

# Understanding Nightmare Disorder and A brief overview of required Psychological Interventions

Dear Editor,

Nightmare disorder is a mental health condition characterized by repeated occurrences of extended, well-remembered, dysphoric dreams, often involving themes of threat, that result in awakening from sleep and significant distress and impairment<sup>1</sup>. A typical sleep occurs in two phases namely rapid eye movement stage (REM) and nonrapid eye movement stage (NREM), nightmares usually occur during REM stage of sleep cycle when brain activity nears the level of that when an individual is awake causing the experience to feel real. Research points to factors such as traumatic experiences, childhood adversities, suppression of thoughts, maladaptive beliefs, other medical conditions such as sleep apnea<sup>2</sup>. Though research points to multiple reasons for occurrence of nightmares, Spoomaker's cognitive model explains persistence of nightmares due to formation of nightmare scripts, the repeated elements in nightmares form structures patterns in dreamers experience. The scripts contain specific expected responses that get activated to dream elements, the cycle continues even after the original stressor fades.<sup>3</sup>

Individuals suffering from nightmare disorder experience immediate physical symptoms such as sweating, shortness of breath and intense emotions such as fear, anxiety, and distress. Nightmare disorder is also associated with wide range of complications such as apprehension to sleep, difficulty in onset of sleep and maintaining with consequences such as tiredness, concentration difficulties, drowsiness during daytime. In severe cases it can also lead to increased mental distress, anxiety, depression<sup>4</sup> maladaptive personality functioning<sup>5</sup>. A significant evidence suggests that nightmares are associated with suicidality and self – harm.<sup>6</sup>

Due to the growing recognition of the significant link between Nightmare Disorder and subsequent psychiatric issues, nightmares are now seen as a crucial focal point for treatment rather than merely a secondary symptom of other mental health problems such as PTSD, bipolar disorder, major depressive disorder. Medications such as prazosin, clonidine that work by promoting relaxation of nervous system and other medications such as like trazodone and atypical antipsychotics are also administered in treating nightmare disorder upon diagnosis and

prescription by a qualified psychiatrist.<sup>7</sup>

Though prescribed drugs can help symptom management in treatment of nightmare disorder, psychological interventions remain essential in addressing root causes, effective management, and significant improvement in life quality of individuals suffering from nightmare disorder. Psychological treatments for nightmare disorder can have three approaches, treatments that emphasize on the subjective meaning of nightmares, the pathologic repetition of the nightmares and maladaptive beliefs about nightmares.<sup>8</sup> Interpreting and treating subjective meaning of nightmare content is prioritised. In psychodynamic approach, through psychoanalysis, dream analysis, interpersonal therapy due to the belief that nightmares indicate a conflict that is unresolved.

According to Krakow et al.<sup>9</sup> the nightmare script phenomenon could also be understood as nightmares as learned behaviours that are result of traumatic and stressful events. Such pathological repetition of nightmares is targeted in Lucid dreaming therapy and by cognitive behavioural treatments like imagery rehearsal therapy (IRT), Exposure therapy, Systematic desensitization (SD) therapy, eye movement desensitization and reprocessing (EMDR) and Exposure, Relaxation, and Rescripting Therapy (ERRT). In Imagery rehearsal therapy (IRT), individuals change their nightmares into more positive dreams using mental imagery, the technique involves rehearsing alternative less distressing ending to nightmares, disrupting nightmare scripts by targeting the learned responses and behaviours.

Systematic desensitization is a therapeutic technique that gradually exposes individuals to their fears while they practice relaxation techniques and Exposure therapy, individuals confront their nightmares in controlled and safe setting until they no longer distress them, in the process anxiety and arousal symptoms are overridden by more adaptive behavioural, cognitive, and emotional processes. Exposure, Relaxation, and Rescripting Therapy (ERRT) combines elements of Imagery Rehearsal Therapy (IRT),

**How to cite this article:** Haroon A. Understanding Nightmare Disorder and A brief overview of required Psychological Interventions. J Neurobehav Sci 2024; 11:87-88.

**Maddali Anvitha Lakshmi<sup>1</sup>, Neelam Sai Sahithi<sup>2</sup>, Dr Pallerla Srikanth<sup>3</sup>, Dr Ayesha Parveen Haroon<sup>4</sup>**

<sup>1,2</sup> Bachelor's student, Department of Psychology, SRM University, Mangalagiri, Vijayawada, Andhra Pradesh, <sup>3</sup> Assistant Professor, B.Sc in Mental Health Program Symbiosis Institute of Health Sciences (SIHS) Symbiosis International University Hill Base, Lavale Campus, Pune, Maharashtra, India, <sup>4</sup> Assistant Professor and Head, Department of Psychology, SRM University, Mangalagiri, Vijayawada, Andhra Pradesh, India.

**Received:** 13.04.24

**Accepted:** 15.07.24

**Published:** 31.12.24

## Orcid

Maddali Anvitha Lakshmi:  
ORCID: 0009-0004-6599-5755

Neelam Sai Sahithi:  
ORCID: 0009-0005-1574-8956

Ayesha Parveen Haroon:  
ORCID: 0009-0008-5458-3420

Pallerla Srikanth:  
ORCID: 0000-0001-7513-8264

## Address for Correspondence:

Dr Ayesha Parveen Haroon,  
Assistant Professor and Head,  
Department of Psychology,  
SRM University, Mangalagiri,  
Vijayawada, Andhra Pradesh,  
Email: ayeshaparveen.h@srmap.edu.in

## Access this article online

**Website:** <https://dergipark.org.tr/tr/pub/jnbs/issue/89057/1608362>

**DOI:** 10.32739/jnbs.11.1608362

## Quick Response Code:



exposure therapy and relaxation techniques.

Lucid dreaming is a notably different approach where individuals become aware that they are dreaming by techniques such as reality testing and identifying dream signs. Once the individual achieves lucidity, they can intentionally change the direction of the dream to make it more positive or to explore different scenarios and exert some level of control over the dream narrative and environment. While some studies suggest that lucid dreaming may have therapeutic potential for addressing nightmares, more research is needed to fully understand its effectiveness and how it can be integrated into treatment approaches for nightmare disorders.

Psychologists play a crucial role in the management of nightmare disorders by carefully diagnosing and administering therapies according to expertise and individual needs. These therapies aim to reduce the frequency, severity, and distress associated with nightmares. However, some limitations can impact their ability to fulfil these roles effectively such as lack of awareness among people, shame, and inhibition to seek help, false beliefs regarding treatment, Research that explores more about such disorders, need for resources for Specialized and rigorous training for psychologists, Lack of Resources for psychologists in eliminating above barriers<sup>10</sup>. The impact of these limitations can be profound, potentially leading to persistent symptoms, increased distress, and a lower quality of life for individuals suffering from nightmare disorders. Addressing these barriers is essential for improving outcomes for patients with nightmare disorders. In conclusion, psychological treatment efficacy for nightmares is optimized when interventions empower individuals by directly addressing either the content of the nightmares or the emotional reactions associated with them, fostering a sense of control or mastery

### *Patient informed consent*

There is no need for patient informed consent.

### *Ethics committee approval*

There is no need for Ethics Committee approval.

### *Financial support and sponsorship*

No funding was received.

### *Conflict of interest*

There is no conflict of interest to declare.

### *Author contribution area and rate (%)*

Maddali Anvitha Lakshmi (30%): Contributed to writing a manuscript draft and literature search.

Neelam Sai Sahithi (30%): Contributed to writing a manuscript draft and literature search.

Pallerla Srikanth (20%): Contributed to the review and content of the manuscript

Ayesha Parveen Haroon (20%): Contributed to the review and content of the manuscript

### *References:*

1. VandenBos GR, editor. APA dictionary of psychology (2nd ed.). Washington: American Psychological Association; 2015
2. Aetiology and treatment of nightmare disorder: State of the art and future perspectives - PubMed.
3. Spoomaker VI. A cognitive model of recurrent nightmares [Internet]. Uni-heidelberg.de. [cited 2024 Apr 13]. Available from: [https://archiv.ub.uni-heidelberg.de/volltextserver/8436/1/40\\_Spoomaker.pdf](https://archiv.ub.uni-heidelberg.de/volltextserver/8436/1/40_Spoomaker.pdf)
4. Blagrove M, Farmer L, Williams E. The relationship of nightmare frequency and nightmare distress to well-being. J Sleep Res [Internet]. 2004;13(2):129–36. Available from: <http://dx.doi.org/10.1111/j.1365-2869.2004.00394.x>
5. Nightmare Disorder, Psychopathology Levels, and Coping in a Diverse Psychiatric Sample - PubMed (nih.gov).
6. Andrews S, Hanna P. Investigating the psychological mechanisms underlying the relationship between nightmares, suicide and self-harm. Sleep Med Rev [Internet]. 2020;54(101352):101352. Available from: <http://dx.doi.org/10.1016/j.smrv.2020.101352>
7. Standards of Practice Committee, Aurora RN, Zak RS, Auerbach SH, Casey KR, Chowdhuri S, et al. Best practice guide for the treatment of nightmare disorder in adults. J Clin Sleep Med [Internet]. 2010;06(04):389–401. Available from: <http://dx.doi.org/10.5664/jcsm.27883>
8. Nadorff MR, Lambdin KK, Germain A. Pharmacological and non-pharmacological treatments for nightmare disorder. Int Rev Psychiatry [Internet]. 2014;26(2):225–36. Available from: <http://dx.doi.org/10.3109/09540261.2014.888989>
9. Krakow B, Kellner R, Pathak D, Lambert L. Long term reduction of nightmares with imagery rehearsal treatment. Behav Cogn Psychother [Internet]. 1996 [cited 2024 Apr 13];24(2):135–48. Available from: <https://www.cambridge.org/core/journals/behavioural-and-cognitive-psychotherapy/article/abs/long-term-reduction-of-nightmares-with-imagery-rehearsal-treatment/9DD1EFF-714C207C5D71E4BD08B6A3427>
10. Gill P, Fraser E, Tran TTD, De Sena Collier G, Jago A, Losinno J, et al. Psychosocial treatments for nightmares in adults and children: a systematic review. BMC Psychiatry [Internet]. 2023;23(1). Available from: <http://dx.doi.org/10.1186/s12888-023-04703-1>