

RECURRENT DREAMS: THEIR RELATION TO LIFE EVENTS AND WELL-BEING

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This book has described a wide variety of traumatic events that can cause nightmares. Recurrent dreams and repetitive dream themes are similar in many respects to traumatic nightmares. Most recurrent dreams have negative content, arise during periods of stress, and dissipate once the stressor has been successfully dealt with. Though the continuity between nightmares and other forms of dream recurrence is not a new idea, much of the data that supports this continuity is new.

The Prevalence and Content of Recurrent Dreams

Relatively little is known about the prevalence and content of recurrent dreams. Until recently, what appeared in the clinical literature was mainly passing mention that the occurrence of recurrent dreams had been noted in some patients. For instance, Freud's (1931) only comment on the prevalence of recurrent dreams was that "dreams that recur periodically have often been observed" (p. 44).

Almost all of the studies that have used questionnaires to assess the prevalence of recurrent dreams have done so by simply including a question such as "Have you ever had a recurrent dream?" Thus, these studies did not evaluate the length of time that the subjects had experienced their recurrent dreams. Moreover, with the exception of data presented by Brown and Donderi (1986), these studies have failed to differentiate between true recurrent dreams (in which the dream content is always identical) from repetitive dream themes that occur across dreams with varying contents. Finally, the literature on the content of recurrent dreams has been largely impressionistic. Only two studies have used well-established, quantitative dream content scales to evaluate recurrent dream content (D'Andrade, 1985; Larue, 1970). Both are unpublished undergraduate research papers by students of Domhoff.

In terms of the prevalence of recurrent dreams, 60% to 75% of college students and older adults report having had one or more "recurrent dreams" at some point in their lives on questionnaire surveys (Browman and Kapell, 1982; Cartwright, 1979; Cartwright and Romanek, 1978; D'Andrade, 1985; Robbins and Houshi, 1983; Robbins and Tanck, 1991-92; Webb and Fagan, 1993). Seventy to 80% of

adults who take part in dream studies report having had a recurrent dream in early childhood (Brown and Donderi, 1986; Zadra and Donderi, 1992). In some cases, recurrent dreams which emerge during childhood may persist into adulthood (D'Andrade, 1985; Robbins and Houshi, 1983). Questionnaire and home dream diary data collected by Zadra and Donderi (1992) showed that 80 of 217 non-student adults reported experiencing an ongoing recurrent dream, or ongoing recurrent themes, of at least one year's duration. There is also some evidence to indicate that recurrent dreams are more prevalent in women than they are in men (Browman and Kapell, 1982; Cartwright and Romanek, 1978; Robbins and Houshi, 1983).

In terms of dream content, 60% to 85% of recurrent dreams are described as being unpleasant by the subjects who report them (Cartwright and Romanek, 1978; D'Andrade, 1985; Zadra and Donderi, 1992). In one female sample, 46% of the recurrent dreams reported were rated as being highly unpleasant (Cartwright, 1979). Dream content is described as being pleasant in approximately 10% of recurrent dreams (Cartwright, 1979; D'Andrade, 1985), while about 8% of recurrent dreams are rated as containing a mixture of both positive and negative emotions (D'Andrade, 1985).

Cartwright (1979) and Robbins and Tanck (1993) examined retrospective accounts of childhood recurrent dreams. These studies show that between 86% and 90% of childhood recurrent dreams are unpleasant or of a threatening nature. In approximately 70% of the childhood recurrent dreams, external agents (e.g., monsters, witches) were responsible for the unpleasant content. Both studies also showed that as people grow older, fewer recurrent dreams are reported as having threatening contents. Furthermore, in recurrent dreams from people's second and third decade of life, the dreamer and not an external agent becomes increasingly responsible for the dream action (Cartwright, 1979).

Though the precise content of recurrent dreams is invariably idiosyncratic, themes common across individuals who report recurrent dreams have been noted (e.g., Delaney, 1991). These include recurrent dreams of flying, falling, being chased, taking an examination, losing one's teeth, and nudity. These themes are similar to typical dreams, or non-recurrent dreams that many people report having had at least once (e.g., Griffith, Miyago, and Tago, 1958; Kramer, Winget, and Whitman, 1971; Ward, Beck, and Rascoe, 1961). Though several studies have investigated the content of typical dreams, no systematic classification of the thematic content of recurrent dreams has appeared in the literature.

A Content Analysis of Childhood and Adult Recurrent Dreams

The goal of this study was to obtain more detailed data on the content of recurrent dreams than had been previously reported. In particular, the study establishes a classification of the thematic content of childhood and adult recurrent dreams.

Method

The data presented in this study is based on the content analyses of 163 recurrent dreams. These dreams were collected from the dream reports of 352 subjects who completed the McGill Sleep/Dream Questionnaire as part of our studies on dreams between 1990 and 1992. These 163 recurrent dreams were selected from a pool of over 250 recurrent dreams and were all of the dreams which met the following inclusion criteria: the recurrent dream must have occurred over a period of at least six months; the content of the recurrent dream had to be rated by the subject as being “always” or “almost always” identical; and the recurrent dream had to be described in sufficient detail to allow a content analyses of the dream’s setting, its affective tone, and the type of characters present. The recurrent dreams were classified as being from adulthood if they first occurred after the age of 18, and from childhood if they ceased to recur before the age of 12.

Dream content was evaluated using the objective content analysis system developed by Hall and Van de Castle (1966). The measures of dream content are described below.

Dream Affect. Dream affect was scored using the Emotions scale of Hall and Van de Castle (1966). Negative affect includes classes of emotion such as anger, apprehension, sadness, and confusion. One class of emotions, called Happiness, encompasses all the adjectives that describe positive affect (e.g., pleased, relieved, relaxed, elated).

Success and Failure. Success and failure were scored according to Hall and Van de Castle’s scales for Achievement Outcomes. Success consists of an expenditure of energy and perseverance in pursuit of a goal, resulting in goal attainment. Failures occur when there is expenditure of energy and

perseverance in pursuit of a goal resulting in failure to attain the goal because of personal limitations and inadequacies.

Good Fortune and Misfortunes. Good fortune and misfortunes were scored according to Hall and Van de Castle's scales of Environmental Press. Misfortunes are defined as "any mishap, adversity, harm, danger, or threat which happens to a character as a result of circumstances over which he has no control" (p.103). Good fortune is scored when "there is an acquisition of goods or something beneficial happens to a character that is completely adventitious or the result of a circumstance over which no one has control" (p.105).

Categories for the classification of the thematic content of childhood and adult recurrent dreams were not determined a priori. They were constructed following the content analysis of the recurrent dreams and were based on the most frequently reported themes contained in the childhood and adult recurrent dreams.

Results and Discussion

Table 1 presents the percentage of recurrent dreams from adulthood and childhood which contain the dream content categories described above.

Insert Table 1 about here

The percentage of adult and childhood recurrent dreams that were found to contain either negative affect, positive affect, or a mixture of both positive and negative emotions is consistent with the previously reviewed findings. Approximately 5% of all the recurrent dreams in this sample were described as containing no affect. Data on the absence of affect in recurrent dreams have not been previously reported.

Among recurrent dreams containing negative affect, fear or apprehension was the most frequently reported emotion, occurring in 67% and 79% of the adult and childhood recurrent dreams respectively. The rest of these recurrent dreams contained other negative emotions including sadness, anger, confusion, and guilt. This finding is of particular interest since there is evidence suggesting that approximately 20% of nightmares contain emotions other than fear and that a significant percentage of

individuals cite emotions such as sadness and anger to be primary in their nightmares (Belicki, Altay, and Hill, 1985; Dunn and Barrett, 1987; Zadra and Donderi, 1993).

In terms of Achievement Outcomes, adult recurrent dreams were nine times more likely than the childhood recurrent dreams to contain one or more failures. Success was rare in both groups, occurring in less than 3% of all recurrent dreams.

Approximately 42% of the adult and childhood recurrent dreams contained one or more misfortunes. The dreamer was the recipient of the misfortune in 70% of the adult recurrent dreams and in 74% of childhood recurrent dreams. Thus, for both groups of recurrent dreams, misfortunes were about three times more likely to happen to the dreamer than to any other character. The other Environmental Press category, good fortune, occurred in less than 5% of the adult and childhood recurrent dreams.

Table 2 presents the most frequently reported types of themes in the current sample of recurrent dreams from adulthood and childhood. For both adult and childhood recurrent dreams, the most frequently reported theme is one in which the dreamer is being chased. The nature of the threatening agent, however, differs between childhood and adulthood recurrent chase dreams. In 19 of the 22 (86%) chase dreams from childhood, the dreamer was being pursued by monsters, wild animals, witches, or ghoulish creatures. By contrast, such threatening agents appeared in only 3 of the 16 (19%) adult chase dreams. The latter contained predominantly human characters including burglars, strangers, mobs, and shadowy figures. These findings are consistent with those reported by Robbins and Tanck (1991-92).

Insert Table 2 about here

Next to chase and pursuit dreams, the second most frequently reported theme in the adult recurrent dreams was one in which the dreamer is having difficulties with house maintenance. In these recurrent dreams, the dreamer may be overwhelmed by an inordinate number of household chores that must be quickly completed, discover that the house is falling apart or in ruins, or have to choose between maintaining one or the other of two houses. Other common themes include being alone and

trapped (e.g., in an elevator or container), facing natural forces such as volcanic eruptions or tidal waves, and losing one's teeth.

In the childhood recurrent dreams, the second most frequently reported theme was one involving the death of family members. All of these recurrent dreams involved the murder or accidental death of the dreamer's parents. By comparison, the five adult recurrent dreams from the same content category were either dreams in which a distant relative had died, or about people who were already dead in actual life (e.g., mourning dreams).

Themes in which the dreamer is in danger (e.g., threatened with injury, death, or chased) have been found to characterize approximately 40% of recurrent dreams (Cartwright and Romanek, 1978; Robbins and Houshi, 1983). Using the same broad content category, 42% of the adult recurrent dreams and 65% of the childhood recurrent dreams could be classified as containing themes in which the dreamer is in danger. In most of these dreams with threatening content, the subject is either fleeing, attempting to hide, or helplessly watching.

Relatively little is known about the content of pleasant recurrent dreams, because they occur infrequently. In the present sample, 5 of the 6 dreams that involved "discovering and exploring new rooms in a house" and 4 of the 5 flying dreams were described as containing positive emotions. Other examples of pleasant recurrent dreams included excelling at a particular task (e.g., figure skating), finding oneself in a bountiful environment, and being involved in sexual activities.

These results demonstrate key differences between adult and childhood recurrent dreams. For instance, adult recurrent dreams were nine times more likely than the childhood recurrent dreams to contain one or more failures. Since failures in dreams result from a character's "personal limitations and inadequacies," these data suggests that recurrent dreams from adulthood are more likely to reflect issues of personal competence than do recurrent dreams from childhood. This hypothesis is consistent with Cartwright's (1979) suggestion that "as the subject grows, the responsibility in the repetitive dreams with an unpleasant tone is less often attributed to things beyond her control" (p.135). Though the thematic content category "being chased" was common in both the adult and childhood recurrent dreams, the threatening agents in former usually were human characters, whereas monsters, wild animals, or ghoulish creatures were predominant in the latter. Finally, several of the thematic content

categories reported in adult recurrent dreams are noticeably absent from the childhood recurrent dreams. These include themes involving problems with house maintenance, teeth falling out, and being unable to find a private toilet.

These findings indicate that the content of recurrent dreams changes with age and suggest that the dream symbols or metaphors believed to depict current problems or concerns that underlie recurrent dreams also change with age.

Theories of Recurrent Dreams

Dream theorists generally agree that recurrent dreams are related to unresolved difficulties in the dreamer's life (Fosshage and Loew, 1987). For example, in Gestaltist dream theory, recurrent dreams are viewed as depicting an individual's current state of psychic imbalance. Presenting this psychic state to consciousness allows for a possible restoration of self-balance (Fantz, 1978; Perls, 1969). Neo-Freudian, object-relations, and ego-psychology dream theorists believe that the dream repetition of emotionally painful events allows the ego to attempt to master or assimilate the painful event (Bibring, 1943; Renik, 1981; Silverberg, 1948; Stewart, 1967). Freud viewed recurrent (traumatic) dreams as expressions of a neurotic repetition compulsion (Freud, 1955; Cavenar and Sullivan, 1978). Jung believed that recurrent dreams not only indicated the presence of psychological conflict, but that they were also "of specific importance for the integration of the psyche" (Jung, in Adler, 1973, p. 93). Finally, culturalist dream theory (Bonime, 1962) maintains that recurrent dreams indicate a lack of positive change or development in one's personality. In recurrent dreams "people continue to reflect unresolved personality difficulties with the identical symbols" (Bonime, 1962, p. 41). Thus, many kinds of dream theories converge in their view that recurrent dreams are associated with a lack of progress in recognizing and resolving conflicts in the dreamer's life.

If recurrent dreams signal the presence of an unresolved conflict, then the cessation of a recurring dream should indicate that the conflict has been successfully dealt with. Dream theorists from many different perspectives have suggested that this is the case (Bonime, 1962; Cartwright, 1979; Delaney, 1991; Jung, cited in Mattoon, 1978, p.84; Sharpe, 1978; Ullman and Zimmerman, 1979; Weiss, 1964).

Recurrent dreams, however, are not a unitary phenomenon. The repetition of dream symbols or themes over a series of dreams is not the same thing as a recurrent dream, in which the dream content is always identical from beginning to end. Domhoff (1993) has argued that repetitive dream themes and recurrent dreams are related experiences in that they are both part of a “repetition dimension.” In the next section, a summary of the types of dreams which make up this dimension will be presented.

The Dream Repetition Continuum

Bonime (1962) distinguished between recurrent dreams in which “the patient reiterates, again and again, his symbolic statement of the core problem” (p.41) and dreams in which repetitive themes are depicted over a range of symbols. Domhoff (1993) defined a continuum of repetition. At one extreme are the traumatic dreams that repeatedly reproduce overwhelming experiences. Almost any event that is perceived as being traumatic by an individual can produce traumatic dreams, and their occurrence is recognized as a symptom of Post Traumatic Stress Disorder (APA, 1987). As trauma victims begin to deal successfully with their difficulties, there are often positive changes in the content of their traumatic dreams (e.g., Hartmann, 1984). Domhoff (1993) iterates this point by stating “to the degree that the experience gradually is assimilated, to that degree the dreams decrease in frequency and become altered in content” (p. 297).

Next on the continuum is the recurrent dream. The content of recurrent dreams, like that of many traumatic dreams, is replayed in all (or almost all) of its entirety. As noted earlier, recurrent dreams are frequent in both children and adults, and are primarily unpleasant. Though recurrent dreams do not always seem to be directly tied to any particular experience, the evidence suggests that they occur during times of stress and that they cease to recur once the problem has been resolved (Brown and Donderi, 1986; Cartwright, 1979; D’Andrade, 1985). However, unlike many traumatic dreams, most recurrent dreams do not reflect a conflict or stressor directly, but rather depict it in a metaphorical manner.

Further along the repetition continuum are recurrent themes within a long dream series. In these dreams, the theme is always the same (e.g., being late or lost) but the content is not. Finally, the repetition of mundane characters, activities, and objects that occurs in every-day dreams consistently

over decades lies at the other end of the continuum. Several examples of repetitive themes and repeated dream elements are presented by Domhoff (1993).

Domhoff (1993) maintains that the dreams which constitute the “repetition dimension” all reflect attempts at resolving emotional preoccupations. Empirical data that support both the validity of the dream repetition continuum and its proposed association with emotional preoccupations will now be reviewed.

Recurrent Dreams and Well-Being

A number of case reports have described positive changes in repetitive dream elements as a function of successful psychotherapy (e.g., Bonime, 1962; Maultsby and Gram, 1974; Rossi, 1985). Bergin (1970) presented the case of a client who lacked self-assertion skills and who was excessively intimidated by authority figures. Following an improvement in his condition, the client spontaneously reported that both the negative content and affective tone of a previously recurrent dream had changed in a positive manner. This case is especially interesting given that the therapy involved behavioral techniques, and the client’s dreams had never been discussed during therapy. The changes reported above are consistent with Bonime’s (1962) assertion that “to the extent that these alterations of the same symbol take place in accordance with alterations of the personality during therapy, the symbol changes become important indicators of clinical progress” (p. 45).

In addition to anecdotal and clinical case reports, research data support the theory that the repetition of negative dream content is associated with the presence of unresolved conflicts or stressors.

Robbins and Houshi (1983) found that undergraduate students who reported having a recurrent dream had moderately significantly higher scores on the Beck Depression Inventory and reported a significantly greater number of problems in their daily lives than did undergraduate students who did not have recurrent dreams.

Brown and Donderi (1986) published the only study to have specifically investigated the relation of recurrent dreams (as opposed to repetitive dream elements) to well-being. Recurrent dreamers, former recurrent dreamers, and non-recurrent dreamers were asked to complete a battery of well-being measures, and record a fourteen-day sample of their own remembered dreams. People in

the recurrent dream group were currently experiencing a recurrent dream. The former recurrent dream group was composed of individuals who had experienced a recurrent dream in adulthood, but for whom the dream had not recurred for at least one year. The recurrent dreams reported by the subjects in both of these groups had persisted over at least a six month period. Subjects in the non-recurrent dream group had never experienced a recurrent dream in adult life. Recurrent dreams were differentiated from dream series that contained repetitive themes or repeated dream elements and were defined as dreams which “are distinguished by their complete repetition as a remembered experience” (p. 612).

The recurrent dream group scored consistently lower on measures of well-being than both the past-recurrent dream group and the non-recurrent dream group. For example, recurrent dreamers had the least adaptive scores on measures of anxiety, depression, personal adjustment, and life-events stress. Moreover, content analyses of the dream reports showed that the recurrent dreamers experienced more anxious, dysphoric, and conflict-oriented dream content than either of the other two groups. Finally, past-recurrent dreamers scored consistently higher than the non-recurrent dreamers on indices of well-being and positive dream content. This latter finding is of particular interest, since it suggests that the maintained cessation of a recurrent dream is associated with a positive rebound effect on well-being.

Several of Brown and Donderi's (1986) findings have been replicated in a younger adult population by Zadra, O'Brien, and Donderi (1993). Using the same methodology as in Brown and Donderi (1986), Zadra, O'Brien and Donderi (1993) found that recurrent dreamers scored consistently lower on measures of well-being than non-recurrent dreamers. Specifically, recurrent dreamers reported significantly higher levels of neuroticism, anxiety, depression, somatic symptomatology, life-events stress and significantly lower levels personal adjustment. This study also replicated Brown and Donderi's (1986) finding that the dreams of recurrent dreamers contain significantly more negative dream content than those of non-recurrent dreamers. For example, the dreams of the recurrent dream group contained significantly greater proportions of anxiety, hostility, failure, and misfortunes. This finding cannot be attributed to the presence of negative recurrent dreams in the recurrent dream group's two week dream log reports. Only 2 of the 187 dreams reported by the recurrent dream group were recurrent dreams.

A past-recurrent dream group was also included in Zadra, O'Brien and Donderi's (1993) study. This group was composed of individuals who had experienced a recurrent dream in early childhood, but for whom the dream had ceased to recur between the approximate ages of 10 and 12. Participants in this group had not experienced any other recurrent dreams since then. The authors found that these past-recurrent dreamers did not differ from non-recurrent dreamers on the measures of well-being or on any of the dream content measures.

Taken together, these studies provide support the following conclusions. In both late teenagers and older adults, recurrent dreams: 1) occur in times of stress; 2) are accompanied by negative dream content in everyday dreams; and 3) are associated with a relative deficit in psychological well-being. Furthermore, the cessation of a previously recurrent dream in adulthood is associated with increased psychological well-being. The cessation of a recurrent dream in early childhood, however, does not appear to have any long-term psychological benefits. These conclusions are consistent with the clinical dream theories reviewed earlier in this chapter.

Zadra, Miller and Donderi (1994) extended some of the aforementioned findings on recurrent dreams to dreams with recurrent themes. Specifically, they compared individuals who reported repetitive themes in their dreams with people who did not have such dream patterns. Recurrent themes fall lower on Domhoff's (1993) continuum of repetition than do recurrent dreams. For this reason, Zadra, Miller and Donderi (1994) predicted that, relative to non-recurrent dreamers, people with repetitive dream themes would show deficits in well-being and negative dream content, but not to the extent shown by recurrent dreamers in their previous studies.

As in the studies by Brown and Donderi (1986) and Zadra, O'Brien and Donderi (1993), group membership was based on responses to several questions on the McGill Sleep/Dream Questionnaire as well as on the subjects' written descriptions of any type of "recurrent dream" they remembered. Inclusion criteria for the repetitive theme group consisted of having "recurrent dreams" in which the content was "rarely" or "never" identical but in which the theme was "always" or "often" identical. Furthermore, the repetitive dream themes had to be currently experienced and have persisted for at least 12 months. The non-recurrent theme group was composed of people who reported never having experienced recurrent dreams or recurrent dream themes in their adult life.

People with repetitive dream themes were found to score significantly lower than people without repetitive dream themes on four of the six measures of well-being. What is more, the scores of the repetitive theme group on these four measures were higher (more adaptive) than the scores obtained by the recurrent dreamers in both Brown and Donderi's (1986) and Zadra, O'Brien and Donderi (1993) samples.

A content analysis of dream diary reports revealed that the dreams of the repetitive theme group contained more negative dream elements than did the dreams of the control group (e.g., more anxiety, negative affect, hostility-toned content). However, the frequency and intensity of these negative dream elements were not as great as that which was found in the everyday dream reports of people with recurrent dreams.

The results from the studies reviewed in this section support both the validity and heuristic value of Domhoff's (1993) repetition continuum. The data indicate that people who experience recurrent themes show a deficit on measures of well-being, but not to the extent shown by those with recurrent dreams. These results form a pattern which suggests that scores on measures of psychological well-being are inversely related to the position of a dreaming experience on the repetition continuum. If this is correct, we would expect that people with recurrent traumatic dreams would score lower on measures of well-being than people with either recurrent dreams or repetitive dream themes. Similarly, the data from the dream content analyses suggest that, as one moves towards the traumatic dream end of the continuum, people's everyday dreams should contain greater proportions of negative dream elements (e.g., aggressive, anxious and dysphoric dream content).

Domhoff (1993) argues that the dreams which make up his repetition dimension (i.e., traumatic dreams, recurrent dreams, repeated themes, and frequent dream elements) all reflect attempts at resolving emotional preoccupations. If this hypothesis is correct, then the cessation of any of these types of "recurrent dreams" should indicate that the emotional issue has been resolved. Consistent with this view, Brown and Donderi (1986) presented evidence that the cessation of recurrent dreams in adulthood was correlated with an elevation in well-being. Whether or not the cessation of previously recurring themes or dream elements in adulthood is also associated with increases in well-being remains to be determined.

A possible exception to the aforementioned conclusions concerns positive recurrent dreams. As was described earlier in this chapter, approximately 10% of recurrent dreams are described as being pleasant. Because positive recurrent dreams occur infrequently, their association to measures of well-being has not been investigated. Thus, we do not know if people who report positive recurrent dreams also show a relative deficit on measures of well-being. Similarly, we do not know whether the maintained cessation of pleasant recurrent dreams is correlated with positive, negative, or no changes in well-being.

The theories and data on recurrent dreams presented here are consistent with a broader view of the dream as an attempt to resolve current emotional concerns, one of the possible function of dreams as proposed by contemporary dream theory (e.g., Baylor and Deslauriers, 1986-87; Breger, 1967; Cartwright, 1977; Delaney, 1991; Fiss, 1986; French and Fromm, 1964; Greenberg and Pearlman, 1975; Hall, 1953). However, the data do not show that emotional concerns *are* resolved by incorporating them in dreams. Given the correlational nature of the data, the direction of causality between dream content and waking emotional states cannot be inferred. In other words, dream content could either reflect, or influence, waking adjustment. At the present time, no firm conclusions as to which of these possibilities is correct can be drawn. The nature of the association between dream content and waking state personality may also vary with the individual and the life circumstances. Thus, it may turn out that dreams can both influence and reflect waking state personality, albeit at different points in one's life.

The causality issue cannot be resolved until dream content is manipulated as an independent variable. For example, one could attempt to alter recurrent dream content using lucid dream induction techniques or waking imagery exercises. Case studies have shown such treatments to be effective in the treatment of recurrent nightmares (e.g., Halliday, 1982; Marks, 1978; Tholey, 1988). In a controlled treatment study, it may be possible to demonstrate a causal relationship between the experimental manipulation of dream content and pre- to post-manipulation changes in objective personality measures, including measures of psychological well-being. Such a study is currently underway in Donderi's laboratory. The clinical applications of lucid dreaming in altering recurrent dream content will now be briefly reviewed.

Lucid Dreaming and Repetitive Dream Content

Several authors have suggested that there are psychological benefits from lucid dreaming (e.g., Kelzer, 1989; LaBerge, 1985; Tholey, 1988). Lucid dreams occur when one becomes aware that he or she is dreaming while still in the dream state. Sometimes, lucid dreamers can recall events from their waking life, can reason, and can move their dream bodies as desired. Furthermore, some lucid dreamers can change the dream scenery at will. It is now known that lucid dreams occur during unequivocal REM sleep (e.g., LaBerge and Dement, 1982; LaBerge, Greenleaf, and Kedzierski, 1983; Schatzman, Worsley, and Fenwick, 1988).

A number of case studies have described the successful use of lucid dreaming in the treatment of recurrent nightmares (e.g., Halliday, 1982; 1988; Tholey, 1988; Zadra, 1990). Dream lucidity can also give rise to positive psychological elements which carry over into waking life (e.g., Brylowski 1990; Tholey 1988). Lucid dreaming may operate through a number of mechanisms to achieve positive therapeutic outcomes. For example, LaBerge and Rheingold (1990) have suggested that what a person expects to happen next in a dream can play an important role in dream construction or the manner in which the dream will unfold. It is possible that individuals who have recurrent dreams (including recurrent nightmares) may be locked into a fixed way of responding to the dream's imagery and of anticipating what will happen next. This in turn leads the dreamer to re-experience the same imagery, which is often threatening in nature. Lucid dreaming may provide such individuals with new responses and expectations concerning the dream's progression, thereby altering the repetitive nature of such dreams. Galvin (1990) suggests that by turning nightmare sufferers into lucid dreamers, the sufferers may develop "a more coherent psychological sense of self through the experience of a degree of mastery in the dream state and possibly resolve their nightmare condition" (p.78).

When working with recurrent nightmares, I have often combined lucid dreaming with exercises in relaxation and guided imagery. In this treatment approach, subjects are first asked to close their eyes and to make themselves comfortable. If a subject is unable to relax, he or she may be trained in

progressive muscle relaxation (Bernstein and Borkovec, 1973). Once the subjects are relaxed, they rehearse (i.e., imagine) their recurrent dream in as much detail as possible while describing it to the therapist. The therapist guides this rehearsal, for example, asking about various dream elements (e.g., emotions, settings, characters) or bringing particular details to the subject's attention. Once the dream has been described, the subject is asked to select a part of the recurrent dream which is emotionally and/or visually salient and is instructed to carry out a particular task at this salient point in the dream. The subject imagines performing this task in the dream while saying that he or she is dreaming (i.e., that the dream is now a lucid dream). When performed during the actual dream, this action is a cue that the experience is a dream. Typically, this task is as simple as looking at one's hands or calling out a word. Once the relaxation and imagery exercises have been completed, subjects are instructed to practice them at home, especially just before going to sleep.

The rationale for this treatment is as follows: by repeatedly rehearsing the recurrent dream, together with a task which is intentionally carried out at a preselected salient point in the dream, the subject will remember to carry out the task when the recurrent dream occurs. The task serves as a pre-rehearsed cue to remind the subject that the experience is a dream. At this point, the subject is dreaming lucidly and can consciously choose the manner in which he or she wants to respond to and interact with the dream imagery. This treatment is a variation of Tholey's (1983) intention technique for lucid dream induction.

The therapist then consults with the subject to find an appropriate way to modify the recurrent dream once lucidity is achieved. Various approaches include Garfield's (1974) suggestion to "confront and conquer" the feared scene, Halliday's (1982; 1988) suggestion to alter some small aspect of the dream, and Tholey's (1988) suggestion to have the dream ego engage in conciliatory dialogue with hostile dream figures. Some subjects may be tempted to use lucid dreaming to fly away from threatening agents in their recurrent dreams. I believe that this kind of approach should be discouraged or used only as a last resort. Compared to other methods of dealing with repetitive dream content when lucid, running or flying away from an aversive dream environment is not a constructive act. Moreover, such an approach may deprive both the subject and the therapist of a unique opportunity to gain new insights into the possible significance of the recurrent dream.

Though the ability to become lucid in one's dreams can be of therapeutic value, it remains unclear whether the principal factor responsible for the alleviation of recurrent dreams and nightmares is lucidity itself, or the ability to exert some control over the dream. For example, some of my subjects never became lucid in their recurrent dreams but nevertheless "remembered" to carry out their rehearsed actions with positive results. Conversely, both Zadra (1990) and Halliday (1988) have reported case studies in which lucidity without the element of control actually worsened the nightmare. The dreamer's ability to alter some detail in the otherwise repetitive dream, either through new responses or altered expectations during the dream, may therefore represent a key factor in the elimination of recurrent dreams.

General Comments and Conclusion

A question of interest to some dream researchers and to most clinicians who work with clients' dream reports is whether people with similar life events report similar recurrent dreams. The answer to this question has implications about how specific dream content may be constructed across individuals. Clinicians' interests lie in their desire to understand the possible significance of specific dream content for the dreamer and the possible metaphorical expressions represented by specific dream content. In the large sample of recurrent dreams we have reviewed, different people never reported the same recurrent dream, but different life-events have produced the same type of recurrent dream content. For example, two people in Zadra, O'Brien and Donderi's (1993) recurrent dream group reported recurrent dreams involving the loss of their teeth. However, there was no overlap in any of the life-events or difficulties reported by these two people. The opposite scenario has also been noted. People reporting the same life-events (e.g., major financial difficulties, divorce, unwanted pregnancies) were found to have very different content in their recurrent dreams. Thus, the same dream themes or symbols may represent different things to different people.

Some adults who experienced the same recurrent dream since childhood report that the content of the dream changes gradually over the years. Although the thematic content of the dream remained the same, the dream's setting or characters had become altered in ways that often reflected changes in the person's life. One such example came from a 23 year-old student who reported a recurrent dream

in which someone she cared about would hurt her emotionally and show no consideration for her feelings. During this woman's childhood, the recurrent dream consisted of her mother giving away belongings that the subject cherished to other children. In early adolescence, she also began to have recurrent dreams in which her older brother would be verbally abusive towards her while damaging her personal belongings. These dreams began to decrease in frequency around the age of 18. From that point onward, she began to have recurrent dreams about her boyfriend, who would say hurtful things to her. In these recurrent dreams, the setting was always the subject's home, while the feelings were always ones of extreme sadness and frustration. Invariably, the subject would cry and beg the other characters to stop what they were doing, but her appeals were always ignored. These dreams were described as emotionally intense and extremely vivid. Frequently, the feelings experienced in the recurrent dream would persist upon awakening. The subject reported that at times these feelings were so strong that on several occasions over the past two years, she made her boyfriend apologize to her in real life.

Some of our recurrent dreamers also report that their recurrent dreams cease for a period of years, only to resurface when a new stressor is encountered. One 38-year old woman, who had kept a dream diary since the age of 15, reported having had the same recurrent dream intermittently for over 20 years. The dream was an "examination dream" in which she found herself unprepared for an important college exam. This dream had first appeared at the age of 19 when she had been in college. She reported that this dream reappeared every seven to ten days for several months prior to her getting married, but that it stopped recurring shortly after her wedding. Though she had not had the dream for over five years, she stated that the dream had re-occurred with varying frequencies in the previous 18 months. During this period, she had lost her job and had been actively looking for a new one. This case is similar to the examples described by Kramer, Schoen, and Kinney (1987) in their work with Vietnam veterans. Many veterans re-experience their old traumatic dreams when dealing with marital crises, demonstrating that old recurrent dreams can reappear when one is faced with new stressors. The same phenomenon can take place in individuals who have non-traumatic recurrent dreams.

The data reviewed in this chapter support the generic depth psychological position that dreams are related to waking states. It has been shown that the link between people's dream content and their

current levels of well-being is particularly evident in dreams which make up Domhoff's (1993) repetition continuum. Moreover, it has been shown that the cessation of a recurrent dream in adulthood is associated with an elevation in self-reported levels of well-being. This suggests that changes from repetitive to progressive dream patterns may be important indicators of how well people are adapting to their life circumstances.

These findings underscore the importance of examining series of dreams instead of focusing solely on individual dreams. There is much to be gained from the study of repetitive dream content. This is equally true for clinicians seeking to better understand their clients, and for researchers interested in the possible psychological functions of dreaming.

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Table 1.

Dream Content Measures For Adult and Childhood Recurrent Dreams.

RECURRENT DREAM CONTENT	% OF RD FROM ADULTHOOD (n=110)	% OF RD FROM CHILDHOOD (n=53)	% OF TOTAL RD (n=163)
Negative Affect	77.3	81.1	78.5
Positive Affect	10.0	7.6	9.2
Mixture of Both Positive and Negative Emotions	7.3	5.7	6.7
No Affect	5.5	5.7	5.5
Total for Emotion Dream Content Scales	100.1	100.1	99.9
Failure	17.3	1.9	12.3
Success	1.8	3.8	2.5
Misfortune	41.8	43.4	42.3
Good Fortune	4.6	3.8	4.3
Total for Achievement and Environmental Press Dream Content Scales	65.5	52.9	61.4

Note: RD = recurrent dreams. Totals for emotion dream content scales do not equal 100 due to rounding. Totals for Achievement and Environmental Press Scales do not add up to 100 as several dreams did not contain one or more of these dream content categories.

Table 2.

Thematic Content of Adult and Childhood Recurrent Dreams.

THEMATIC CONTENT	% OF RD FROM ADULTHOOD (n=110)	% OF RD FROM CHILDHOOD (n=53)	% OF TOTAL RD (n=163)
Being Chased	14.6	41.5	23.3
Problems With House Maintenance	10.9	0	7.4
Being Alone and Stuck or Trapped	6.4	3.8	5.5
Facing Natural Forces	5.5	3.8	4.9
Teeth Falling Out	4.6	0	3.1
Discovering/Exploring New Rooms in a House	4.6	1.9	3.7
Death of Family Members	4.6	9.4	6.1
Not Knowing Why or to Whom One is Getting Married	3.6	0	2.5
Unable to Use a Telephone During an Emergency	3.6	0	2.5
Unable to Find a Private Toilet	3.6	0	2.5
Being Late or Lost	2.7	1.9	2.5
Driving a Car That is Out of Control	2.7	0	1.8
Flying	2.7	3.8	3.1
Other	30.0	34.0	31.2
Total	100.1	100.1	100.1

Note: RD = recurrent dreams. Totals do not add up to 100 due to rounding.

