and, like physical pain, are a call for healing. Careful attention to the structure and content of nightmares can contribute not only to understanding the causes, but also to effectively resolving them. This article presents a short summary of the main kinds of nightmares that occur, and how to work with them in an effort to restore hope to a person who has felt emotionally trapped in repeating circumstances.

While theories of dreaming in Western society have been dominated by Freud and Jung since 1900, new understandings have emerged in the last 30 years from studying the trauma dreams of war veterans and other survivors of violence. This field has been well summarised by Deirdre Barrett in her excellent editorial essay and selection of research articles in *Trauma and Dreams* (1996). These show clearly how exposure to traumatic experience may generate shocking memory dreams, which normally evolve into nightmares that recur until the emotion is discharged and the dreamer has come to terms with the issues involved.

Ernest Hartmann, one of the early researchers in this field, developed a comprehensive theory of dreaming, incorporating this understanding with recent findings in brain research, and published as *Dreams and Nightmares* (Hartmann, 1998). Alan Siegel, another researcher, has published an authoritative summary, *Dream Wisdom* (Siegel, 2002), which includes many practical methods of working with dreams. Barrett, Hartmann, and Siegel have all been presidents of the International Association for the Study of Dreams, which publishes the academic quarterly *Dreaming* to acquaint members with relevant research in a range of disciplines, and runs a website at

www.asdreams.org. I have enjoyed presenting workshops at two of their international conferences.

Nightmares are dreams in which the dreamer typically wakes in fear, horror, or severe distress, feeling powerless. The emotions are real, registering in brain and body, and arise from real-life issues, whether experienced directly or vicariously, such as being exposed to violence or empathising with someone else's shock. Recurring nightmares indicate an unresolved recurring life issue, calling for conscious attention. Frequent nightmares indicate a high level of vulnerability and a need for emotional support or therapy (Barrett, 1996; Hartmann, 1998; Siegel, 2002).

In high-stress circumstances, many adults in our society have occasional nightmares that fade as they come to terms with the situation. Children typically have more nightmares, reflecting their relative lack of knowledge, skills, and power, so they need comfort and support to deal with the fears that trigger the "bad dreams." A supportive adult can help by listening with empathy for the child's fear, and by encouraging the child to draw the dream with a new ending in which the child escapes or handles the issue. Traumatic events, however, from war to bullying to hospitalisation, may generate post-trauma memory dreams in anyone, and young or sensitive witnesses may over-identify with actual victims (Barrett, 1996; Hartmann, 1998).

A recent theory of dreaming proposed by evolutionary psychologists (see Revonsuo, 2004) suggests that a major purpose of dreaming is to confront us with particular threats in our environment so that in our sleep we will actually practise ways of dealing with these threats, thereby being better prepared for them in reality. Asleep or awake, we can use the nightmare scenario to think about how to handle the situation in metaphor first, by continuing the dream-story, and then by "translating" it into reality. Dreamers can achieve some objectivity by drawing the scene as they talk.

Our mind is part of the total human organism, which is capable of problem-solving in normal circumstances. Dreaming is a natural creative process (Hartmann, 1998), continually offering a kind of feedback to the conscious ego, if only it will pay attention, just as the body offers feedback through pain and pleasure. Nightmares, like pain, are a dramatic cry for help. Most of our vivid dreaming takes place during REM sleep, in which observers can see that sleepers' eyes are moving under their lids, as if watching some action internally. REM sleep occurs at about 90-minute intervals throughout a night's sleep, indicating that the mind is dreaming, and the REM periods get longer as the night progresses. In total, these periods add up to about a quarter of healthy adult sleep time.

Types of nightmares

What are the main causes of nightmares?

1. Post-trauma memory-dreams

These are like the aftershocks of an earthquake as the mind absorbs the impact of a shocking event. They usually occur soon after falling asleep, not waiting for the REM cycle. They tend to be vivid fragments of memory, primarily literal, lacking in narrative, full of strong emotion, and feel so real that the dreamer wakes in fear that the event has happened again.

Post-trauma memory-dreams were first identified in research on the repetitive nightmares of war veterans, such as the men who were interviewed by Harry Wilmer at the San Antonio Veterans' Hospital in 1981 (Wilmer, 1996). Because the men were afraid or ashamed to talk about their experiences, the psyche had been unable to discharge the horrors and terrors they carried, locking them into a state of post-traumatic stress disorder that virtually crippled them. As they began to talk with Wilmer and with one another, emotion was discharged, and the dreams began to lose their realism and intensity and to be diluted by elements of fantasy and more mundane experiences. Gradually the dreams focused more on stories of survival, until eventually the memories faded into the background of life. Wilmer identified three stages in the process of recovery, from grim realism, to "variable" dreams mixing memories with fantasy, to "ordinary nightmares" about the war but triggered by current events. He actually termed the middle stage "the healing nightmare."

Soon thereafter, some feminists began to recognise that the soldiers' experience was parallel to that of women and children struggling to survive domestic violence in their homes (Herman, 1992). Ernest Hartmann (1998) realised that most nightmares originate in traumatic experience, and Barrett has spelled this out in her *Trauma and Dreams* (1996), an excellent collection of research articles on the dreams of refugees, war veterans, rape survivors, burned children in hospital, disaster victims, and even people going through "normal" crises such as divorce, bereavement, surgery or, in fact, any perceived threat to life. This recognition shifts the emphasis away from assuming pathology in the personality toward identifying the impact of trauma, although in many cases both may be involved.

Home invasion

An example from my own collection of dreams demonstrates the natural recovery process very well. "Mavis" was a retired nurse, living independently, when she went

to stay with her daughter "Christine" and family for Christmas. The family ran an orchard with a produce stall, and also took in backpackers. During the night Mavis awoke and, on her way to the toilet, found two armed robbers in black who had suddenly invaded the house and tied up the two backpacker girls, demanding money. Mavis told me that she simulated a heart attack, gasping for breath, so the robbers left the women and headed for the main bedroom. Christine awoke screaming and her husband attacked the robbers, who fled with Mavis's purse. Relief! But the rest of the night was spent describing it all to the police.

Two nights later, at home in her own upstairs bedroom, Mavis had the first of many dreams which repeated for weeks:

> *I would dream that I was 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 who was 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. I had no one to talk to about my feelings, and I was really worried for my daughter's safety.*

Notice that the dream takes place in her *own* home, not her daughter's, symbolising a violation of her *own* security, and that the breathing is done by someone else, as if dissociated.

> *After about six weeks I was still having difficulty getting to sleep, so my doctor arranged some counselling for me, which was a relief—but it was only brief.*

Now the nightmare began to change. First the black figures became vaguer and turned blue, but Mavis would still wake up shouting. By six months, the dream came only occasionally, and *the figures were white and flowing, ghost-like; so I decided to think about them as my guardian angels, and told them they could go now.* Here she has intentionally used imagination to re-frame the invasion. But the heavy breathing sounds recurred for a year. *I don't have any other memories about heavy breathing like that, so I suppose it must be the gasping I did for the robbers.* It seems her body had been more shocked than she realised.

The story of Mavis's recovery demonstrates not only the natural shift from trauma dream to nightmare, but also the value of actively imagining a new outcome. Counsellors can use a similar process by asking, "What could you do next?" and asking the dreamer to carry it out in imagination or draw it.

2. Intense anxiety dreams

Real trauma creates real victims, but many people suffer high anxiety when placed in *stressful circumstances*, which may generate disturbed sleep, including nightmares about anticipated trauma. These range from dreaming that they have failed a coming test, fluffed a performance on stage, been diagnosed as terminally ill, etc., to being cast into the wilderness or the fires of hell forever for their sins. For example, people who work in a bullying environment may re-dream a childhood nightmare of being attacked or hunted. Another common theme is seeing a tidal wave or a tornado approaching, and knowing that you are about to be overwhelmed by circumstances. Should you "batten down" or run for the hills? Dream work allows the dreamer to try out both.

In extreme cases, the stress level may be so high that it overrides the natural inhibition of large-muscle movement during REM sleep, and the dreamer acts out violence in his dream, such as punching a wall or a window "to get out of the trap." This is classified as a REM-Sleep Disorder in the DSM4, and of course is dangerous, requiring the immediate reduction of stress, or necessitating medication. I have had a number of clients referred to me as a result of acting out a nightmare scene with painful consequences. Stress reduction is the top priority, and time out to think about new strategies for coping in their environment.

3. Intra-psychic conflict

External stresses may be compounded by *internal conflicts* within the personality, such as when dreamers have been raised in a family, religion, or culture that denies basic human needs, demanding unnaturally high standards of control, purity, perfection, or achievement. These tensions are often life-long and require longer-term therapy to change old patterns and establish new ones. A senior therapist I know had recurring dreams, as a trainee chaplain, of *being pursued relentlessly by a menacing black dog in a wasteland. When he at last turned to confront it, it seized his hand and held on, but to his surprise it did not bite or threaten him.* That day he had suppressed his anger when a patient had refused his services, and he saw the connection, understanding that it was a symbol for the anger he had always denied. He took the dream to therapy and never had it again. Singers and actors may have recurring dreams of forgetting their lines on stage, and teachers of losing control of their classes. After such a dream, they can practise what to do, rather than remaining helpless.

4. Hallucinatory nightmares

Ordinary people may also have nightmares induced by a range of drugs, such as LSD, or withdrawal from drugs such as alcohol (Shafton, 1995). Patients recovering from

surgery may be influenced by the clash between anaesthetics and other drugs, as in the case of a friend of mine who was given a glass of wine with his dinner four days after heart surgery. That night he experienced *being trapped for about two hours in a "journey through hell,"* which had remarkable similarities to Dante's *Inferno*, which he had never read. A young woman who had taken cannabis dreamed *she was condemned by a panel of judges for wasting her life*, which she later considered a "wake-up" call to change her ways.

Sleep deprivation can create disturbing dreams. Sandy Barwick, the ultra-marathon runner who took only one hour's sleep for each twelve hours of running, reported a vivid hallucination of running into a gigantic cobweb across the road (Barwick, 1993). Physical fever or mental illness can intensify ordinary dream images into hallucinations. Women survivors of post-natal psychosis have told me how the onset was preceded by a series of worsening nightmares, thus revealing the potential diagnostic value of nightmares as indicators of the need for medication. Carl Jung used to listen closely to the hallucinations of mental patients to work out the meaning of metaphors embedded within them (Jung, 1961/1983).

5. Psychic warning dreams

One further category of nightmares should be noted: the psychic warning dream, which may be symbolic or literal, and which contains information about circumstances soon to happen. On waking, of course, the dreamer doesn't know whether it is a warning or a literal precognition, or even a metaphor about something else in that person's life, except that this type of dream tends to carry a sense of urgency that "this could come true." When US psychologist David Ryback published his research on this type of dream in *Psychology Today*, he was overwhelmed with readers' correspondence about their experiences, and subsequently published a book (Ryback & Sweitzer, 1989) summarising his findings that approximately one in twelve people reported sometimes having a literal precognitive dream that had come "substantially true" within a month of dreaming, and up to one in three were understood to have had such dreams if he loosened his criteria to include symbolic dreams. I quoted a particularly clear example in my book (Bowater, 1997, pp. 172–173), summarised here:

A colleague, whom I will call David, woke up at 4 a.m. from a vivid nightmare in which *he was desperately searching through city shops for his missing 3-year-old granddaughter.* At the same time, his wife Ginny sat up, having dreamed that *she was struggling to get the same child out of a bramble-bush.* They went back to sleep. At breakfast they discussed whether to tell their daughter, who lived in a different city, that

they had both dreamed of the child being in danger, but reasoned that it was improbable and so therefore better not to worry her. Neither of them had had such a dream before. But David continued to feel anxious, so in the afternoon he rang his daughter and asked her how she was. Out poured her experience of half an hour's searching for the three-year-old in the street that morning, after she had slipped her reins at 11 a.m.! But she was eventually found, safe and well (Bowater, 1997).

So David had dreamed his daughter's literal experience, and Ginny had dreamed a symbolic version, seven hours before the event occurred. This does not fit our scientific paradigm, but it happened! Were they meant to warn their daughter? Would this have mitigated the experience or even prevented it? Could the whole experience have had a worse outcome if they had not been concerned, and probably prayed, as a result of the dreams? Other people, after such warning dreams, have told me that they either prayed for the people involved or passed on the warning, and felt sure that this had made a difference to the outcome. So many people have shared examples of precognitive dreaming in my workshops that I now regard this as normal, whatever explanation we may give to it, whether based on quantum physics or spiritual guidance. Sometimes the dream comes partly true, sometimes fully true; and sometimes it can be identified instead as a metaphor about a current event in the dreamer's life, such as Geoff's vivid dream of *speaking at his own funeral*. Thinking it over, he realised that he was in reality saying goodbye to a particular aspect of himself.

The practical issue is what to do when a disturbing dream seems to predict harm to someone else. First the dreamer should check with a trusted friend whether it could be a metaphor about him or herself. If it still seems that it carries a real warning for another person, who might be able to avert the danger, the dreamer could speak to her or him tentatively, allowing that s/he may not have "received" it accurately, and be ready to give support in thinking about it. One woman I know warned her husband of *a potential collision with a yellow truck at a certain blind corner on the road he would travel that day*, and pleaded with him not to go. He went, but moved right to the edge of the road as he approached the corner, and sure enough, there was the yellow truck he would have hit in the middle of the road!

Many precognitive dreams feel like "memories" of a near future. Ryback and Sweitzer (1989) noted that about 50% of the hundreds of precognitive warning dreams they studied came true as dreamed, but in the other half, the dreamers were able to take some kind of mitigating action in time. They concluded that precognitive dreams present a *possible* future, not necessarily a predetermined one.

Krippner, Bogzaran, and Percia De Carvalho (2002) recommend taking time to think seriously about such dreams:

> *… asking yourself how the events would influence your life if they were actually to occur. Sometimes the dream can prepare the dreamer for the serious illness of a loved one, or a surprising turn of events.… Take preventive measures if the dream event is unpleasant.… Plan what you would do during and after the dream event to minimize its negative impact and maximize its positive impact.* (p. 125)

Dealing with nightmares

Krippner et al.'s (2002) advice is a common sense approach for dealing with most nightmares experienced by ourselves or our clients. What would be a wise response if the dream scenario were real? Counsellors can help such dreamers to work out what actions to take, practise them in the dream-scene, and translate them back into reality. If clients can summon new power or resources to confront or outwit the "attacker," or survive the disaster, or reframe the loss, then they are encouraged to do so.

There are, however, additional concerns for a counsellor working with a vulnerable client who may be feeling overwhelmed by current circumstances. Emotional support will be needed to help strengthen the client to face the issue more resourcefully. When working with a nightmare, I often ask such clients if they would like to bring in an imagined support figure to sit or stand beside them, such as an ancestor, a hero, a trusted friend, or even a dog, and to take that role for a few moments to absorb its strength.

When the action is too threatening, I ask them to imagine that it is happening on a video, and they can control the pause button while they talk to the Other, listen to what it actually wants, and think what to do next. Sometimes this is quite enlightening, reducing the Other to a more manageable human level. One of my clients, who had been severely abused by her father all her life, began to practise a controlled dialogue after such dreams, in which she spoke her truth to him and gradually gained the confidence to confront him in real life, seeing him at last as a pathetic man, no longer the monster of her childhood.

Conclusion

Our clients may be having dreams throughout the process of counselling, often stimulated directly by the memories stirred up. Some of these are likely to be nightmares,

using metaphors to express their feelings and offering scenarios that can be used directly in counselling, not only to understand the emotional quality of the clients' experiences, but also to actively imagine new ways of dealing with difficult situations.

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