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Loyola Marymount University

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Art in the Terror: An Analysis of Nightmare Imagery in Art Therapy

Emily Brozyna

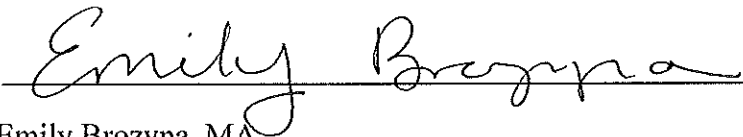
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In partial fulfillment of the
Requirements for the degree
MASTER OF ARTS
May 12, 2013

Signature Page

Author's Signature


Emily Brozyna, MA

Research Advisor's Signature:


Anthony Bodlovic, MA, MFTI, ATR

Abstract

This paper examines the utilization of participants' nightmares in art therapy to benefit treatment. The researcher utilized a self-study by means of making art about three of her own nightmares, followed by a comparative analysis in case studies. The researcher asked the participants to make art about a nightmare they reported they had while in a treatment session, and then provided them with the opportunity to alter the image for possible means of catharsis. The researcher then discussed the process with the participants in order to answer the research questions. The participants' ages ranged from 6-15; with two males and a female included. Their diagnoses vary yet all participants had one thing in common: that they all suffer from nightmares. The research revealed the significance of utilizing nightmare processing in art therapy. The practice provides a client with means of sharing nightmares with another person, which may lead to topics never discussed in treatment, a deepened examination of symptoms, diagnoses and fears, and catharsis in the artistic process. The literature reveals that the existence of nightmares is symptomatic, but that the use of processing nightmares in therapy is found to be successful. There is little literature about research with use of nightmares in art therapy practice; therefore this paper is a contribution to the research drought pertaining to this area of the field.

Disclaimer

This paper does not reflect the views of Loyola Marymount University nor the Department of Marital and Family Therapy.

Dedication

To my loving, supportive parents, and to all of the figments of my imagination.

Acknowledgments

Special thanks to my mentor, Anthony Bodlovic, who has been a constant inspiration to me since the start of my journey to becoming an art therapist, to my classmates who have been a pivotal aspect of and support in my growth, to my exceptional professors, to my partner in crime, love and life, Marissa Marsicano, for taking good care of my head and my heart, and to my therapist, Dr. Grace Coleman

Table of Contents

Title Page	i
Signature Page	ii
Abstract.....	iii
Disclaimer	iv
Dedication.....	v
Acknowledgements	vi
Table of Contents.....	1
List of Figures.....	3
Introduction	4
The Study Topic	4
Significance of Study	4
Background of Study Topic	5
Literature Review.....	6
Research Approach.....	21
Methods	22
Definition of Terms	22
Design of Study	22
Sampling	23
Gathering of Data	23
Analysis of Data	23
Presentation of Data.....	25
Researcher's Self Study	25

Analysis of Self Study Data	33
Finalized Research Questions.....	33
Case Studies.....	35
Analysis of Case Study Data	45
Themes.....	45
Answers to Research Questions	51
Findings	53
Conclusion.....	55
References	57
Appendices	
Research Consent	61
Research Assent	62

List of Figures

Figure 1.	Researcher's "An Atheist in Heaven"	27
Figure 2.	Researcher's "Accessing the Prefrontal Cortex"	30
Figure 3.	Researcher's "Undulating Pier"	32
Figure 4.	Dmitry's "Monster in my Bedroom"	37
Figure 5.	Dmitry's "Mean Windstorms"	38
Figure 6.	Dmitry's "Happy Windstorms"	38
Figure 7.	Tallulah's "Untitled"	41
Figure 8.	Tallulah's "Rainbow"	41
Figure 9.	Tallulah's "Untitled"	42
Figure 10.	Hugo's "Lurking"	44
Figure 11.	Hugo's "Lurking"	44

Introduction

The Study Topic

The purpose of this research was to explore how making art about nightmares may benefit the client in the therapeutic process. How the subject interprets the dream, how they find it useful, in which ways it affects their fear, and how they can use the art to change the imagery or narrative was analyzed. The research was performed through an initial process of grounded theory through self-study by the researcher. The theories and questions derived from the initial process were then compared in case studies.

Significance of Study

There is a dearth of research pertaining to dreams, although less on nightmares, and very little to be found on nightmare exploration in art therapy. This area of study deserves further examination to share with the art therapy community. In addition, the researcher has a long personal history with suffering from nightmares. The researcher has struggled with this symptom since the age of two. The researcher understands how nightmares can drastically affect a person's quality of life, therefore finds value in researching means of healing.

Background of Study Topic

The absolute purpose of dreams is something that is not completely understood and it has intrigued humans as far back as the time of the Mesopotamians and the Classical Greeks (Eudell-Simmons & Hilsenroth, 2007). Freud's widely known text *The Interpretation of Dreams*, may have been written over one hundred years ago, however, many professionals utilize its theories and principal understandings today (Siegel, 2010). How people interpret their dreams and find inherent meaning from them is something that varies across cultures and individual differences, and Mikulincer, Shaver and Avihou-Kanza (2011) revealed that there are still as many theories about the meaning of dreams today as there were in Freud's time. Regarding nightmares or bad dreams, the definition is debated, but almost all researchers can agree that it is comprised of dream content that is terrifying for the dreamer to experience (Köthe & Pietrowsky, 2001; Bearden, 1994; Zadra & Donderi, 2000; Kirmayer, 2009; Spoormaker, Schredl, & van den Bout, 2006)

What is known thus far, the experiences, symptoms and content of nightmares varies between genders, ages and pathologies (Bearden, 1994; Nielson, Stenstrom, & Levin, 2006; Schredl & Piel, 2003 as cited by Csóka, Simor, Szabó, Kopp & Bódizs, 2011; Coolidge, Segal, Coolidge, Spinath, & Gottschling, 2010; Köthe & Pietrowsky, 2001; Köthe & Pietrowsky, 2001; Antunes-Alves & De Koninck, 2012; Zadra & Donderi, 2000). The most prominent nightmare types in the literature include attachment, trauma and anxiety based derivations. The usefulness of dream or nightmare interpretation in clinical practice is still somewhat of a newly researched treatment intervention, but some researchers have begun to look at how this practice can be impactful (Siegel, 2010; Gonzalez, 2010; Jenkins, 2012).

Literature Review

Introduction

Dreaming, a part of every human's life, is something that has mystified humans for centuries. In fact, dreams have been studied as long as psychotherapy itself (Siegel, 2010). Many researchers, scientists, theorists, and doctors have tried to understand the etiology of dreams and the reasons people have them. Much more is known today about dreaming than in 1900 when Freud wrote his momentous book *The Interpretation of Dreams* (Siegel, 2010). The literature for this review was chosen from general psychology and art therapy databases, and the substantial differences in the prevalence of publications is examined. Most of the literature selected was chosen for its particular exploration of nightmares. There is a general consensus of the understanding that dreams and nightmares have significant differences and impacts on the dreamer. Nevertheless, it is important to understand key traits of dreams before investigating the realm of nightmares. This review begins with the history of dream interpretation, the differentiation between dreams and nightmares, the scope of understandings about nightmares in adults and children, their usefulness in psychotherapy, and the bridge into clinical art therapy practice.

History

Several pieces of literature from general psychology databases discuss how dream interpretation has been utilized throughout history (Eudell-Simmons & Hilsenroth, 2007; Mikulincer, Shaver & Avihou-Kanza, 2011; Siegel, 2010). Eudell-Simmons and Hilsenroth (2007) stated that dream interpretation was used by early cultures such as the Mesopotamians and the Classical Greeks. The first dream ever recorded by humans was from the Ancient Mesopotamian King Dumuzi of Uruk, scribed circa late 3000 BCE (Hoffman, 2004). This

dream was regarded for its poetic literary quality. The succeeding records of dreams in Mesopotamian society were for the purpose of interpretation. These were recorded and interpreted in the Babylonian Epic of *Gilgamesh*, by a female figure. Dreams at this point in time were developing into a more useful device. Dreams of the Ancient Mesopotamians were later recorded for their historical narrative possibilities, such as in the text of Gudea, an ancient governor of 2100 BCE (Hoffman, 2004).

Dreams were regarded as important in Mesopotamian and Early Egyptian, “government, religion, and daily life,” (Hughes, 2000, p. 7). These civilizations called upon significant figures of society such as, “a god, goddess, priest, priestess, physician, professional dream interpreter, relative or friend,” to support the process of decoding dream meaning (Hughes, 2000, pp. 7-8). For example, the Sumerian King Gilgamesh approached his mother, Ninsun, who was an important god that had the qualifications for providing dream interpretation. Dream meanings were for others to determine in the most ancient of civilizations. Among those who did interpret, the symbolism in dream content was recognized for its non-literal meanings. For the Mesopotamian culture as a whole, they believed that people who have evil dreams, or what we in modern times refer to as a nightmare, were in need of a ritual cleansing or incubation. They were to sleep in a temple chamber next to the image of a deity, with the goal of a priest or priestess providing assistance in ridding of evil dream spirits (Hughes, 2000).

Hughes (2000) and Downing (2012) wrote that the Greeks were another culture later in history that found great significance in dream interpretation. Much like the Mesopotamians, the Greeks believed that while having a nightmare, “a demonic or monstrous deity, or an animal, were pressing on the dreamer’s chest and causing a sensation of asphyxia” (Downing, 2012, p. 334). On the other hand, the Greeks also believed that dream messages were words of the gods

(Hughes, 2000). They believed that dreams could predict the future, could treat disease, and could connect dreamers to the dead. Homer used dream interpretation in his writing to demonstrate gods contacting humans. In subsequent times, dream interpretation was used in the sixth-fourth centuries BCE in poetry and drama. Hippocrates was attributed to be the writer of a book titled *On Dreams*, where he described that dreams help a physician understand the health of a patient. Further in time, philosophers such as Plato and Aristotle wrote about dreams as pertaining to their theories of society and life (Hughes, 2000). Even later in history, the Roman philosopher Cicero remarked on his skepticism that dreams foretold anything of the future or of the word of the gods, rejecting any belief that dreams had a divine essence (Hughes, 2000).

Downing (2012) explored how the rise of Christianity changed the interpretation of nightmares. The newer understanding was that persons who were suffering from nightmares were weak and would suppress their sexual urges during the day but give into them during the night. Much later, in eighteenth century France, nightmares reverted to being categorized amongst the common phenomena of a sneeze or cough (Downing, 2012). In another area of the world, indigenous Australia, the Aborigines were also interpreting dreams and found them to be useful in making decisions about waking events (den Boer, 2012).

Centuries later in 1900, Freud's *The Interpretation of Dreams*, functioned as a landmark in the progress towards the use of dream interpretation in clinical practice (Siegel, 2010). Researchers Mikulincer, Shaver and Avihou-Kanza (2011), found that today there are as many theories about dreams as there were when Freud published his fundamental book. Siegel (2010) pointed out that:

...some elements of his (Freud) clinical theories and techniques have stood the test of time, including the use of free association, dream mechanisms (such as

reversal, displacement, and condensation), and the idea that dreams reveal deeper feelings, unconscious conflicts, and past trauma (p. 299).

Siegel (2010) also mentioned that an important advance in dream research sprouted from the discovery of rapid eye movement (REM) in the year 1953. This discovery revealed to researchers the “cyclic nature of dreams” (Siegel, 2010, p. 299). Another significant figure in psychology was also looking at the meaning of dreams sixty years after Freud’s time. Jung believed that dreams were the contrasting sides to people’s “waking attitudes” (Dolias, 2010, p. 239). In recollection, the findings of these articles illuminate the vast history of dream interpretation, highlighting the implicit curiosity and search for their usefulness by mankind.

Varying Definitions, Statistics and Other Facts

Definitions.

Many theorists have tried to define the differences between dreams, nightmares, and night terrors. Several selections of literature reference Hartmann’s extensive dream research in 1984 stating that a nightmare differs from a dream because of its terrifying imagery, occurrence during the REM stage of sleep, and the dreamer’s ability to recall the narrative (Köthe & Pietrowsky, 2001; Bearden, 1994; Zadra & Donderi, 2000; Kirmayer, 2009; Spoomaker, Schredl, & van den Bout, 2006). In this selection of literature, all the theorists agree that awakening from sleep is a standard part of a nightmare (Zadra & Donderi, 2000; Kirmayer, 2009; Spoomaker, Schredl, & van den Bout, 2006 as cited in Csóka, Simor, Szabó, Kopp & Bódizs, 2011). Nightmares are charged with negative emotions and backed with deep emotional investment (Kirmayer, 2009; Antunes-Alves, & De Koninck, 2012). Jenkins (2012) found that the climactic moment of a nightmare could be quite dangerous for the dreamer and holds the possibility of feeling shame or humiliation (p. 104). Kirmayer (2009) found that dreams could

become nightmares as they are interpreted, or that a nightmare can become a dream as the corresponding feelings subside as recalled. This supports Zadra and Donderi's (2000) findings that it is sometimes best practice for researchers to leave the definition of a nightmare up to the dreamer. Hartmann found (as cited by Köthe & Pietrowsky, 2001) that nightmares tend to last between 5 and 30 minutes. Although the cause of nightmares is debatable, Hill (as cited by Mikulincer, Shaver & Avihou-Kanza, 2011) found that simply dreaming is "a continuation of waking thinking" (p. 117).

Night terrors and nightmares are in fact two different experiences a dreamer can have. Researchers agree that a night terror tends to occur in the early stages of sleep, involves bodily movement or vocalization, and tend to be difficult to recall as to the actual dreaming content (Kales, Cadieux, Soldatos & Kales, 1982; Bearden, 1994; Crisp, Matthews, Oakey, & Crutchfield, 1990).

Prevalence.

In the United States, Bearden (1994) found that 5% of the general population suffers from nightmares with having at least one nightmare per week. Comparably, Antunes-Alves and De Koninck (2012) found that 8% of the Canadian population suffers from that same frequency of occurrence of nightmares. Bearden (1994) found that nightmare frequency decreases with age and is less prevalent in the elderly population. Nightmares during childhood have been found to be the most prevalent (Bearden, 1994; Schredl, Fricke-Oerkermann, Mitschke, Wiater & Lehmkuhl, 2009). Mindell and Barrett (2002) found that the peak ages for nightmares are between 6 and 10, while Bearden (1994) found it to be between the ages of 4 and 8. Schredl et al. (2009) found that 70-90% of adolescents report suffering from nightmares as a child, and that currently 5% of children do. Most researchers find that women suffer from more nightmares

than men (Nielson, Stenstrom, & Levin, 2006; Schredl & Piel, 2003 as cited by Csóka, Simor, Szabó, Kopp & Bódizs, 2011; Coolidge, Segal, Coolidge, Spinath, & Gottschling, 2010; Köthe & Pietrowsky, 2001). Hartmann disagrees and found that gender does not affect nightmare frequency (as cited by Bearden, 1994, p. 142). Regarding dream characters and gender differences, Siegel (2005) found that boys and men have the tendency to dream predominantly of male figures, while women and girls have a balance in gender of their dream characters (p. 153).

Pathology.

Frequent nightmare sufferers may meet criteria for Nightmare Disorder per the DSM-IV-TR (Diagnostic and Statistical Manual for Mental Disorders IV Text Revision). The manual states that this disorder is characterized by “the repetition of frightening dreams, stressful awakenings, and significant distress in waking life” (Coolidge, Segal, Coolidge, Spinath, & Gottschling, 2010, p. 349). Many researchers have hypothesized the pathological origin of nightmares. Köthe and Pietrowsky (2001) and Antunes-Alves and De Koninck (2012) found that nightmares correlate to struggles with anxiety and depression. Köthe and Pietrowsky additionally identified the relation to pathological difficulties in the areas of “somatization, paranoia, psychotic ideation” (p. 44). Zandra and Donderi (2000) and Antunes-Alves and De Koninck (2012) both determined a connection between low emotional well-being and having nightmares. Bearden (1994) deduced that chronic nightmare suffering might be connected to personality, history of trauma or the use of drugs. Antunes-Alves and De Koninck (2012) studied the correlation of sleep disturbance and chronic nightmares. They found that “sleep disturbance including insomnia, sleep onset latency, reduced amount and quality of sleep” are contributors to the cause (p. 11). Hartmann et al. (1981) (as cited by Bearden, 1994) found that nightmare sufferers had the tendency of being of artistic disposition, with high levels of openness

and vulnerability, lack of defense mechanisms, variable and unsettled social relationships, fluid sexual identities, and high sensitivity, in terms of both interpersonal relations as well as perceptual sensitivity (i.e., to light and sounds) (p. 142). Artistic tendencies and creativity correlate to having nightmares (Bearden, 1994; Köthe & Pietrowsky, 2001). Hartmann (as cited in Wood & Bootzin, 1990) found that, “artists often have weak ‘psychological boundaries’ that predispose them to nightmares” (p. 65).

Other Findings.

How the body is aroused while dreaming may differ depending on the individual, but many researchers have looked at the themes of content, common sensory experiences, and experiential phenomenon that occurs while having a nightmare. Bearden (1994) found that some subjects experienced auditory, olfactory and nociception (physiological pain), while Siegel (2005) construed that this is rarely reported. Both Siegel and Bearden did support that visual imagery was a frequent occurrence.

Thematic findings on nightmare content frequently are comprised of matter that evokes feelings of fear or terror (Bearden, 1994; Siegel, 2010). Bearden (1994) found that common themes include catastrophic events, being chased (in adults, usually by a man or gang), being attacked, mutilated or threatened of bodily harm. Bearden also found that the person having the nightmare rarely is the perpetrator of the violence. Although since Freud’s writings it is commonly understood that dreams have underlying sexual content, Bearden found that sexual content in nightmares is rare. This same researcher explored the nightmare phenomenon of the dreamer becoming an animal in their dreams, or dreaming within a dream. Siegel (2010) found a specific body of dream themes, consisting of “flying, falling, paralysis, being unprepared for an examination, appearing naked in public, being chased, natural disasters, losing the wallet or

purse, sexual interactions, finding new rooms in houses, mortal threats or injuries to self or others, and plane and car crashes” (p. 301).

The formidable content in nightmares would suggest that there is an effect on the dreamer’s waking life. Köthe and Pietrowsky (2001) investigated how nightmares influence waking mood, activities, coping abilities and sociality. Kirmayer (2009) found that nightmares are a continuation of the emotional events one experiences during the day. Additionally, Schredl and Knoth (2012) determined that time of day while sleeping influences nightmare content. Jung, (as cited by Siegel, 2010), drew the connection between the individual’s dreaming and waking life crisis or transitions. Hartmann (as cited in Bearden, 1994) reported that chronic nightmare sufferers frequently shared having challenging childhoods.

Children’s Dreams

When examining a facet of the human mind, it is necessary to consider how the data differs with children. Researchers agree that the high prevalence of children suffering from nightmares is valuable information when considering the topic (Schredl et al., 2009; Bearden, 1994; Schredl, Fricke-Oerkemann, Mitschke, Wiater & Lehmkuhl, 2009). Siegel (2005) explored how researching children’s dreams can be difficult due to the complicated methodological processes. However, some information specific to this population is known. Hartmann (as cited in Bearden, 1994) found that children are usually chased in nightmares, while Siegel (2005) discovered that children are typically positioned in victim roles. Furthermore, in 2010 Siegel found that, “children’s dreams are shorter with less plot development, and younger children are less likely to be in control and are more often the victim of adversarial forces and are less able to fend for themselves” (p. 302). In addition, this researcher discovered that children’s dreams frequently contain animals, whereas in adults the prevalence decreases. The literature of

Siegel (2005) explored the importance of researching children's dreams and nightmares to understand development from a cognitive and psychosocial perspective.

Attachment and Nightmares

Nightmares and dreaming have served researchers in helping to gain new understandings of attachment. Mikulincer, Shaver & Avihou-Kanza (2011) stated that attachment researchers have been studying dreams since Ainsworth, Blehar, Waters, Wall and Bowlby's principal studies in 1969. As Siegel (2005) questioned, "are these preverbal nightmares a traumatic reliving of the pangs of hunger, separation from mother, and sheer helplessness?" (p. 151). To understand the meaning of attachment, Mikulincer, Shaver and Avihou-Kanza (2011) explained:

According to attachment theory, human beings are born with an innate psychobiological system (the attachment behavioral systems) that motivates them to seek proximity, comfort, and support from protective others in times of need. Bowlby (1973) also proposed that the parameters of the attachment systems are gradually shaped and altered by social experiences with protective others (attachment figures), resulting in relatively stable individual differences in attachment orientation: the systematic pattern of relational expectations, emotions, and behaviors that results from a particular attachment history (p. 106).

Seltermann and Drigotas (2009) and Mikulincer, Shaver and Avihou-Kanza (2011) found that the content in dreams depends on the individual's attachment style. This study examined the dreams people have about their romantic partner and how the dynamics expose aspects of attachment. They found that, "participants who were higher on avoidant and anxious-ambivalent attachment were observed to feel more stress, conflict, and anxiety in dreams with romantic partners" (p. 145). Csóka, Simor, Szabó, Kopp and Bódizs (2011) and Seltermann and Drigotas (2009)

established that individuals higher on the avoidant attachment scale generally dreamt with emotionally laden material, and Mikulincer, Shaver and Avihou-Kanza (2011) found that those individuals had more daily negative emotions in waking life. Both Selterman and Drigotas, and Mikulincer, Shaver and Avihou-Kanza determined that those individuals had the tendency of reporting negative dream content. Mikulincer, Shaver and Avihou-Kanza, found that the content specifically contained “wishes and fears concerning security, closeness, dependency, and autonomy” (p. 107), and that the individuals had negative self-images while dreaming. Csóka, Simor, Szabó, Kopp, and Bódizs (2011) (as cited by Mikulincer, Shaver and Avihou-Kanza, 2011) researched the correlation between early maternal separation and chronic nightmares. Csóka, Simor, Szabó, Kopp and Bódizs (2011) found that insecurely attached individuals had, “elongated REM sleep and more frightening dreams with recurrent content” (p. 127).

Anxiety and Nightmares

Researchers examining nightmares have defined the undeniable relationship between nightmares and anxiety experiences (Wood & Bootzin, 1990; Bearden, 1994; Kales, Soldatos & Kales, 1981, Mindell & Barrett, 2002; Coolidge, Segal, Coolidge, Spinath, & Gottschling, 2010, Picchioni, Goeltzenleucher, Green, Convento, Crittenden, Hallgren, & Hicks, 2002). Wood and Bootzin (1990) established that people with anxiety have heightened access to memories of anxiety-based nightmares. Additionally, Mindell and Barrett (2002) found that children with higher levels of waking life anxiety scored their nightmares as more terrifying. Relating to this notion, Antune-Alves and De Koninck (2012) and Kirmayer (2009) determined the relation to individuals with higher emotional reactivity to having distressing nightmares. McNally (as cited by Kirmayer, 2009) wrote:

Nightmares are more frequent when individuals experience increased daily stress or emotional arousal, but the content of nightmares may not directly reflect the specific types of stress – indeed, nightmare images may be horrifying even when the stresses experienced are more mundane. Frightening dreams of terror, injury or loss need no real event as their basis. Imagined deaths of others rather than memories of actual deaths are sufficient to cause intense emotions, with the dreamer awakening in tears or sobs of grief. What is more, dreams and intrusive images that have the quality of reliving or replaying may not be veridical but, rather, represent ‘worst-case scenarios,’ vividly (re)imagined as part of a process of thinking about the catastrophic experience, (p. 327).

Furthermore, Köthe and Pietrowsky (2001) found that stressful life events do often evoke the onset of nightmares. Bearden (1994) found that, “Nightmares appear to have both internal psychological origins as well as external physical and psychological causes,” (p. 150). There is sufficient evidence that nightmares based in anxiety feelings commonly pertain to fears or worries about death (Köthe & Pietrowsky, 2001; Wood & Bootzin, 1990; Bearden, 1994). Antune-Alves and De Koninck (2012) found the relation to having heightened stress before experiencing a nightmare and until after the nightmare is over. However, Picchioni, et al. (2002) found that nightmares may be useful in their capability to help the individual cope with stress.

Trauma and Nightmares

A third type of nightmare is associated with trauma or Posttraumatic Stress Disorder (PTSD) (Kirmayer, 2009; Schredl, Fricke-Oerkermann, Mitschke, Wiater & Lehmkuhl, 2009). Bearden (1994) found that trauma nightmares could be differentiated from general nightmares because they are usually repetitions of the trauma events. Kirmayer (2009) found that when the

trauma nightmares are recalled, the individual will account, “its content, emotions, cognitive appraisal and somatic symptoms” (p. 327). Kirmayer also found how trauma nightmares are an important component of PTSD, due to the fact they contain the memories and associated sensations. Siegel (2005) found that children specifically benefit from trauma nightmares because they may be a means of coping with the events.

Dream Reports by the Dreamer

As of today, the central means of accessing dreaming and nightmares is through the personal account of the individuals. Siegel (2010) found that dream content is richer when “multiple dimensions of the meaning are considered, including what seem to be overt messages in the manifest content as well as additional layers of metaphoric meanings discovered through dialogue between the dreamer and the therapist” (p. 301). Siegel also found that people believe dreams relate to current conscious thoughts or actually can predict the future. Kirmayer (2009) explored how revealing nightmare content can be dangerous due to its private quality. Additionally, Kirmayer stated, “cultural forms and modes of interpretation influence private experience through cognitive schemas, modes of soliloquy and efforts to manage experience in ways that reflect social models, norms and expectations” (p. 328).

Siegel (2005) found that adults have a stronger ability to recount their dreams, and that boys have weaker recall than girls until adolescence; then the data evens out. Kirmayer (2009) found that dreamers might express their nightmares in, “a less distressful way in order to regulate the distress caused from the imagery” (p. 324). Siegel (2005) found selectivity specifically in children and adolescents, but this was possibly because of anxieties of being involved in research.

Adams (2005) performed a study that examined if children believe there is a divinity to the messages in dream content. Adams considered the extensive history of mankind believing gods sent messages through dreams. The research showed that a significant portion of the children believed there were messages of any kind in their dreams, and across religions many children interpreted the messages in similar ways (Adams, 2005).

Uses of Dream Analysis in Therapy, Traditional vs. Art Therapy

If a dream or nightmare is an aspect of mostly all human experience, it can be expected that the topic could be brought up in therapy. Belicki (as cited in Köthe & Pietrowsky, 2001) found a correlation between people who suffer from chronic nightmares and their tendency to seek aid by a mental health professional. While examining the history of use of dreams in psychotherapy, Siegel (2010) found that, “dream work was touted as the royal road to the unconscious and recommended as an effective vehicle for accessing hidden conflicts, enhancing the collaborative alliance, and facilitating important insights” (p. 299). Gonzalez (2010) researched the use of nightmare interpretation in psychotherapy with a 10-year-old girl. Her findings supported the undeniable benefit of this practice. She found that the practice strengthened the therapeutic relationship, provided her client with means of expressing external and internal struggles or needs, exposed assessment data, illuminated her attachments and overall advanced her success and deepened her experience in treatment. Jenkins (2012) found that dream interpretation in therapy helped the client’s understanding of dynamics in their waking life.

Moon (2007) found three guidelines by which an art psychotherapist should practice the use of dream interpretation in therapy. They are that, “(a) the dream is what it is; there are no hidden meanings, (b) the art therapist focuses on the manifest content of the images of the dream

and the client's artwork, and (c) the art therapist refrains from making interpretive comments," (p. 128). Kirmayer (2009) found that dreams do not have predetermined meaning, and Jenkins (2012) found that they provide a narrative in which the therapist can use to connect with the client more deeply. Siegel (2010) warned that the unskilled or improperly trained psychotherapist might accidentally project his or her interpretations of client's dreams, which would be a mistake. Siegel (2010) researched the psychotherapists that do project their own meaning, but found that contemporary practitioners "go beyond sex and aggression as the primary instinctual forces motivating dreams" (p. 299). Siegel's 2010 research on Freud concretized Kirmayer's 2009 findings that dreams are objective, but furthered that they can only be interpreted by a professional.

In the cognitive-behavioral approach, dream interpretation is also found to be useful but in a much different way than in traditional psychotherapy. St-Onge, Mercier and De Koninck (2009) studied how Imagery Rehearsal Therapy (IRT) has been helpful in supporting clients to rewrite or change the content of their nightmares. This technique is used with a combination of relaxation and rehearsing the changed narrative to eventually improve an adult client's nightmares. The research in cognitive-behavioral therapy showed that systematic desensitization worked best in treating children with frequent nightmares (St-Onge, Mercier & De Koninck, 2009).

In therapy, narrative forms of dream recall have been trending in popularity due to their natural ability to be re-written or reworked (Jenkins, 2012). Furthermore, some encourage dialog to be written between characters or components in order to illuminate relationships within dreams (Siegel, 2010). Dream interpretation can also serve the therapist with scaling data to understand the client's current mood state (Gonzalez, 2010). Jenkins (2010) found that narrative

recounts of nightmares and dreams may not be sufficient. Due to this, it is possible the art therapy may be the answer, but there is little research about the use in art psychotherapy.

Conclusion

The use of dream and nightmare interpretation dates back to ancient civilizations such as the Mesopotamians and Classical Greeks up to modern use in psychology, therapy, research and everyday life. The most commonly referenced and concrete research today is that of Freud, but the data and current information is growing in the field. There is adequate research about nightmares and the relationship to anxiety, trauma, and attachment in general psychology journals, but it is clear that the field of art therapy could use more. Bearden (1994) stated, “the precise causes of nightmares remain a mystery” (p. 139), however the benefits of using nightmare interpretation in art psychotherapy deserves furthered consideration.

Research Approach

For this research, I have utilized a self-study and grounded theory approach to begin deciphering the theories for analysis. The researcher is a 26-year-old Caucasian female with Generalized Anxiety Disorder. I subsequently performed a case study of the clients from my caseload at The Guidance Center of Long Beach, California. These clients were selected based on their reports of having nightmares. The participants were given pseudonyms, Dmitry, Tallulah and Hugo. Dmitry is a 6-year-old African-American male with Attention-Deficit/Hyperactivity Disorder Combined Type. Tallulah is an 8-year-old African-American female with Oppositional Defiant Disorder. Hugo is a 15-year-old Latino-American male with Generalized Anxiety Disorder. All three participants and the researcher have a history of trauma.

Although grounded theory (GT) is defined only as a pure approach if the literature review is delayed until after research, Thornberg (2012) finds that considering the literature before partaking in GT can be informative to the research in ways that do not obscure its objective quality. Kelle (as cited by Thornberg, 2012) explained how grounded theory is beneficial in that it provides the researcher with tools to analyze data. The choice in utilizing GT through self-study provided the researcher with a relevant basis once beginning the comparison in case studies.

Stake (as cited in Kapitan, 2010), stated that the use of intrinsic case study is beneficial to the research for that the predetermined cases can be selected for their probability of informing the researcher about something unique particular to each case. French, Reynolds and Swain (2001) further supports this possibility in case study research, adding the argument that it can provide detailed information and analysis of a subject that is specifically chosen for their inherent, fitting qualities.

Methods

Definition of Terms

PTSD: Posttraumatic Stress Disorder: “the development of characteristic symptoms following the exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s personal integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” (DSV-IV-TR, 2000, p. 463).

REM: Rapid Eye Movement: “...described in humans with rapid, jerky and binocularly symmetrical eye movements as a level of neuronal activity encountered normally during sleep,” (Fulda, Romanowski, Becker, Wetter, Kimura & Fenzl, 2011, p. 2).

IRT: Image Rehearsal Therapy: “...the perception of control or mastery, such as the possibility to choose deliberately the content of imagery,” (St-Onge, Mercier & De Koninck, 2009, p. 82) in the context of processing distressing dreams or nightmares in therapy.

Design of Study

This research utilizes grounded theory approach through the use of self-study that was then compared to data collected in case studies. In the research I asked the following questions:

1. What does the art reveal about how a participant views their nightmares and their meaning?
2. How does making art about a nightmare affect a participant’s fear?
3. How does the art making affect the participant and therapist’s insight about symptoms?
4. How do participants use the artistic process to transform imagery from a nightmare as catharsis?

Sampling.

This research began in self-study, and then the theories were compared to three subjects from the researcher's clinical caseload as chosen due to their statements of personally experiencing nightmares. The researcher is a 26-year-old Caucasian female with Generalized Anxiety Disorder. The participants are Dmitry, a 6-year-old African-American male with Attention-Deficit/Hyperactivity Disorder Combined Type, Tallulah, an 8-year-old African-American female with Oppositional Defiant Disorder, and Hugo, a 15-year-old Latino-American male with Generalized Anxiety Disorder. All three participants and the researcher have a history of trauma.

Gathering of data.

The researcher made art pieces about nightmares she has had and previously recorded. Those nightmares were written about in a personal journal after being recalled the morning after experiencing them. All nightmares in the self-study were from the six months prior to beginning the research. Once a theory was derived from the self-study component of the project, the researcher gathered data including photos of art and session process notes from the participating clients from sessions that they made art about their nightmares. The data was compared to the previously derived theory.

Analysis of data.

The researcher analyzed her artistic responses to nightmares, derived a theory and then compared that theory to the art responses of the participating clients. The therapist considered the research questions: 1. What does the art reveal about how a participant views their nightmares and their meaning? 2. How does making art about a nightmare affect a participant's fear? 3. How

does the art making affect the participant and therapist's insight about symptoms? 4. How do participants use the artistic process to transform imagery from a nightmare as catharsis?

Presentation of Data

The data is organized starting with the self-study nightmare narratives, corresponding figures and results. The results include the revised research questions reflecting the self-study. The case study narratives are then listed with corresponding figures, followed by those results.

In the self-study process, I utilized an array of artist materials in my studio. In Figure 1, the art created was made with oil paint, galkyd medium and varnish on a wooden panel. In Figure 2, the art was created with oil paint, acrylic paint and turpentine on a canvas. In Figure 3, the art was created on paper with pen.

Participants in the case study were presented with 11x14" construction papers in a variety of colors, as well as with oil pastels, markers and colored pencils. In all three case studies, seen in Figures 4-11, the participants utilized oil pastels, with the exception of in Figure 4 and Figure 9 where marker was additionally utilized.

Researcher's Self-Study

An Atheist in Heaven. "I dreamt of the end of the world. It was a short dream. I was walking outdoors in an unidentified place; there were people and cars, maybe a parking lot. There was a sudden "boom" and a man shouted, "This is it, this is the end, brace yourselves." There was suddenly a swell of fire and explosions. All I could see was fire and lava. It then went white. I waited in the white space for what felt like 7 to 8 seconds. I was aware I had died. I was suddenly in heaven. There were millions and millions of people, swarms of people, a sea of people. A figure began to approach me, but I refused to speak with him, rather I was distracted by an Early Greek like building with large columns on the front, placed on a hill in the distance. In the foreground of the building, amongst the sea of people, I saw a yellow glow. I said, "I can't talk to you, I have to go find Marissa."

I initially attempted to make this piece of art as realistically depicted as possible. I found that the phases of oil painting turned into a trancelike catharsis of slathering on the paint, scraping it away and coating it in varnish. As realistic of an image of heaven I had in the nightmare, I found myself representing the scene in a more expressive quality. The process of creating the oil painting was anxiety provoking until I allowed myself to change the image and process into one that was more comfortable for me. The person “Marissa” in the dream is my current girlfriend. I believe that this dream was a depiction and experiential of my ultimate fear, death, but also was quite telling of my priorities. I had put finding my girlfriend amidst the swarms of people before accepting the messages being provided by the figure. I believe that the figure is not that of a god, but rather of an angel. There is certainly a correlation as illustrated in this nightmare between my inner battle of believing there is not a heaven, fearing death without an afterlife and fearing the consequences of living a life without worshipping a Christian “God.” I believe that this nightmare art served a purpose in exploring my fears, truly seeing the nature of my anxiety through the artistic process, and gaining perspective of my subconscious (Figure 1).



Figure 1: Researcher's "An Atheist in Heaven"

Accessing the Prefrontal Cortex. “I dreamt of a client. I informed them that I would be asking this mother-son dyad to do something in treatment that they may be uncomfortable with. I asked them to remove one another’s right hemisphere of skull bone. I warned them to do the best that they could. I left the room momentarily. After several minutes, I realized I was not hearing any muffled noise; which would have implied progress through the large, oak doors. I peeked through the crack and saw the pair had stopped. I walked in and saw my client holding the rotary surgical saw at his side, relaxed. The mother was sitting in a stool looking at the floor ashamed. She had a deep incision at the base of her hairline going back an inch towards the top of her skull. Blood trickled down the brim of her forehead. She continued to gaze at the floor with tearful eyes. She said, “I tried the best I could, but I just couldn’t do it.”

This was my messiest process. I used oil paint to make the most accurate depiction of my client’s mother’s skull incision. The process was too slow for nightmare art and I needed to make it move more quickly. I also did not have the patience to sit with the image long enough to represent the client’s head realistically. I used dried out acrylic paint as the base of the incision and followed up with red and skin tone oils. I began using black oil to show the darkness of the room. It overwhelmed the head I had begun, and once it was complete, the only piece left exposed was the incision area. I had to start over and poured paint thinner over the canvas, and used a rag to smear the excess black oil off. The smeared quality of the oil became appealing to me so I repeated the process of slathering black oil on the canvas and smearing it off. I became so engrossed in the process that I eventually had my entire hands in the paint. I was suddenly finger painting, a regressive mechanism with toxic, staining oil paint. What was left felt like the essence of the nightmare, but finished in a place where I could sit with the image comfortably. The heightened aesthetic quality and expressive nature of the work increased my liking of the

imagery. The clients in this nightmare were Hugo, a participant in this research, and his mother. I believe that the nightmare was a depiction of a dynamic my subconscious gathered of the struggles I foresaw in getting the client's mother to engage in treatment. The manifest content of removing the skull to access the right hemisphere of the brain had metaphorical meaning. This was symbolic of the process of art psychotherapy. Creating the art helped me gain insight on my countertransference to not only the familial dyad but also the family's symptoms and diagnoses (Figure 2).



Figure 2: Researcher's "Accessing the Prefrontal Cortex"

Undulating Pier. “I dreamt I was on Santa Monica pier, and as I tried to exit there was an earthquake. The pier before me, between myself and steady land, was undulating in a forward rolling motion. The pier appeared to be getting as high as 500 feet at times. It settled, and I had enough time to run across it.”

In this drawing, I once again began with an attempt to show the image as realistically as possible. I found an image of the Santa Monica pier from the angle I saw it in the dream. Once I moved into the part of the image that was not real, that was solely in my mind, I switched into a trance of scribbling and scratching with the pen. I told myself I would work on this art again, but I did not ever feel the desire to. I found that the most useful purpose of this nightmare art was in finding catharsis through altering the imagery. It was yet another nightmare in a lifetime of dreams that illustrated the depth of my anxiety. Once I created the art in a means that felt safe and comfortable for myself, the imagery was less threatening (Figure 3).



Figure 3: Researcher's "Undulating Pier"

Analysis of Self-Study Data

In the self-study and grounded theory process, I found several themes in which could be applied to the case studies. I naturally found myself needing the opportunity to change or alter the image to be safer or more comfortable, much like in the Image-Rehearsal Therapy (IRT) of the Cognitive-Behavioral approach St-Onge, Mercier & De Koninck (2009) researched. I found that the process was therapeutic and decreased my anxiety reaction to the imagery. The art helped me to gain insight to the severity of my anxiety symptoms, fears and subconscious dynamics. My nightmares have overall decreased in anxiety levels since the self-study process. I edited my original research questions after completing the self-study and grounded theory process, after deriving these initial theories:

1. Making art about nightmares requires the flexibility of using artistic expression in creating the dream imagery.
2. The process of altering the nightmare imagery is therapeutic which aligns with the research on IRT by St-Onge, Mercier & De Koninck (2009).
3. This process desensitized the dreamer to the nightmare imagery.
4. The process and final product may help the participant gain heightened insight about their symptoms, fears and conscious or subconscious thoughts and feelings.
5. Making art about nightmares may decrease the frequency of nightmares for the participant.

Finalized Research Questions. 1. What does the art reveal about how a participant views their nightmares and their meaning? 2. How does making art about a nightmare affect a participant's fear? 3. How does the art making affect the participant and therapist's

insight about symptoms? 4. How do participants use the artistic process to transform imagery from a nightmare as catharsis?

Case Studies

Dmitry's story.

Dmitry is a 6-year-old African-American boy that has been in treatment with the researcher for approximately six months at the time of the study. He was diagnosed by his first therapist with Attention-Deficit/Hyperactivity Disorder Combined Type and also has a learning disorder. I asked Dmitry if he ever has dreams or nightmares. He replied that he has both. I asked him if he would like to make art about it. He said yes, and then selected black paper, oil pastels and markers. Dmitry proceeded to draw a circular shape with a mouth and an eye. He slammed the marker down to make one eye particularly bold. He then proceeded to draw three figures next to the "monster." Dmitry stated that it was of himself, his brother and his cousin. He drew two "gates" on each side of the scene. He then added a horse with many legs at the foreground of the scene. Dmitry had drawn this horse in another piece of art during this session and shared that it is his friend. He stated that the monster in the drawing was trying to eat him, his brother and cousin. It is important to note that the children in the drawing sleep in the same room as the participant. Dmitry stated that the drawing makes him feel bad, but better when it was put away. He stated that he would like to keep working on this art and make it into a book during the next session.

The participant is not very verbal, therefore obtaining answers to the research questions proved difficult. The participant stated that the image makes him "happy," and that he did not want to alter it in any way. The participant's behavior did not suggest any feelings of fear when faced with the imagery. The participant reported that he has not had any nightmares of this nature since the creation of the art.

In the second session of creating nightmare art, Dmitry began the session with black paper, oil pastels and markers without a prompt. He did not choose to return to the first nightmare art piece as he stated he would. He began drawing by creating a face with a square shaped head and then added short length orange and yellow scribbles around it. Dmitry then stated it was a map. He then took multiple colors, sometimes using more than one utensil per hand, usually using a utensil in each hand, to make tornado shaped scribbles. He stated that they were “windstorms” from a nightmare he had. He continued to scribble over the same windstorms for several minutes. He then asked for a new sheet of paper and used up to 8 oil pastels in a hand each time. Dmitry stated that this drawing was of a “happy windstorm,” and that he feels like he is in one most of the day. He said that the first windstorms were from a bad dream and they are “mean windstorms.” Dmitry’s process was chaotic, overwhelming, messy and fast. Once again it was difficult to gather detailed answers to the research questions from this participant. He was able to share that creating the windstorms made him “feel good,” and that he has not had any nightmares since creating the art (Figures 4, 5 & 6).

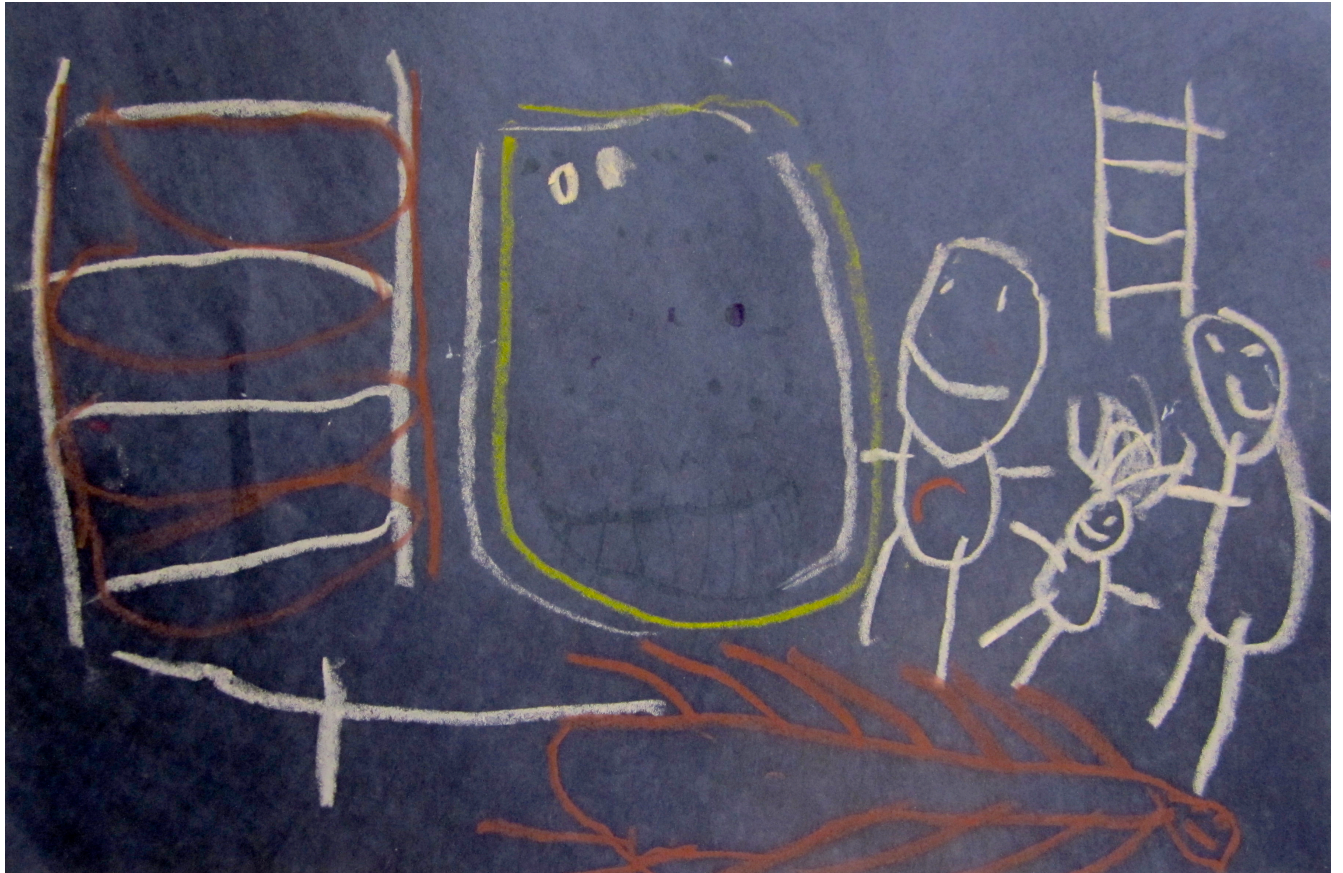


Figure 4: Dmitry's "Monster in my Bedroom"



Figure 5: Dmitry's "Mean Windstorms"



Figure 6: Dmitry's "Happy Windstorms"

Tallulah's story.

Tallulah is an 8-year-old African-American girl that was referred for treatment six months after witnessing the death of her biological mother. Tallulah was reported to have not grieved the death and was presenting with a multitude of behavioral issues. Tallulah met criteria for a diagnosis of Oppositional Defiant Disorder and was initially treated for behavioral problems per request of the family and due to her direction in sessions. She did not show interest in processing the loss of her mother when provided opportunities to do so in treatment. Tallulah had been receiving treatment for five months at the time the research was conducted. I asked Tallulah if she ever has dreams or nightmares, and offered to have her draw a nightmare in another session. She immediately began drawing her nightmare that she explained was not something she was quite ready to share, although she shared it without much convincing. She quickly drew two brown stick figures, with their arms outreached and touching, with three red lines coming vertically from them. Tallulah stated that she was done. She shared that it was a nightmare of her uncle stabbing her mother. She then proceeded to smear oil pastels across the page. She stated that the drawing made her feel sad and that she did not like how it looked. She turned the page over and continued by drawing a rainbow. When she was given the opportunity to revisit the art and alter the image, she displayed behaviors suggesting fear and anxiety response. She pleaded to not have to return to the art, but when offered to alter the image, she took a black marker to cover up the figures. Tallulah expressed that she was still feeling uneasy with the art, flipped the page over so that the rainbow was exposed, and asked me to not flip the page over again. Tallulah expressed that she did not like making art about her nightmare and did not find it helpful. She also stated that making the art did not change her fear or how she felt

about the nightmare. This was the first time the participant brought up her mother in treatment, and she also stated that she has not had nightmares since (Figures 7, 8 & 9).



Figure 7: Tallulah's "Untitled"

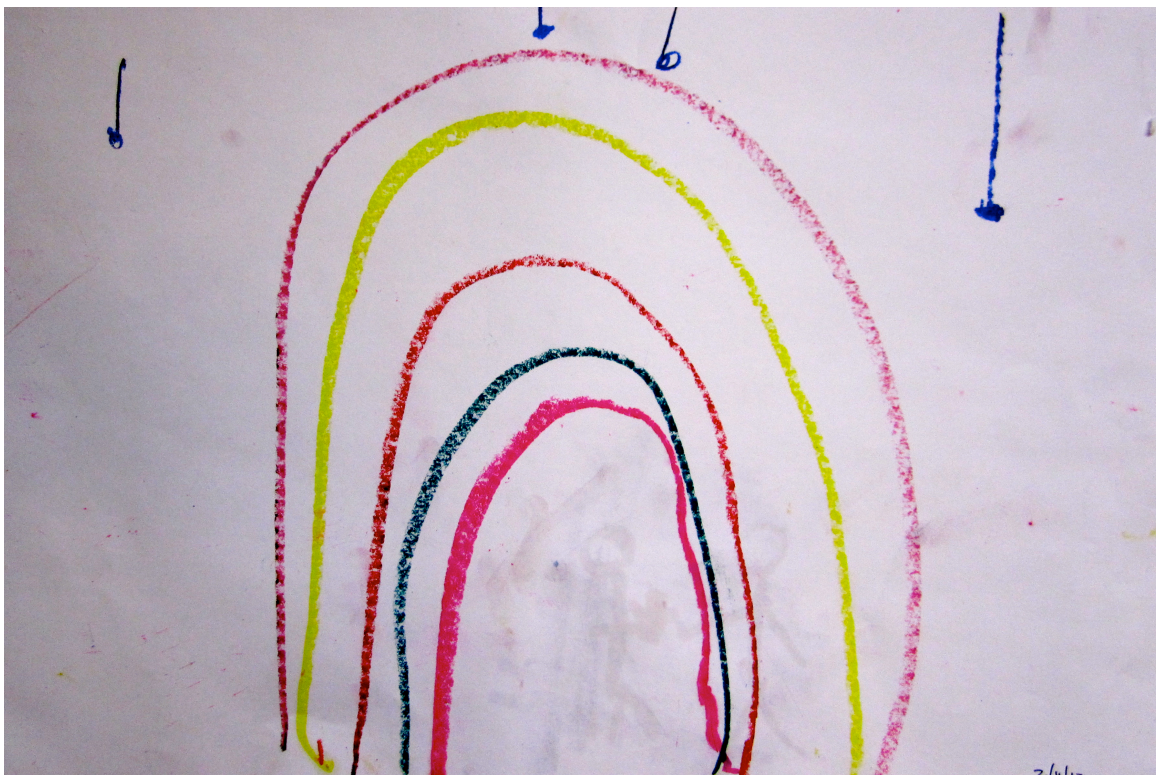


Figure 8: Tallulah's "Rainbow"



Figure 9: Tallulah's "Untitled"

Hugo's story.

Hugo is a 15-year-old Mexican-American boy that was in treatment for five months at the time research was conducted. He was diagnosed with Generalized Anxiety Disorder. He has some trauma in his past, and frequently reported in treatment that he was having severe anxiety reactions to an array of fears; mostly pertaining to death and dying. When he was asked if he suffers from nightmares, he reported that he has them frequently and that both his mother and father also suffer from them. In the session when Hugo created nightmare art, he created an image of a nightmare he has had repetitively from the age ten. He depicted himself in his home (in bed, but usually experiences the nightmare as if in his living room) seeing a man outside his window. He described the man as having an unrecognizable face, but gives the feeling of being unsafe, hard to read, and having intentions of raping him. Hugo decided to alter the image by “closing the curtains,” blacking out the man and changing the expression on his figure’s face. He utilized minimalistic expression and stick figures to represent his dream. This was his schema in drawing for all art interventions prior to the research. Hugo shared that the process changed his view of the dream by giving him a feeling of safety and control. He expressed a feeling of power by being able to “not let the man in.” Hugo reported that he has not had the recurrent dream since the creation of this nightmare art. Hugo also reported he now dreams narratives where he plays a hero role, rather than a victim (Figures 10 & 11).

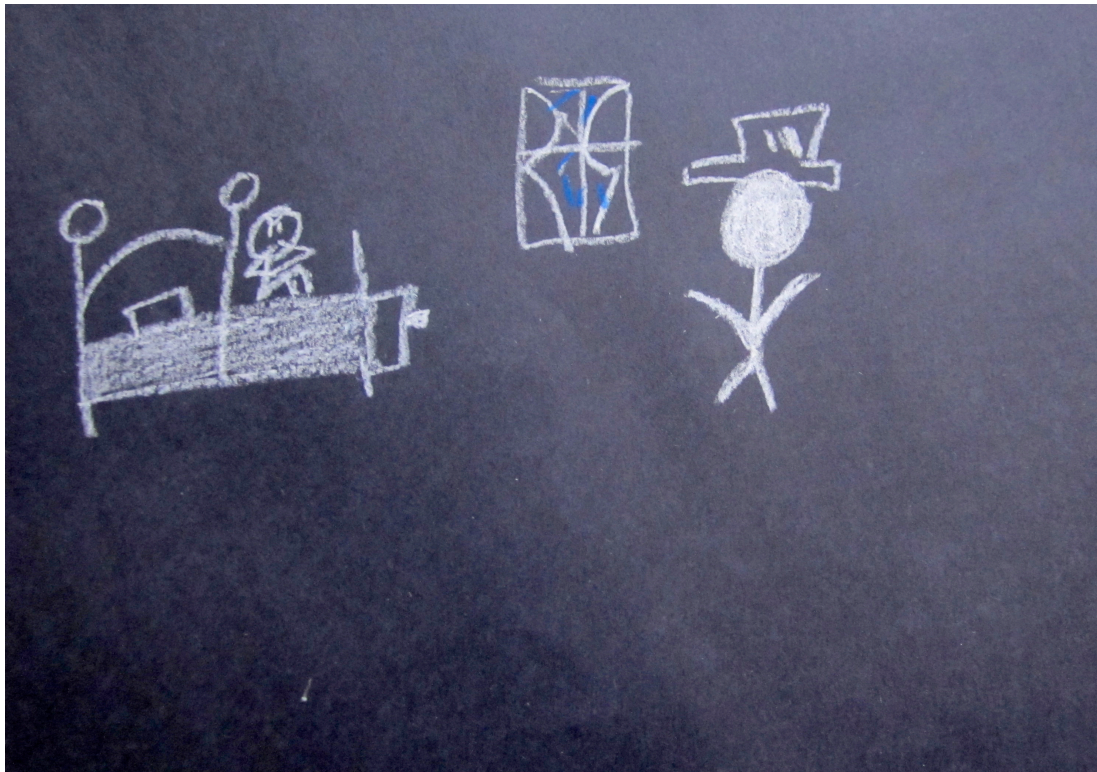


Figure 10: Hugo's "Lurking"

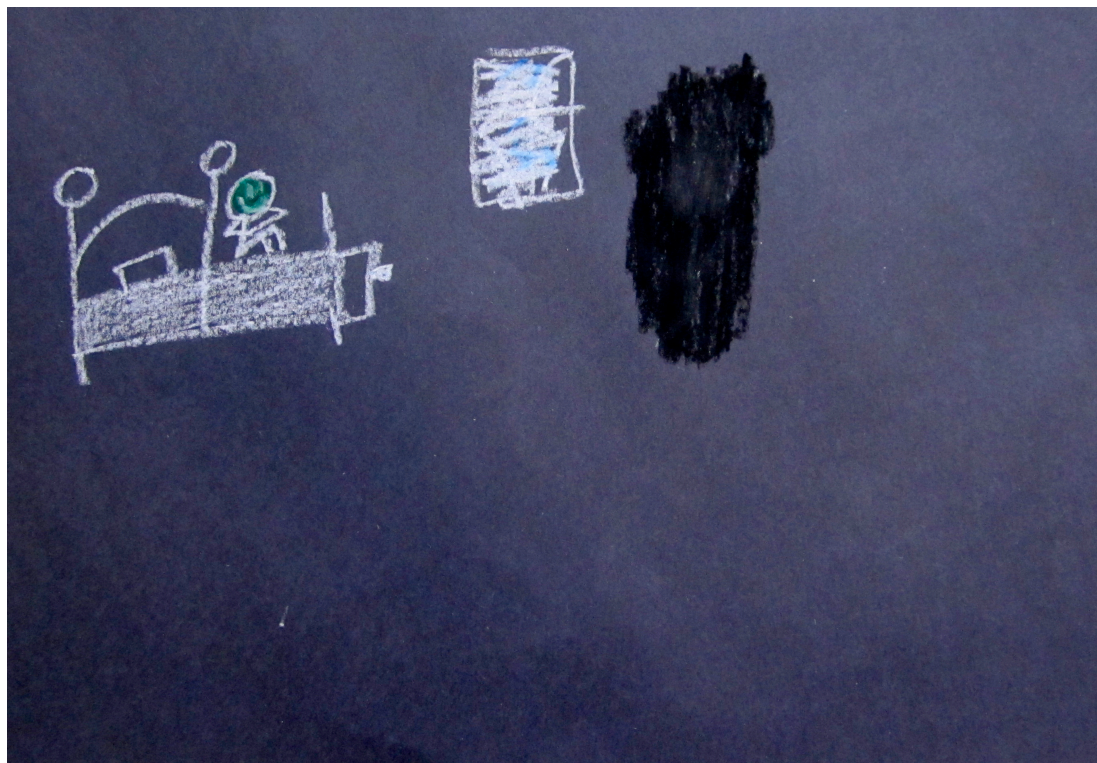


Figure 11: Hugo's "Lurking"

Analysis of Case Study Data

Once the self-study process was complete, I carried out the collection of data in therapy sessions. I then processed the art with the participants and provided them with the opportunity to alter their nightmare art. I then looked for themes in the participants' imagery and process.

Themes.

Regarding diagnoses, the participants' nightmare art all has features that coincide with their Axis I primary diagnosis. Either the essence of the imagery or the specific content reveals connections to the participants' diagnoses. Additionally, the participant's all made imagery that felt discomfoting to view initially but each found their own process of altering the images to find safety in the art. All of the participants reported to have not had any more nightmares specifically pertaining to the unique nightmare content shared in research or have not had any nightmares at all. The decrease of nightmare frequency for each participant after first immersing in, viewing with discussion, and then altering the art, represents a catharsis in the therapeutic process. Considering the formal elements of art, all three participants expressed their nightmare content without incorporating a solid groundline, had a significant usage of the color black, and utilized stick figures. Death or danger was also a prominent theme in all three case studies.

Manifestation of symptoms as relating to diagnoses.

In Dmitry's second series of nightmare art, he depicted "windstorms." These windstorms could be the participant's unconscious experience of his waking bodily symptoms. The participant experiences the hyperactivity associated with AD/HD and difficulty with self-regulation, in which a windstorm or tornado would be a fitting symbol. The participant's self-directed use of the art process to create the non-nightmare art "Happy Windstorms" (Figure 6) may have been a furthered exploration through art of his waking symptoms.

For Tallulah, she had yet to bring up her deceased mother in treatment until making nightmare art. In the art, she showed an uncle murdering her mother. In reality, the participant's mother was not murdered. It is possible that this nightmare symbolized latent content of unresolved feelings of guilt or responsibility for the participant's mother's death (Figures 7, 8, 9). Though she meets the criteria of Oppositional Defiant Disorder, her symptomatic behavior may be a result of unresolved grief. This was illuminated in her nightmare art.

Hugo operates on a day-to-day basis by means of fear and anxiety reactions. The participant expresses his daily experiences in terms of hyperarousal and stress impulses, and frequently shares that he feels unsafe in his home. These symptoms are typical for the diagnosis Generalized Anxiety Disorder. The participant has shared fears of home invasion, as well as paralyzing phobias regarding apocalyptic events or dying. The nightmare shared in this participant's art is much in line with his conscious state of being and anxiety symptoms (Figures 10, 11).

Discomforting images.

In the first session recorded for research in the case study of Dmitry, the participant created an image of himself, his brother and cousin in his bedroom amongst a monster. The participant initially shared the image was discomforting to look at, but several weeks later when shown the art, he stated that the image made him happy while not displaying obvious symptoms of fear or panic. The participant appeared to be desensitized to the imagery. In his second session of making nightmare art, he created "Mean Windstorms," (Figure 5) that he shared felt "bad" to look at. Once the participant made a second piece of art called "Happy Windstorms," (Figure 6) the initial imagery was not as provoking.

For Tallulah, having the opportunity to create nightmare art provided her with an opportunity to bring imagery of her deceased mother in treatment for the first time. She depicted a nightmare where she dreamed her uncle stabbed her mother; showing a knife and spouting blood. The imagery of the nightmare was consistently discomforting for the participant, even after attempting to soothe herself by drawing a rainbow on the reverse side and blacking out the figures with heavy marker lines.

In Hugo's art, he showed imagery of himself on his bed, cowering from a "rapist" looking in at him through his window (Figure 10). The participant shared that the imagery itself was not discomforting, but rather reminded him of the upsetting expressions he would see on the man's face while experiencing the nightmares. The participant understood this to be a representation of his constant feelings of fear in his home. The nightmare dynamic depicted in the disturbing imagery further speaks to the participant's symptoms of Generalized Anxiety Disorder and a history of trauma.

Catharsis in process.

Although Dmitry chose not to alter his first nightmare art, "Monster in my Bedroom," (Figure 4) he progressed from an initial discomfort with the imagery to a self-reported place of "happiness," when seeing the art several weeks later. In the same session that Dmitry made "Mean Windstorms," (Figure 5) he also self-directed a second drawing called "Happy Windstorms." (Figure 6) Although "Happy Windstorms," (Figure 6) was not a depiction of a nightmare or dream, it appeared to be the participant's means of further exploring his conscious experience of windstorms and thus finding catharsis in the process of "Mean Windstorms," (Figure 5). It is also possible that the kinesthetic process of scribbling provided the participant with a physical release of physiological symptoms caused by his primary diagnosis.

When Tallulah made “Untitled” (Figure 7) she first smeared the oil pastel off of her fingers onto the paper and then flipped the paper over and proceeded to draw a rainbow (Figure 8). When she was provided an opportunity to alter the imagery (Figure 9), she quickly requested to only view the side of the art with the rainbow. It appeared as though the participant created a peaceful image to assist her in relaxation after experiencing making art about her nightmare. It is also possible that when she was smearing the oil pastels off of her hands onto the drawing after the first initial expression, that she found solace in the physical experience of rubbing her figures against the page.

In Hugo’s “Lurking,” (Figure 10) he chose to alter the imagery by masking the rapist with black oil pastel, and then changing his figure’s facial expression to a smile. In this process he expressed finding feelings of power over the nightmare and control in not allowing the figure to haunt his mind any longer. The participant later reported a change in his dreams, in that the nightmares decreased significantly, and his role in dreams changed from victim to hero.

Lack of groundline.

In examining the formal elements of the participants’ art pieces, there is a common theme of lack of groundline. In Dmitry’s “Mean Windstorms,” (Figure 5) and “Happy Windstorms,” (Figure 6) and in Tallulah’s “Untitled,” (Figure 7) the lines exist within an ungrounded void. For Dmitry, this artistic element further depicts the sensation of instability that the windstorms create, going beyond their innate chaos, further to a place of uncontrolled pandemonium. If these windstorms are a sleeping manifestation of the participant’s waking life, the lack of groundline further exemplifies hyperactivity, daily commotion, and an ungrounded, deregulated inner locus of control. In Tallulah’s art, the void may represent a multitude of things. It would have been best for the participant to conceptualize this, but due to her discomfort, that was an

impossibility. The researcher hypothesized what the void may signify in the context of her expression. In the art, the content shows her uncle stabbing her mother. There is blood gushing from the knife wound. In this type of imagery, the lack of environment shows the significance of the actions. It may also signify the participant's lack of connection to the content, or her tunnel vision view of the figures. Whichever the meaning may be, the lack of groundline (much like in Dmitry's windstorm series) signifies utter chaos. The participant could not control the death of her mother in her waking life, therefore, the imagery of her subconscious manifestation of the confusion surrounding her mother's death is further depicted by the unsteady environment lacking ground.

In Dmitry's "Monster in my Bedroom," (Figure 4) and Hugo's "Lurking," (Figure 10) the content includes objects and figures arranged in an identifiable environment. In both these participants' nightmare art, they depict themselves as stick figures in their bedrooms. For Dmitry, the art shows a realistic liking of his real life bedroom, but for Hugo, he showed a schema for a bedroom. In example, he drew a twin bed with a headboard and footboard, when in reality, he sleeps in a bunk bed. In both of these art pieces, the participants show realistic environments, but in both, there is no groundline. With this theme existing in both voids and environments, it speaks to the turmoil the participants' nightmares evoked.

Importance of black.

The prevalence of the color black exists significantly in all the participants' art. In Dmitry's "Monster in my Bedroom," (Figure 4) and "Mean Windstorms," (Figure 5) and in Hugo's "Lurking," (Figure 10) the participants chose black paper. This could signify that the nightmares existed in the dark, or that there is a dark quality to the content. In Dmitry's "Mean Windstorms," (Figure 5) he utilized a black oil pastel as the last spiral in the windstorm. In

Tallulah's "Untitled," (Figure 9) and Hugo's "Lurking," (Figure 10) both participants utilized a heavy black line to cover up the disturbing imagery. In Tallulah's "Rainbow," (Figure 8) and Dmitry's "Happy Windstorms," (Figure 6) both art pieces functioned as positive imagery for the participants post the nightmare art, and both lacked the incorporation of the color black. There is a correlation in this sampling of participant art between disturbing nightmare imagery and the color black.

Stick figures.

Each participant created an art piece with figures, and in all three, the figures are drawn in stick figure form. Dmitry's "Monster in my Bedroom," (Figure 4) incorporates stick figures with torsos reminiscent of the cephalopod phase of developmental drawing stages. This participant incorporated facial expressions in his stick figures, although the expressions are incongruent with the nightmare narrative. Although eerie, the monster's face has a mouth exposing teeth, standard of a smile, which is also incongruent with the narrative.

In Tallulah's "Untitled," (Figure 7) her stick figures are developmentally appropriate, but the figures lack faces. It is possible the faces in the nightmare were too complex for the participant to express, or too disturbing for the participant to approach. This further supports the participant's dissociation with the narrative and discomfort with the imagery. It is also possible that the participant may subconsciously feel responsibility for the death of her mother, therefore left out distinguishing characteristics of her uncle that therefore presented with an interchangeable identity.

Hugo's stick figures (Figure 10) are more complex than the other participants', but are less advanced than the normative standard for his developmental level. His use of facial expressions on the figures was also rudimentary. The reason why the participant did not engage

deeper in the artistic process may be independent of the imagery, or a direct cause of the disturbing imagery. The stick figures may represent a delay in development, or more likely a reluctance to engage with the art; especially when processing disturbing imagery.

Death anxiety.

In all three cases, death is an underlying, insidious entity existing within the nightmare dynamics. In Dmitry's "Mean Windstorms," (Figure 5) the presence of a natural disaster poses a monumental threat to all who are near it. In Tallulah's "Untitled," (Figure 7), she portrays the murder of her mother. Although she did witness her mother pass in real life, her mother was not murdered. This exemplifies the magnitude of the death anxiety pertaining to this event in the participant's life. In Hugo's "Lurking," (Figure 10), he is being stalked by a rapist. The participant did not state that the rapist had intentions to kill him, but he did express his continuous, distressing phobia of home invasions. One can hypothesize that the root of this phobia is in death anxiety. Although the literature did not mention this dynamic, it seems as though death anxiety may be the root of most nightmares.

Research questions.

What does the art reveal about how a participant views their nightmares and their meaning?

Dmitry expressed that his art was much like the waking windstorms he feels day to day. If anything, the art assisted the participant in connecting his nightmares to his waking sensations. The participant was able to express the discomfort he feels with the excessive energy that is difficult for him to regulate. Tallulah was not emotionally ready to process the art, and did not give any evidence towards improved insight. This process did serve as a bridge for her to finally bring her mother into the therapy. For Hugo, he expressed that the art revealed further

how unsafe he feels at home, and how anxious he is about his safety. The participant expressed that the dream concretized his fear of home invasion.

How does making art about a nightmare affect a participant's fear?

In Dmitry's "Monster in my Bedroom," the participant faces a monster alongside his brother, cousin and trusty best horse. The participant's incongruent expressions may signify the empowerment he felt in facing the monster. For Tallulah, the art may have only served as a safe space to show her fear. The participant was able to repeatedly verbalize how upsetting the imagery was and come to terms with her fear, grief and death anxiety pertaining to her mother's death. The participant did state that her nightmares ceased after creating the nightmare art. For Hugo, he was finally, after years of a repetitive nightmare, found a space to share what he had been dreaming, and discuss how frightening the sequence was. The participant discovered in the process his ability to "shut out" the rapist and not allow the fear to control him. Later, the participant reported that his dreams changed to stories where he was the hero rather than the victim.

How does the art making affect the participant and therapist's insight about symptoms?

Dmitry's "Mean Windstorms," (Figure 5) and "Happy Windstorms," (Figure 6) were eye opening for both the participant and therapist regarding his AD/HD symptoms. The mere essence of the imagery opened up the participant's world to be viewed in a visual fashion. Tallulah's expression of her mother being murdered may have shown the participant on a more conscious level how upsetting her mother's death actually was to her, even if she was yet to recognize that. This nightmare art showed the therapist that the death of the participant's mother was much more significant than she had previously expressed and that she possibly feels

confusion or guilt regarding the death. For both Hugo and the therapist, his art showed the level of anxiety and insecurity he feels when in his own home. The art represented how constant this participant feels death anxiety, even while at home.

How do participants use the artistic process to transform imagery from a nightmare as catharsis?

As previously stated, all three participants found their own means of catharsis in the process. Dmitry created “Happy Windstorms,” (Figure 6) after “Mean Windstorms,” (Figure 5) to see his nightmare imagery in a more positive light. Tallulah drew a rainbow (Figure 8) on the reverse side of “Untitled,” (Figure 7) the day that she created it to bring herself to a more positive, safe place, and during a different session blacked out the upsetting imagery. Hugo (Figure 10) also blacked out the rapist in his nightmare art moments after creating it and literally “closed the curtains” to shut the man out (Figure 11). This then transpired into a change in the participant’s dreams: the nightmares ceased and he began to dream of himself as a more confident hero.

Findings

In this research, I have found that although the process of making art about nightmares can be uncomfortable, anxiety provoking and messy, the benefits outweigh the disadvantages. The process of making nightmare art provides the dreamer with an opportunity to use creative expression to find catharsis with terrifying dynamics, through exploration of symptoms and alteration of imagery. As seen in the self-study and case studies, the participants’ art reflected their diagnoses and symptoms in both the essence of the imagery as well as the actual content. While looking at the symptoms in the art, each participant found their own unique benefits

through the artistic process. In the self-study, the researcher's anxiety manifested in an array of worries ranging from death, disaster and wrongdoings. Ergo, I was able to use my process and my artistic license of expression to engross myself in the imagery, and find inner peace with the final images. In Dmitry's art, his AD/HD was eloquently depicted in the dizzying spirals of tornadoes he called "Windstorms." After sharing the experience of his nightmare windstorms, he utilized the art to share with his therapist how his waking life experience of his excessive energy can be frightening at times. Having means to show others the nature of symptoms can be healing, and for Dmitry, he confirmed the opportunity was important. In Tallulah's art, her grief was accessed for the first time in therapy; and the grief may have been a driving force in her behavioral issues. The artistic process provided her with the opportunity to safely broach the topic, while also giving her space to create art to self-soothe. In Hugo's piece, his anxiety was shared through a representation of his uneasiness while at home. The art then allotted for the participant to change the story. The participant later reported to have a sudden decrease in nightmares, and described his recent dreams with the self as hero.

The process also provides the dreamer with an opportunity to gain improved insight about the dynamics the nightmares present. In the self-study, I found that for each dream I processed in the art, my conflicts about the nightmares were resolved in the course of the work. In Dmitry's art, he made a connection between his nightmare conflicts and his waking symptoms. Tallulah's fleeting artistic leap into the devastating topic of the loss of her mother, further instilled the fact the grief was unresolved, and showed the participant she was not comfortable with processing the grief that directly in therapy. In Hugo's work, he expressed an epiphany after sharing his nightmare through art, in that it concreted his awareness that he feels unsafe in his home.

For some of the participants, the nightmare became less provoking when made into art. In the self-study, I attempted to depict the terrorizing scenes from my mind as representationally as possible on the canvas, but it was too difficult. I found myself frustrated and anxious in doing so. When I made the switch to a more expressionistic representation of the nightmares, the process became a more fluid, soothing experience. I was pleased with the final products and the nightmares felt resolved. For Dmitry, he expressed that his “Monster in my Bedroom,” and “Mean Windstorms,” were not discomforting to look at. Rather, he expressed a liking of the art. In Hugo’s case, he found his picture to fall on the humorous side, and once he altered the art, found little distress in the imagery.

In all cases, the nightmare frequency significantly decreased when these conflicts were processed in the art. This could be independent or directly dependent of the study. The client’s decrease in symptoms and increase in functioning while in treatment also plays a role in the decrease of nightmares.

Conclusion

This research began from a starting point with little information to go on. A truly experimental, free and mysterious process occurred due to the lack of documented study in art therapy literature. The research illustrated the demanding and upsetting process of looking at nightmares in a waking process. Although strenuous, the research provided an example of how the process provides the dreamer with a means of exploring their nightmare in a safe way. The nightmare art provided the participants with means of altering the nightmare imagery, exploring their symptoms, receiving catharsis in the process, decreasing their reactivity to nightmare imagery and overall ending with a decreased rate of nightmares. The intervention of providing a participant with means of creating nightmare art must be used with great care, but throughout the

hardships of the process, a more fulfilling, enriched therapeutic process can result. This topic has merely been broached on a miniscule level, and clearly has significance that requires further exploration. The results unveiled in this research point to the necessity to continue these conversations and further research on this topic. These results were beneficial; the process deepened the participants' treatment profoundly, which may not have occurred otherwise. The possibilities for other art therapists willing to use client nightmares as a mechanism in treatment is endless. Each nightmare unprocessed, untouched or ignored is a missed opportunity for a leap deep into the inner psyche of mind, body and spirit.

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LOYOLA MARYMOUNT UNIVERSITY

Graduate Department of Marital and Family Therapy

Consent for participation in research based on practicum treatment case material.

Art in the Terror: An Analysis of Nightmare Imagery in Art Therapy

- 1) I authorize Emily Brozyna, Marital and Family Therapy Trainee to include me (my child/ward) in this case study research project.
- 2) I have been asked to participate in this research project that is designed to explore the processing of nightmares in art therapy.
- 3) It has been explained to me that the reason for my inclusion in this project is because my child has reported having nightmares while in therapy.
- 4) I understand that as a participant, nothing in my child's treatment experience will be different as a result. The therapist will utilize case material and artwork from treatment as part of her data although all identifying information will be carefully removed. This process has been fully explained to me.
- 5) It has also been explained to me that this information will be used for research purposes only and that my child's identity will not be disclosed. I understand that I have the right to review the research project before May 1st, 2013.
- 6) I understand that the research project, which may include case material and artwork from my experiences in art therapy, will be available in a scholarly way on the internet.
- 7) I understand that Emily Brozyna, who can be reached at _____, will answer any questions I may have concerning this study.
- 8) If the study design or the use of the information is to be changed, I will be so informed and my consent reobtained.
- 9) I understand that I have the right to decline to participate in this research without prejudice to my child's future art therapy treatment.
- 10) I understand that I have the right to withdraw from this research before May 1st 2013.
- 11) I understand that if I have any further questions, comments, or concerns about the study or the informed consent process, I may contact David Hardy, Ph.D. Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles CA 90045-2659 (310) 258-5465, david.hardy@lmu.edu, OR The research mentor, Anthony Bodlovic, at 310-258-5448
- 12) In signing this consent form, I acknowledge receipt of a copy of the form, and a copy of the "Subject's Bill of Rights".

Client's/Research Participant's Signature _____ Date _____

Client/Research Participant is a minor (age _____), or is unable to sign because _____

Mother/Father/Guardian _____ Date _____

LOYOLA MARYMOUNT UNIVERSITY
Graduate Department of Marital and Family Therapy

Research Assent Form



What is a research study?

Research studies help us learn new things. We can test new ideas. First, we ask a question. Then we try to find the answer.

This paper talks about our research and the choice that you have to take part in it. We want you to ask us any questions that you have. You can ask questions any time.

Important things to know...

- You get to decide if you want to take part.
- You can say 'No' or you can say 'Yes'.
- No one will be upset if you say 'No'.
- If you say 'Yes', you can always say 'No' later.
- You can say 'No' at anytime.
- We would still take good care of you no matter what you decide.



Why are we doing this research?

We are doing this research to find out more about how making art about nightmares helps in therapy.



What would happen if I join this research?

This research will not change your treatment and you will still have your therapist's support.

If you decide to be in the research, we would ask you to do the following:

- Our sessions will not change.
- Your art would be used for the research.
- No identifying information, like your name or where you live would be shared.
- The paper written will be available online.

**What else should I know about this research?**

If you don't want to be in the study, you don't have to be.

It is also OK to say yes and change your mind later. You can stop being in the research at any time. If you want to stop, please tell Emily.

This study will not affect your therapy or treatment goals. It will not ask you to do things that I would not normally ask of you.

You can ask questions any time. You can talk to Emily when you see her in therapy. Ask Emily any questions you have. Take the time you need to make your choice.

**Is there anything else?**

If you want to be in the research after we talk, please write your name below. We will write our name too. This shows we talked about the research and that you want to take part.

Name of Participant _____
(To be written by child/adolescent)

Printed Name of Researcher _____

Signature of Researcher _____

Date

Time

Original form to: Emily Brozyna
Research File

Copies to:
Parents/Guardians