Chapter 8

Understanding and Coping with Trauma-Related Nightmares

Nightmares, or distressing dreams, are a common problem for individuals with trauma-related insomnia. There are several types of nightmares and ways to both alleviate and cope with trauma-related dreams. In this chapter you will learn:

- Two types of nightmares that commonly occur following a trauma
- Ways to alleviate trauma-related nightmares
- Ways to cope following a nightmare

UNDERSTANDING DISTRESSING DREAMS

Experiencing distressing dreams while sleeping may make you feel you are not in control of your thoughts and emotions. Recurrent nightmares can make you afraid to fall asleep and may delay sleep onset.

Consider the following two examples.

◆ *Elizabeth's Story*

Elizabeth, twenty-two, was traveling to work one morning. She wasn't rushing. She maneuvered along a major thoroughfare at medium speeds and stopped at a red light before turning onto the road leading to her workplace. She sat in line listening to music. Then Elizabeth felt what she described as a "strange vibration on the road." She looked into her rearview mirror and saw a large truck hurtling toward her at high speed. She was struck from behind, which pushed her car into the car in front, causing her air bags to deploy.

Elizabeth sustained a broken collarbone and a concussion. Following the accident she experienced initial insomnia because of pain. Pain medications helped her to sleep, and she doesn't remember any dreams from that time. However, as she weaned herself from the medications, she started waking up from nightmares about the accident. In her dreams, she sees herself on the thoroughfare and feels vibrations before seeing the truck plowing into her car. Sometimes her nightmare varies as to who is in the car with her or what song is on the radio. Her dreams distress her. She wakes in a cold sweat and is unable to return to sleep. Also, she realizes she is more irritable for several days after she has a nightmare.

There are two important aspects to Elizabeth's story:

- Nightmares following a trauma vary in how closely their content links to the traumatic event. Elizabeth's nightmares closely resemble her trauma, including many of the details that occurred before and during the accident. Her dream content is trauma based.

- Dreams can be repetitive or nonrepetitive. Elizabeth doesn't have many versions of her nightmare. Rather, she dreams one dream again and again. The content of Elizabeth's dream is repetitive.

◆ *Anne's Story*

Anne, thirty-two, had dinner with friends at a restaurant near her home. After dinner, she walked home alone. Although there was less activity than usual, there were a number of people

outdoors. As she was unlocking the front door to her apartment building, a man approached her from behind. He said he had a gun, and she felt the weight of it in her back. He asked for her money and jewelry and threatened to kill her if she didn't comply. Trembling, she gave him her purse and jewelry. He told her to count to one hundred before entering her home.

Anne began having nightmares immediately following this traumatic event. Although she occasionally dreams about being robbed, more often her dreams are of being threatened or chased. Her assailant varies from strangers to masked individuals to people from her past and present. She is fearful in her dreams, which awaken her. After calming herself for thirty to sixty minutes, she can usually return to sleep.

There are two important aspects to Anne's story:

- Anne's nightmares do not closely resemble her traumatic experience. They are rarely about being robbed or mugged. This doesn't mean they are not trauma-related. Anne's emotions of anxiety and fear in her dreams and the fact that the dreams began following her trauma indicate the nightmares are trauma-related.

- Anne has many variations of her dream. She doesn't dream the same, or even nearly the same, dream content every night. Her dreams are nonrepetitive in content.

Repetitive and Nonrepetitive Nightmares

Repetitive nightmares. If you didn't have nightmares before your trauma but you've had them repeatedly following the trauma, they're likely to be trauma-related. Some people with trauma-related nightmares have the same dream again and again. That is, the dream content is exactly or nearly the same in each dream. Elizabeth's dream about her accident doesn't vary much. The dream begins in the same way, nearly the same dream events occur each time, and she awakens at the same place in the dream. Her dreams are not only closely related to her traumatic event, they are repetitive in nature. That is, they repeat their content.

Nonrepetitive nightmares. Some people report they dream different content each night, even when it's about the same event. Anne's dreams about being chased and fearful are set in different places. She can be at work, at a vacation spot, or somewhere unknown. Although the emotions are the same, the details of the content of her dreams vary. Thus, her dream content is nonrepetitive.

Understanding the type of dream you have can be important for treatment. Some people have both repetitive and nonrepetitive dreams. Identify your dreams as repetitive or nonrepetitive using the guidelines below.

____ **Repetitive:** My dreams have repetitive content. I dream the same, or nearly the same dream many nights. My dream may or may not be based specifically in my traumatic event.

____ **Nonrepetitive:** My dream doesn't have repetitive content. Although it may be related to my traumatic event, it's not the same or nearly the same dream again and again.

Regardless of the type of nightmare you're experiencing, it's important to remember that the dream may indicate a need to process memories or emotions related to the traumatic event. This can be done with a therapist's help. There are many excellent evidence-based therapies for re-experiencing symptoms following a trauma; these therapies can help diminish both thoughts about your trauma and distressing dreams related to it. See the resources section for help finding a therapist.

ALLEVIATING TRAUMA-RELATED REPETITIVE DREAMS

If you have repetitive content dreams, a specific therapy can help to alleviate your nightmares. Techniques used in imagery rehearsal therapy (IRT; Krakow, Johnston, et al. 2001) can help you stop dreaming repetitive nightmares. IRT doesn't alleviate the memory of the event, just the distressing dream related to it. IRT works only with repetitive content nightmares. Unfortunately, there is no corresponding technique for nonrepetitive dreams. However, you can use the coping techniques described later in the chapter to cope more effectively after a distressing dream. Also, you can pursue trauma-focused therapies with a mental health professional to alleviate nonrepetitive dreams.

Imagery Rehearsal Therapy for Repetitive Nightmares

IRT can help you rid yourself of a repetitive content dream (Krakow, Johnston, et al. 2001). You should understand that dream content is different than trauma memory, even if your dream is closely related to your trauma memory. IRT cannot remove your memory of the trauma, but it can eliminate the dream related to the trauma.

Focus on one repetitive dream at a time. After IRT helps one dream, you can focus on a different dream, if needed. Use the IRT exercises below to alleviate your repetitive content nightmares.

EXERCISE: IRT Dream Account

Use the space below to write down the repetitive dream you've chosen to alleviate. Work on only one dream at a time. Include as many details as you can remember about your dream: what you see, hear, smell, touch, feel, and think in the dream. If your dream content is closely related to your trauma memory, you'll also need to focus on which details come from your nightmare rather than from the trauma event. Include only details that appear in your dream in this exercise.

Now that you've written your repetitive nightmare with as much detail as possible, you'll make a change to it. In the next exercise, rewrite your nightmare, but include a change. This change can be anywhere in your dream, but we suggest making it somewhere in the middle, neither very early nor late in the nightmare. The change can be realistic or fantastic. It doesn't necessarily have to be positive, but it should result in some relief from a distressing aspect of your dream. As you did when writing down your nightmare, be as detailed as possible in the rewriting of your dream content and the change you are making. See the examples below from individuals who used IRT to change their repetitive nightmares.

Elizabeth's repetitive dream about her accident was distressing her. She used IRT to alleviate that distress.

IRT dream account. *I'm driving my car on the highway. I'm going to work and drinking coffee out of a red travel mug. It's drizzling and I'm sleepy. I yawn. I come to a red light and stop. There are several cars in front of me. The car just in front of me is a white sedan. Its right blinker is on. My windshield wipers are squeaking in the rain. I don't like the song on the radio, and I look down to change the station. I hear a loud sound and can't figure out what it is. My heart is pounding. I look in my rearview mirror and see an 18-wheel semi barreling down on me, and then I wake up.*

IRT changed dream account. *I'm driving my car on the highway. I'm going to work and drinking coffee out of a red travel mug. It's drizzling and I feel sleepy. I yawn. I come to a red light and stop. There are several cars in front of me. The car just in front of me is a white sedan. Its right blinker is on. My windshield wipers are squeaking in the rain. I don't like the song on the radio, and I look down to change the station. I hear a loud sound and can't figure out what it is.* ***I realize it's a song I really like, and I begin to snap my fingers to the beat. I sing along with the song. The light changes, and I see the car in front of me turn right. I drive straight through the green light.***

Elizabeth's change to her dream is realistic. She chose a change that could have really happened. She also could have chosen a completely fantastic scenario. For example, she could have chosen to see the 18-wheeler barreling down on her and have her car become a trampoline, catching the truck and tossing it back down the road, so that she is unharmed.

Some people find that making more fantastic changes to their nightmares is more helpful than making realistic changes. Either method can work. You can decide what feels comfortable to you. Some other examples of making changes to dreams are below. Read through these, but come up with a change that fits your nightmare and speaks to you. When you're ready, do the IRT Change Dream exercise below.

Specific Examples of Changes to Nightmares

- Bridget, a rape survivor, changed her hand into a sledgehammer and pounded her assailant into the ground.

- William, an auto accident survivor, chose to see his buddy fly safely out of the vehicle before it exploded.
- Shannon, who survived a dog attack, changed the enormous, threatening dog of her nightmare into a kitten she picked up and brought home.
- Clay, who survived an armed robbery, chose to have the robber's gun melt and morph into handcuffs, which allowed Clay to capture the robber.

EXERCISE: IRT Changed Dream

Use the space below to write down the repetitive nightmare you've chosen to alleviate. At some point in your dream make a change to it. Write out this change with as much detail as possible. Write what happens in the dream after the change has been made.

Now that you've written your changed dream, it's important that you read it every day. *Do not* read your account of your repetitive nightmare. Read the *changed dream* account as many times as you can each day and every night just before bed. The more times you read your changed dream, the faster IRT works. Read your changed dream for at least two weeks. However, for many people it takes longer than two weeks to see an effect, so keep rehearsing the changed dream until you stop dreaming your repetitive nightmare.

IRT works by eliminating your repetitive nightmare. You may find that your dreams change or that you simply stop dreaming the original nightmare. If you have several repetitive dreams, you can use the IRT technique on your second dream after you've eliminated the first.

COPING WITH NIGHTMARES

If you've been having distressing dreams following your traumatic event, whether repetitive or nonrepetitive, it's important to know how to cope with cope with them. Nightmares interfere with sleep in three ways:

1. **Nightmares cause fear about falling asleep.** You may worry you'll have a nightmare. You may be slow to fall asleep because you want to prevent a distressing dream. Such thoughts contribute to initial insomnia or an inability to fall asleep at night.

2. **Nightmares distress you while you're asleep.** They may cause awakenings during the night. You may have emotional reactions (fear, sadness, anger) or physical reactions (sweating or a pounding heartbeat) on awakening from a bad nightmare.

3. **Nightmares can prevent or delay your return to sleep following an awakening during the night.** Fears of returning to the dream or fears about having another nightmare may keep you from going back to sleep after a bad dream. The intensity of the emotions and physical reactions you have on awakening can be difficult to lessen, which also can cause difficulty in returning to sleep.

It's important to learn to cope well with nightmares so you can be confident that should one occur, you'll know how to deal with it. Learning to diminish your distress following a nightmare will allow you to return to sleep faster and more easily. Although you can use the relaxation and calm breathing strategies taught in chapters 3 and 4 to soothe yourself following a nightmare, there are some other effective tools to cope with and prevent nightmares from contributing to and worsening your insomnia.

It's important to plan what you'll do to cope with a nightmare before going to sleep. There are two strategies you can employ to help you cope: behavioral calming and emotional calming.

Behavioral Calming Following a Nightmare

It's likely that you already engage in behavioral calming techniques after awakening from a nightmare. We want to add some useful techniques to your list and have you use them from now on, to cope with distressing nightmares. These are actions you take to center yourself in the present. They help you recover more quickly from a nightmare. They get you out of bed and away from thinking about your dream.

Splashing cold water on your face or getting something to drink are examples of behavioral coping. Some behaviors will be more centering and soothing to you than others. Try many of the activities on the following list to find out which work best for you. It's possible that some of these will work better at one time, and others at other times. Knowing many behavioral calming techniques gives you more tools to choose from to soothe yourself after a distressing nightmare. Rate the effectiveness of the techniques, so you can decide which of these is most effective for you.

Behavioral Calming Techniques		
Date Used	**Technique**	**Effectiveness (0-10)**
	Taking a hot shower	/10
	Taking a cold shower	/10
	Splashing cold water on your face	/10
	Brushing your teeth	/10
	Rubbing ice on your neck and face	/10
	Drinking something cold	/10
	Drinking something hot	/10
	Stretching	/10
	Other:	/10
	Other:	/10
	Other:	/10

Combining behavioral techniques can prove more useful than doing only one. Also, you can combine behavioral calming techniques with emotional techniques (listed later in the chapter). What's important is to do something other than lie in bed thinking about the nightmare, as this only prolongs your distress and prevents sleep from returning.

Emotional Calming Following a Nightmare

Emotional calming involves soothing the anxiety, anger, sadness, or other upset that remains after awakening from a nightmare. There are two ways to soothe your emotions. One way to do this is to actively conjure another, more positive, emotion. Another is to distract yourself from the upsetting emotion. Actively conjuring other, more positive emotions may be difficult. However, you'll find it becomes easier with planning and practice.

To plan to conjure an emotion, you'll need to have objects or activities at hand to arouse your emotions. These can be things to listen to, read, gaze at, or say to yourself. For example, looking at a photograph of a loved one or listening to a favorite song can provoke positive emotion. Of course, to use them when needed, you must ready them in advance by making the photograph or song easily accessible.

Healthy distraction is another emotional calming technique. It's called "healthy" because it doesn't involve methods that lead to other problems, as in alcohol or drug use. Healthy distraction engages your mind, so you stop thinking about your nightmare or trauma memory. It also keeps you from sitting for a long time with the emotions and physical reactions that awakened you from your nightmare. Healthy distraction can be anything that actively engages your mind and evokes neutral or positive emotions. For example, playing Sudoku or doing crossword puzzles can distract you. However, because these activities require paying attention to them, it's important to have simpler healthy distractions to use too.

Here are some healthy and easy distractions to try.

THE NAME GAME

To play the name game, you think of a subject you know something about (for example, tennis champions, Super Bowl winners, or types of dogs). After choosing a category, name every person, place, or thing you can think of in that category. Do this as quickly and for as long as you can. Have several categories ready to use before you go to sleep. List them below and keep the list by your bedside or in the room you typically go to after waking from a nightmare.

Name Game List

1. _____
2. _____
3. _____
4. _____
5. _____

Here is an example of a Name Game List completed by Elizabeth.

Elizabeth's Name Game List

1. *Types of birds*
2. *Cities starting with the letter M*
3. *Titles of songs by Elvis*
4. *States in alphabetical order*
5. *Students in my fourth-grade class*

ICE CUBE DISTRACTION

This is an emotional calming technique described by Gehart and McCollum (2008) and developed by Dr. Sonja Batten (forthcoming). Get a small glass of ice. Start with one ice cube and place it on various body parts (see the list below) until your attention is captured by the sensation of the ice. Focus on the feeling of the ice on each body part. What does it feel like at first? Does the feeling change? What happens to your skin? What happens to the ice? Are there differences between one body part and the next? Are you more sensitive in some places than others? You might want to talk aloud to yourself about the way the ice feels. Sometimes talking aloud can be more distracting than talking silently to yourself.

- Top of head
- Cheeks
- Side of neck
- Upper arm
- Palm
- Stomach
- Front of thigh
- Calves
- Top of feet
- Toes
- Temples
- Lips
- Chest
- Lower arm
- Back of hand
- Lower back
- Back of thigh
- Ankles
- Bottom of feet

Remember, you can combine emotional and behavioral coping by doing them together or sequentially. For example, after awakening from a nightmare, Elizabeth played the name game while taking a hot shower. After the shower, she got a cold drink. She felt emotionally calmer following these healthy distractions and returned to bed to reinitiate sleep. Before going to bed, she used the emotional and behavioral calming lists to rate their effectiveness. She rated the shower as an 8 out of 10 and the Name Game as a 9 out of 10. She rated drinking something cold as a 4 out of 10 on this night.

Try out the various emotional calming techniques below and rate their effectiveness.

Emotional Calming Techniques		
Date Used	**Technique**	**Effectiveness (0-10)**
	Using the ice technique	/10
	Using the name game	/10
	Playing Sudoku	/10
	Working a crossword puzzle	/10
	Listening to music that activates positive emotion	/10
	Looking at a photo of a loved one	/10
	Reading a calming passage or book	/10
	Watching something positive, preselected or recorded, on television	/10
	Other:	/10
	Other:	/10
	Other:	/10

Limiting the amount of time you spend thinking about nightmares upon awakening will help you to return to sleep faster. Knowing you can cope with nightmares, having behavioral and emotional calming techniques at your disposal, and having a coping plan will help to decrease any worries you have about going to sleep at night.

EXERCISE: Nightmare Coping Plan

When I awaken from a nightmare, I will do the following to promote positive emotion, distract myself emotionally and behaviorally, and soothe myself so I can return to sleep. I will engage in these activities until I feel calm.

I will...

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

MEDICATION FOR TRAUMA-RELATED NIGHTMARES

Recently, prazosin (Minipress, Vasoflex) has been used to treat trauma-related nightmares (Thompson et al. 2008; Taylor, Feeman, and Cates 2008). Some individuals find that this medication, originally used to treat high blood pressure, reduces distressing dreams following a traumatic event. No difference has been noted in repetitive versus nonrepetitive nightmares. According to the FDA, the main side effects of prazosin are dizziness, headache, drowsiness, lack of energy, weakness, palpitations, and nausea. Talk to your physician about the advantages and disadvantages of prazosin as a treatment for nightmares.

UTILIZING SUPPORT

Discuss the fact that you're having nightmares with your partner and family. You needn't discuss the content of your dreams for them to support your recovery. Discuss your Nightmare Coping Plan with your partner, too. Ask family members to help you to prepare in advance so that these strategies are available to you after awakening from a nightmare.

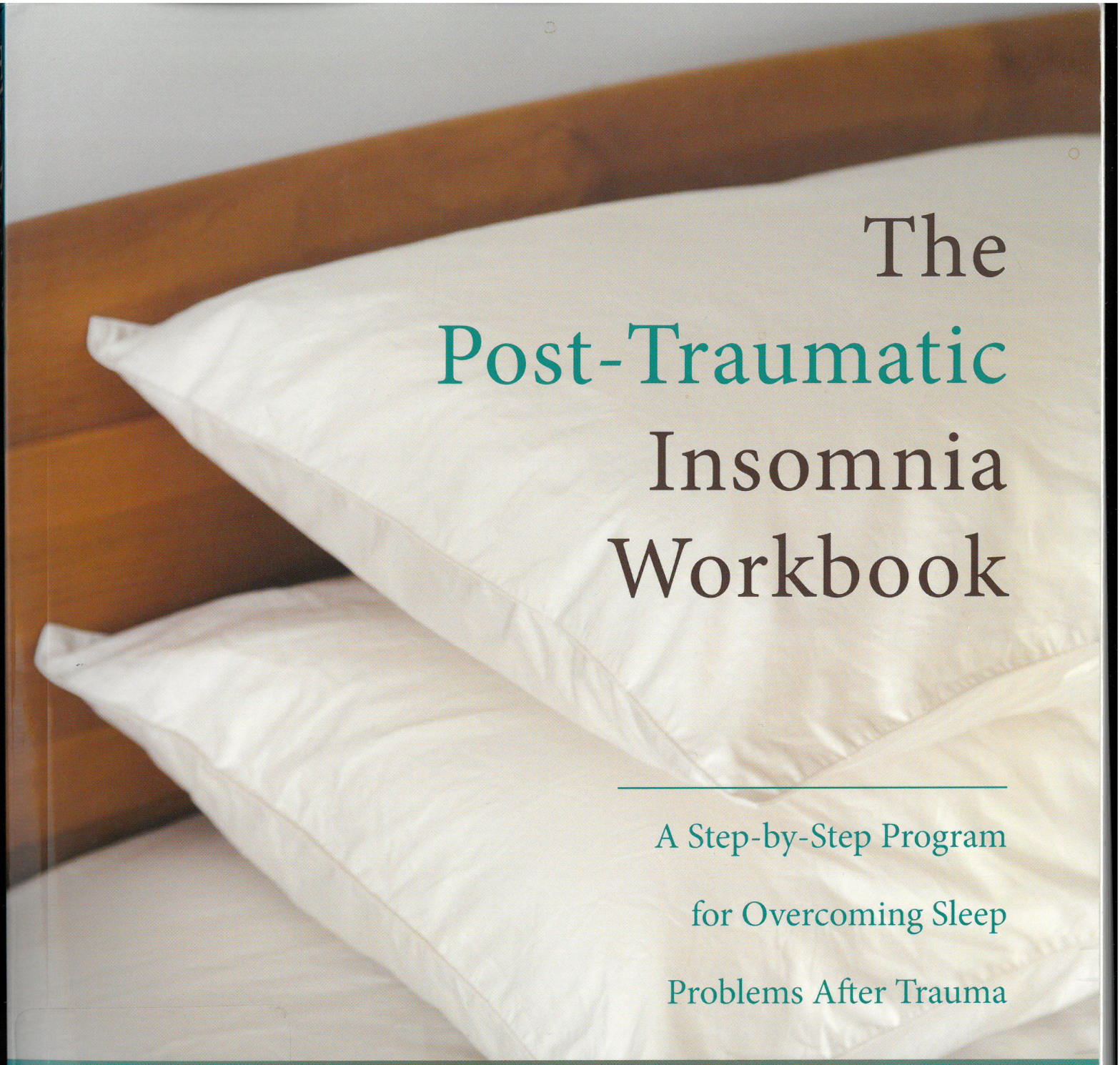
OVERCOMING OBSTACLES AND PLANNING FOR SUCCESS

When using imagery rehearsal therapy to eliminate repetitive nightmares, one of the biggest challenges is to stay focused while reading the changed dream. You may have it memorized after several readings, but it's essential to continue to read and imagine the changed dream as often as possible for at least two weeks. It's the repetitive rehearsal of IRT that removes your distressing nightmare.

One of the biggest obstacles to using emotional and behavioral calming techniques is failing to prepare in advance. When you awaken from a nightmare, you are disoriented and upset. This is not the time to think about a coping plan. Instead, you want to have your coping plan written down and located somewhere accessible (bedside, kitchen). Moreover, you should have any items you need already prepared. Planning in advance lets you start coping with your nightmare-related distress sooner. The sooner you begin coping, the faster you can return to sleep.

SUGGESTED GOAL ASSIGNMENT

1. Identify whether your nightmares are repetitive or nonrepetitive, or both.
2. If you have repetitive content nightmares, use IRT techniques.
3. Try behavioral calming techniques to cope after a nightmare.
4. Try emotional calming techniques to cope after a nightmare.
5. Complete a Nightmare Coping Plan and place this by your bedside or put it where you can access it easily. Discuss your Nightmare Coping Plan with your partner.
6. Update your Nightmare Coping Plan based on which behavioral and emotional calming techniques you find useful.



The Post-Traumatic Insomnia Workbook

A Step-by-Step Program for Overcoming Sleep Problems After Trauma

Effective help for:

◆ Fitful sleep ◆ Trouble falling asleep
◆ Early waking ◆ Sleep anxieties ◆ Nightmares

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