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Article *in* Dreaming · September 1992

DOI: 10.1037/h0094355

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The Relationship of Nightmare Frequency to Nightmare Suffering with Implications for Treatment and Research

Kathryn Belicki[1,2]

The present research challenges the assumption that nightmare suffering can be operationally defined as nightmare frequency. Four groups of undergraduate students, for a total sample of 540 (358 women, 165 men, 17 undeclared), estimated their nightmare frequency in the prior year and completed a questionnaire assessing the amount of waking distress associated with their nightmares (nightmare distress). This questionnaire included an item on which they indicated their interest in therapy for nightmares. While nightmare frequency was significantly correlated with nightmare distress and interest in therapy, the correlations were sufficiently modest to suggest that these two variables should be differentiated both in theoretical/empirical studies of nightmares and in approaches to treatment with nightmares.

KEY WORDS: dream; nightmares; nightmare frequency, nightmare suffering.

In studies of both the predictors of nightmare frequency and of the efficacy of specific treatments for nightmares, nightmare suffering is usually defined operationally as the number of nightmares experienced by an individual. It seems very reasonable to assume that the greater the nightmare frequency, the more distress would be experienced by the individual. However, in my initial studies of the predictors of nightmare frequency, the wide range of distress spontaneously described by individuals reporting similar frequencies of nightmares was striking. While some with extraordinarily high frequency (more than once per week) seemed relatively undistressed, others with a frequency as low as one per year expressed considerable interest in treatment for their nightmares.

In an initial examination of this issue (Belicki, 1985), a seven item Nightmare Distress Questionnaire was developed with which subjects rated, on five point scales, the degree of waking distress they experienced as a result of their nightmares.

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1053-0797/92/0900-0143$06.50/1

In addition subjects were asked to rate their interest in receiving treatment for their nightmares (Interest in Therapy). Nightmare frequency correlated only .26 with Interest in Therapy and .33 with the entire Nightmare Distress Questionnaire. In contrast, Interest in Therapy correlated .44 with the Nightmare Distress scale. While the correlations with nightmare frequency were statistically significant, they were insufficiently large to warrant equating nightmare frequency with nightmare suffering. Most recently, Wood and Bootzin (1990) have drawn the same conclusion on the basis of their findings of only moderate correlations between measures of nightmare frequency and subjects' report of having a problem with nightmares.

One shortcoming of the Belicki study was that the internal consistency of the Nightmare Distress scale was low (Cronbach's alpha = .67) due to the small size of the questionnaire. This limited reliability could well result in an underestimation of the strength of the relationship between nightmare frequency and distress. Wood and Bootzin's study, employing a single item to assess distress, has a similar shortcoming. As a result it was decided to expand the Nightmare Distress scale to improve its reliability.

Another puzzling finding of the Belicki study was that 4.8% of the sample described themselves as "extremely interested" in therapy for their nightmares and 6.7% described themselves as "very interested." As it is relatively rare for clients to seek psychotherapy for nightmares, this finding suggested possible sample anomalies or problems in the wording of the item. In terms of the latter, the Interest in Therapy item asked about subjects' interest in a program to help people either control the content or reduce the frequency of nightmares. Perhaps individuals interested more generally in dream work for self growth or entertainment endorsed this item, but would not have if the less socially desirable language of "therapy for nightmares" had been employed. In the present research, the wording of this item was altered to make clear that therapy for nightmares was intended.

METHOD

Subjects

Over a two year period, four groups of subjects were studied. All were students enrolled in Introductory Psychology at a large Canadian university. There were 158 students (107 women, 46 men, 5 undeclared) in Study 1, 146 (89 women, 45 men, 12 undeclared) in Study 2, 124 (87 women, 37 men) in Study 3, and 112 (75 women, 37 men) in Study 4. Across the four studies there were a total of 540 subjects (358 women, 165 men, and 17 undeclared).

Measures

Subjects completed an inventory of sleep and dream experiences, the exact composition of which varied from study to study as other issues were being investigated. Embedded in each questionnaire were questions asking subjects to sepa-

Table 1. Nightmare Distress Questionnaire Items

When you awaken from a nightmare, do you find you keep thinking about it and have difficulty putting it out of your mind?[a]
Do you ever find yourself avoiding or disliking or fearing someone because they were in your nightmare?[a]
Are you ever afraid to fall asleep for fear of having a nightmare?[a]
After you awaken from a nightmare, do you have difficulty falling back asleep?[a]
Do nightmares interfere with the quality of your sleep?[b]
Do you have difficulties coping with nightmares?[a]
Do you feel you have a problem with nightmares?[a]
Do nightmares affect your well-being?[b]
Do you ever have the feeling that something which happened in your nightmare has really occurred?[a]
Do your nightmares foretell the future?[a]
When you have a nightmare, does it ever seem so real that when you awaken you have difficulty convincing yourself it's "just a dream"?[a]
In the past year have you considered seeking professional help for your nightmares?[a]
If a therapy program were available which might help you control, or to stop having nightmares, how interested would you be in participating?[c]

[a]These items rated as "Always," "Often," "Sometimes," "Rarely," or "Never."
[b]These items rated "Not at all," "Slightly," "Somewhat," "Definitely," "A great deal."
[c]These items rate as "Not at all interested," "Slightly interested," "Somewhat interested," "Very interested," "Extremely interested."

rately estimate the frequency of nightmares and night terrors experienced in the prior year, with careful descriptions of both experiences being provided. Specifically nightmares were defined as very distressing dreams which are clearly recalled. (Note nightmares were not described as anxiety dreams as it has been demonstrated that nightmares can involve a range of negative emotions; see Belicki, Altay, & Hill, 1985; Dunn & Barrett, 1987). Night terrors were described as usually occurring in the first couple hours of sleep and as involving an awakening in a state of extreme panic without detailed recall of a dream. Nightmare Distress was assessed by means of 13 items, including one assessing interest in therapy, which subjects rated on five point scales, and which were also embedded in the inventory. These items are listed in Table 1.

RESULTS

To assess the reliability of the entire Nightmare Distress Questionnaire (including the Interest in Therapy item), internal consistency was calculated by means of Cronbach's alpha with the following results obtained: $\alpha = .88$ in Study 1, .87 in Study 2, .87 in Study 3, and .83 in Study 4.

Table 2 shows the correlations among nightmare frequency, Nightmare Distress Questionnaire (*without* the Interest in Therapy item), and the Interest in Therapy item for the four studies and the original Belicki (1985) study. In all cases, the Nightmare Distress Questionnaire was more highly correlated with Interest in Therapy than was nightmare frequency, and in studies 2, 3, and 4 (and the Belicki, 1985, study) these correlations were significantly different.

Table 2. Correlations Among Nightmare Frequency, Nightmare Distress (Without Interest in Therapy Item) and Interest in Therapy

	Nightmare Frequency with Nightmare Distress	Nightmare Frequency with Interest in Therapy	Nightmare Diress with Interest in Therapy	T-test Value for difference Between Correlations with Interest in Therapy
Belicki (1985)	.33***	.26***	.44***	2.51*
Study 1	.29**	.36***	.43***	1.19
Study 2	.39***	.27**	.46***	2.33*
Study 3	.31**	.24*	.54***	3.34**
Study 4	.45***	.11	.46***	3.96***

As similar frequency distributions of responses were obtained in the four studies in response to the Interest in Therapy item, the 540 responses were collapsed. A total of 3.2% of the subjects indicated they were extremely interested in therapy, 5.8% were very interested, 14.3% were somewhat interested.

DISCUSSION

Despite making two adjustments in procedure (tightening the wording of the Interest in Therapy item and expanding the Nightmare Distress Questionnaire in order to improve its reliability) the findings of the present research are essentially similar to those reported in Belicki (1985). Specifically, nightmare frequency is correlated with nightmare suffering, whether measured by the Interest in Therapy item alone or by the Nightmare Distress Questionnaire (with or without the Interest in Therapy item), but the size of the relationship is sufficiently small to argue that nightmare frequency and distress should be treated as separate, albeit related, constructs. The finding that high nightmare frequency need not indicate undue suffering is consistent with Hartmann's (1984) observation that his group of individuals, all of whom experienced at least one nightmare per week, were not particularly interested in treatment for their nightmares. It is also consistent with Wood and Bootzin's (1990) findings of moderate correlations between frequency and reporting a problem with nightmares. It is particularly interesting that these last authors employed multiple measures of nightmare frequency: retrospective estimates similar to that in the present research and a diary measure.

This differentiation between nightmare frequency and distress is important for several reasons. Clearly it is distress that brings people to therapy and yet the nightmare treatment literature has dwelt almost entirely on reducing nightmare frequency as if frequency was the presenting problem (see Halliday, 1985 for review). It certainly has been my clinical experience that when individuals seek therapy for nightmares, it is frequency they express concern about because this is the simplest way for them to conceptualize their problem. However, in approaching treatment therapists can be informed by the knowledge that other individuals with equal frequency do not feel a need for therapy. As nightmares potentially represent every

creative and productive dream experience (White-Lewis, 1987) it might be unfortunate if they were eliminated when in fact the real problem lies elsewhere.

From an academic perspective, as nightmare frequency and suffering are somewhat correlated, we need to differentiate our measurement of these constructs, and separately consider the predictors of each. Some of the puzzling inconsistencies in the literature on the predictors of nightmare frequency may be due to sample differences in the strength of relationship between frequency and distress. For example, in a sample where these two constructs were relatively highly correlated (a patient sample?) correlates of nightmare frequency may in fact be mediated by nightmare distress.

Turning to the number of people indicating interest in therapy, perhaps as a result of altering the wording of the Interest in Therapy item (making it less socially desirable), there was a reduction in the numbers of individuals expressing that they were "extremely" or "very" interested in therapy from the 11.5 percent in Belicki (1985) to 8.0 percent in the present studies. A major limitation in how this finding can be interpreted is that several factors may contribute to people's endorsement of interest. Therefore these percentages cannot be taken as precise estimates of the number of individuals who should actually seek therapy if such treatment were visibly available. However, support for a conclusion that a need exists specifically for treatment of nightmares comes from the results of an announcement subsequently made in two classes, with a total of 293 students, informing them of upcoming pilot trials of a new treatment for nightmares. A total of 38 (or 14%) signed up to receive more information. The surprisingly high number reflected in part the fact that about half stated that they were interested in obtaining the information for another person. Finally, in my own experience I have found that once it became known in the community that I treat nightmares, I had a small but steady stream of people seeking help exclusively for this problem.

If a need for nightmare treatment exists, why do clinicians not see more of these individuals? While this issue requires investigation, at least a couple of possibilities have arisen in discussions with subjects and clients. First of all, few mental health professionals are aware of the range of effective treatments that have been developed for nightmares, and nightmare sufferers sometimes fear (rather realistically) that going to a counsellor will not be fruitful as the individual will not know how to help them. Secondly, many individuals with nightmares do not have major problems in their waking adjustment (e.g., Belicki, 1987; Wood & Bootzin, 1990), and may be concerned about being inaccurately labelled as emotionally disturbed if they seek help for nightmares. If treatment for nightmares is made more visibly available, it is quite likely that counsellors will see more people seeking help for this relatively common complaint.

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