No Refuge: An Exploratory Survey of Nightmares, Dreams, and Sleep Patterns in Women Dealing With Relationship Violence
Brian Rasmussen
VIOLENCE AGAINST WOMEN 2007; 13; 314
DOI: 10.1177/1077801206297439

The online version of this article can be found at:
http://vaw.sagepub.com/cgi/content/abstract/13/3/314
No Refuge

An Exploratory Survey of Nightmares, Dreams, and Sleep Patterns in Women Dealing With Relationship Violence

Brian Rasmussen
University of British Columbia–Okanagan, Canada

This exploratory survey examined the dreams, nightmares, and sleep patterns of 30 women who were dealing with relationship violence. The sample of women was taken from two transition homes and a family counseling center. The findings indicate that 50% of the sample experienced nightmares on a weekly basis. Some of the dream images included drowning, being chased, being killed, or killing others. Slightly more than half (56%) experienced a recurring dream. Most women had trouble falling asleep and, on average, slept for 6.1 hours per night. Implications for practice and future research are discussed.

Keywords: dreams; relationship violence

Dream images following abuse or trauma are known to be more intense (Hartman, Zborowski, Rozen & Grace, 2001). Accordingly, a hallmark symptom in the study of PTSD is the individual’s experience of nightmares or disturbing graphic dreams (Ross, Ball, Sullivan, & Caroff, 1989). For instance, repetitive traumatic dreams have been found in Vietnam veterans and are hypothesized to play an important role in maintaining post-traumatic stress disorder (PTSD) (Kramer, Schoen, & Kinney, 1987). Nonetheless, dreams following trauma have also been suggested by some to aid in emotional adaptation (Hartman et al., 2001; Mellman, David, Bustamante, Torres, & Fins, 2001) and to “constitute a unique window on trauma and its effects” (Barrett, 1996, p. 1).

However, we know very little about the dreams and nightmares of women coping with the effects of relationship violence. We do know, though, that the literature on violence against women by men is clear in reporting that many suffer from the effects of PTSD (Wallace, 2002). Increasing our understanding of the nighttime experiences of women living with relationship violence is vital to providing effective psychosocial services.

This research note reports the findings from an exploratory survey that investigated the dreams, nightmares, and sleep difficulties of women who were dealing with the effects of interpersonal violence. The survey was prompted by the clinical
observation that women in group therapy for interpersonal violence (many of whom had left their abusive partners) were reporting disturbing dreams and nightmares. In many cases, the dreams and nightmares were qualitatively and quantitatively different than those they experienced when they were in the abusive relationship. Not surprisingly, the women found these dreams unsettling and confusing.

**Literature Review**

The review of the literature will briefly focus on the nature of dreaming in general, the nature of traumatic dreams and their relationship to PTSD, the idea of recurring dreams, and the view of contextualizing images in dreams.

In *The Interpretation of Dreams*, Freud (1900/1982) proposed that dreams served the dual function of preserving sleep and providing gratification for unacceptable wishes. However, these ideas would prove limiting in understanding disturbing dreams and nightmares. Freud later argued that nightmares are an exception to the wish fulfillment thesis, postulating instead that they were fuelled by repetition compulsion (Hartmann, 1998). Others, such as Flanders (1993), French (1954), and French and Fromm (1964), have suggested that dreams function in a wider adaptive role and are an attempt to discover solutions to personal problems or “focal conflicts.” To quote French, “We study the dream work not as a tangled network of chains of association but as a reaction to the total situation created by the dreamer’s conflict” (p. 11). This view is in keeping with Hill (1996), who similarly argued for the continuity hypothesis of dreaming. In other words, dreams represent our daytime anxieties, fears, wishes, conflicts, and emotional struggles. Although there remains considerable debate about the nature and function of dreams (see Flanagan, 2000; Hobson, 1988), others have found coherent patterns of dreaming in incest survivors (King & Sheehan, 1996), refugees (Aron, 1996), expectant fathers (Zayas, 1988), and people going through divorce (Cartwright, 1996).

Fosshage (1983) suggested that dreams serve a synthetic and integrative function for the dreamer. In particular, he emphasized the function dreams serve to maintain or restore psychic structure and organization. Kohut (1977) advanced a similar view with the idea of “self-state” dreams that act to express the tensions and anxieties associated with traumatic states. Rycroft (1979) suggested that dreams can be viewed as imaginative activity and can be understood metaphorically.

Recurrent dreams provide some of the best evidence that the manifest content of dreams reflect our unresolved daytime concerns and dilemmas. Recurrent dreams are similar to traumatic dreams in that both contain dysphoric affect; however, the latter involves more exact replication of the traumatic event, whereas the former is more “watered-down” and metaphorical in content (Domhoff, 1993). Recurrent dreams are common in the general population and higher in populations seeking help. Cartwright and Romanek (1978), in a study of recurring dreams, found 64% of
women and 55% of men experienced recurring dreams. Individuals who experience recurring dreams score lower on measures of psychological well-being when compared to people who once had recurring dreams and have since stopped experiencing the dream (Brown & Donderi, 1986). Domhoff (1993) summarized the current thinking on recurring dreams, stating that they represent enduring and perhaps unacknowledged conflicts and concerns in a person’s life, and consequently, when these situations or issues are resolved, the dream gradually vanishes. In psychotherapy, positive changes in recurring dreams have been related to successful outcomes (Hill, 1996).

Disturbing dreams and nightmares are a frequent occurrence for people who have experienced trauma. In fact, a hallmark symptom for the diagnosis of PTSD includes “recurrent distressing dreams of the event” (American Psychiatric Association, 1994). Advances in understanding of posttraumatic dreams were made with veterans of the Vietnam War (Kramer et al., 1987). However, little effort has been invested into exploring the dreams and nightmares of women living in violent situations.

In the study of posttraumatic nightmares, patterns of dreaming have been discovered. Initially, the nightmare closely resembles the actual traumatic event, occasionally embellished with an additional dimension of horror. Gradually, as PTSD symptoms improve, the dream content shifts to become more symbolic and incorporates other elements of the dreamer’s daytime concerns (Barrett, 1996).

Nightmares, Hartmann (1998) argued, have been a marginalized area of study within dream research. He offered a fresh perspective on the nature and functioning of dreaming, proposing that rather than nightmares being the exception to the rule for dreaming, they can actually be considered paradigmatic for all dreaming. His reasoning argues against the view that nightmares are “unsuccessful dreams.” Hartman proposed that “nightmares—or at any rate the nightmare-like dreams experienced soon after a trauma, as the trauma resolves—are in fact paradigmatic dreams. They demonstrate to us most clearly the connecting and integrating process characteristic of all dreaming” (p. 224). Soon after a traumatic event, the individual may dream about the actual trauma. Subsequently, however, the person’s dreams seem to deal with the dominant emotion. Hartmann suggested that the dream finds a picture context for the dominant emotion. The sensory input for the dream may not originate from the traumatic event itself but rather from the dominant emotion that the trauma evokes. For example, if fear or terror is the dominant feeling, the person may dream of a huge tidal wave coming at him or her or a house burning or being chased by a gang of evil men. In other words, the dream finds a way of contextualizing the dominant emotion. Upon waking, the dreamer can make metaphoric connections from the contextualized emotion captured in the dream to the problems of daily living.

In summary, current theorizing about dreams suggests that they represent current emotional struggles or self-states of individuals, and they may be an attempt to find solutions to current conflicts. Recurrent dreams reflect long-standing unresolved emotional concerns and need to be understood metaphorically. Nightmares and disturbing
dreams are a hallmark of posttraumatic stress that contextualize the dominant emotions of the dreamer.

**Method**

A survey instrument was developed to obtain (a) demographic information; (b) contextual information about abuse; and (c) information about sleep patterns, nightmares, and recurring dreams. The survey instrument was a three-page questionnaire that took approximately 20 minutes to independently complete. The participants were asked questions about their age, education, whether they were still in an abusive relationship, how long it had been since they left the relationship, and current experience of any form of abuse. Inquiries were made to understand if they had trouble falling asleep, how long this took them, how often they wake in the night and the reasons for waking, if they have nightmares and how frequently, if they have recurring dreams and how frequently, and whether there were any changes in the recurring dreams. Respondents were asked to recall a typical nightmare and to write out any recurring dreams. Finally, they were asked how many hours of sleep they get each night, how many hours last night, how early they rise, and whether they take any medications that might assist them in sleeping.

The participants were drawn from three separate sites. Two of the data collection sites were transition homes where women who are in need of safety from violent relationships can find short-term accommodation and support. The third site was a family counseling center that provides individual and group counseling to women who are dealing with violence in relationships. Primary workers, those assigned to work individually with these women in each of the settings, approached the women to complete the surveys. The women were told that the study was attempting to gather data on women’s sleep, dreams, and nightmares and that they were, of course, free to not participate. Those who were considered too emotionally fragile or in severe crisis were not approached. Exact numbers of how many turned down the invitation to complete the survey or how many were considered “too fragile” are not known. Those completing the survey were likely in less acute distress than those who refused. The surveys were completed privately by the participant, sealed in an envelope, and returned to the researcher.

**Participants**

Thirty women completed the questionnaire. The sample was evenly divided between women who were currently living with an abusive partner \((n = 15)\) and those who had left an abusive relationship \((n = 15)\). On average, the women who were living apart from their ex-partner had been doing so for 15.9 months. The average age of this sample was 41.9 years. The range in age was 24 and 63. Forty-three percent of the total
group had at least some university or college education. Twenty percent had not completed high school. Seventy-five percent had children.

Findings

One of the most significant findings was that 50% of the women in this study experienced nightmares on a frequent (at least weekly) basis. The nightmares were graphically disturbing, often involving torture, murder, and death. Frequently, the nightmares contained imagery of falling, drowning, being chased, running away, or being killed. For instance, one woman describes a typical nightmare as “being tortured and then killed by my ex-husband and his male friends.” Another woman reports the following recent nightmare:

I was at my mother’s place for a special occasion like Christmas or something. The whole family is there. My ex-husband shows up. He starts to control my behavior. He won’t let me drink certain beverages, he orders me to eat certain foods, and he wants me to wear certain clothes. I comply. I feel afraid, terror. Then he murders my mother and others, but I’m not sure who. I see him stab and cut up my mother. There is blood all over his arms and white shirt. Blood is all over the floor, carpets, and furniture. Everyone acts like nothing is wrong.

Some of the reported dreams seemed to capture the “self-state” (Kohut, 1977) of the participants. For instance, one woman dreamt “about being on a small ship during a huge storm at night while losing all my mates one by one to the ocean storm, myself holding on to my life while the ship is breaking apart.”

In some cases, the women had nightmares in which they killed their partners. One woman described a nightmare in which “I killed him, and then killed myself,” whereas another woman wrote that in the nightmare, “I have committed murder.” The nightmares frequently interrupted their sleep and were one of the main causes of waking through the night. Other reasons frequently mentioned for waking through the night included night sweats, worrying, fear, and stress. Interestingly, the incidence of reported nightmares was evenly distributed between those in the group who were living in an abusive situation and those who had “moved on.” That is, women who were living apart from their previously abusing partner, on average for 15.9 months, continue to report the same incidence of nightmares. It is not known whether the nightmares continued after separating from the partner or began in the subsequent months. In some cases, women reported dreams that suggest healing and growth. The two dreams reported below are remarkably similar in affective tone and content. They are recalled by two participants and appear to reflect both the fear and the hope for a better life.

I was in a big white house which was on one level. This man, in his early 30s, was in the same room at the end of the house. He was choking me. I would feel a near-death
experience, and then I was sweating and came back into the world. I left the room in
the dining room where there were two women familiar to me, which I felt I needed to
going away from as they were destructive in my life. I looked out the front door and was
free to go.

I am in an office building and being picked on by a bully. My ex-boyfriend is trying to
defend me and we run out of the building—me with my baby son in my arms. We were
being chased by a lot of people and my feet keep slipping out from under me. I am very
afraid. All of a sudden, the sun comes out and there is a huge white house with a big yard
in front of us. There is a big table with food and fruit in front of us and we eat and are safe.

On average, the participants in this study slept 6.1 hours per night. Fifty percent
used some form of prescribed medication to help them fall asleep. Sixty percent
reported having trouble falling asleep on a frequent basis. Slightly more than half were
up in the morning before 6 o’clock.

When asked about recurring dreams, 56% of the total sample indicated that they
could identify one or more recurring dream. The recurring dreams were not as dis-
turbing as the reported nightmares, but were clearly dysphoric in nature. Examples of
recurring dreams include “being trapped in an old house,” “trying to get out of a com-
plicated building,” “stepping in garbage and reeds turning into snakes,” and “walking
and falling in a hole and getting stuck.” One woman described a recurring dream
whereby “people keep changing into vampires and I do not know who is ‘good’ or
‘bad’—then I am trying to save people from vampires.” On average, the recurring
dream began 9.1 years ago, although some noted the dream originated in childhood.
Women who reported a recurring dream were more likely to be currently in an abu-
sive relationship. Of those who reported have a recurring dream, 76% noted that there
had been changes to this dream over time. When asked in what way the dream had
changed, a number of participants indicated that the dream was less severe and
fraught with more sadness.

Discussion

Clearly, nighttime offers no refuge for many of these women. That 50% of the
women suffer from nightmares on a frequent basis is cause for alarm. These women
live in terror during the day, only to relive their horror at night. Many of the night-
mares described appeared to be thinly disguised renditions of their waking life. In
most cases, the nightmare interrupts their sleep.

A high proportion of the total group also experienced one or more recurring dreams.
This finding is similar to reports on clinical populations who tend to evidence higher
frequencies with recurrent dreams when compared with nonclinical populations.
Recurrent dreams are thought to symbolically represent concerns, issues, and dynam-
ics that remain unresolved for the individual (Domhoff, 1993). The recurring dreams
noted above (e.g., “being trapped in an old house”) appear to be thinly disguised representations of ongoing conflicts and struggles for the women. However, because the recurring dreams, in many instances, began several years earlier (in some cases originating in childhood), a direct link cannot necessarily be made between the relationship violence and the dream itself. Nonetheless, in the context of counseling or therapy, attention to the symbolic elements of the recurring dream may hold therapeutic value. For instance, changes in the thematic content of the recurring dream may be viewed as evidence of growth or positive change. The changes can provide valuable clues to the client’s internal state and shifts in dominant emotions. For instance, one participant reported that the change in the recurring dream evidenced a “sick sense of sadness and loss about my ex.” The change in dominant affect from fear to sadness is significant and provides valuable data as to what direction the counseling can take. Often it does not take a great deal of symbolic sophistication to create relevant meaning out of such a dream.

Many women in this sample experienced frequent difficulty falling asleep, woke up early, and on average received only 6 hours of sleep each night. Six hours of frequently interrupted sleep is obviously inadequate rest to meet the demands of the waking day. Considering the frightening demands of dealing with relationship violence, their lack of sleep, in some cases as little as 4 or 5 hours nightly, confounds their difficulties and diminishes their emotional and mental resources for coping. Internal emotional resources can easily become depleted when rest is relentlessly compromised. The chronic use of medications to deal with sleep problems is also of concern and requires more careful study. In this study, one half of the participants acknowledged using medications to help them fall asleep. The medications included antidepressants and antianxiety drugs. In a recent review of clinical trials that included patient reports of nightmares and alterations in dreaming, Pagel and Helfter (2003) concluded that “the clinical use of pharmacological agents affecting the neurotransmitters norepinephrine, serotonin and dopamine are associated with the complaint of nightmares” (p. 66). Given the extensive use of psychoactive medications in this population, it is not clear whether changes in nightmares can be attributed to interpersonal trauma or the use of medications, or a combination of both. Future studies need to carefully consider and explore this important variable.

Limitations

This exploratory survey points to some important areas of further investigation but is itself limited in a number of ways. The main limitation of this survey is the sample size. Whereas the data point to some interesting findings from an exploratory perspective, 30 participants is not a sufficient sample size upon which to draw generalizations. A larger sample would help expose any possible within-group differences, as would the use of control subjects. A qualitative design could enhance the findings by more
deeply exploring the nightmares, recurring dreams, and the changes that occur along these dimensions. For instance, it would be important to know, from a clinical perspective, whether some women develop nightmares after separating from their partners. Furthermore, little is known about the women’s subjective experience of the dreams and nightmares and the meaning the dreams hold for them. Finally, the use of validated measures to rate dream content would provide additional strength to future studies in quantifying the responses.

Conclusions

This survey on nightmares, dreams, and sleep patterns in women who have been in, or are living in, conditions of relationship violence suggests that it is an important area of women’s experience to research and understand more thoroughly. The finding that 50% of the women frequently experience nightmares, whether in or out of a violent relationship, is cause for considerable concern and warrants further study. From a clinical practice perspective, it is important to inquire into sleep patterns, dreams, nightmares, and recurring dreams. Information from these questions can lead to a fuller understanding of the client’s current emotional state and perhaps reveal positive areas of growth through the changes in dreams.

Current theorizing about the nature of nightmares and their relationship to trauma has provided a valuable foundation for exploring this dimension of human experience. Adopting a holistic approach to direct practice demands that we not neglect one third of our clients’ lived experience.

References


**Brian Rasmussen**, PhD, is an associate professor in the School of Social Work at the University of British Columbia–Okanagan.