Nightmare distress, nightmare frequency, and beliefs about nightmares

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Summary. The diagnosis of a nightmare disorder is based on clinically significant distress caused by the nightmares and, therefore, empirical research should focus not only focusing on factors associated with nightmare frequency but also on studying factors that affect nightmare distress. Overall, 2056 persons (1212 woman, 844 men) completed the online survey. A reliable 6-item scale measuring beliefs about nightmares was developed. The beliefs about nightmares scale contributed to nightmare distress independently from nightmare frequency. From a clinical viewpoint, it would be desirable to carry out intervention studies looking at the effect of psychoeducation about nightmares on nightmare frequency and nightmare distress.

Keywords: Nightmare frequency, nightmare distress, beliefs about nightmares

1. Introduction

Occasional nightmares are quite common in the general population (Sandman et al., 2013; Schredl, 2010, 2013), therefore the diagnosis of a nightmare disorder is not simply based on nightmare frequency but include a criterion that nightmares should cause clinically significant distress (American Academy of Sleep Medicine, 2014; American Psychiatric Association, 2013). From a clinician viewpoint, research should not only investigate factors associated with nightmare frequency (e.g., Li, Zhang, Li, & Wing, 2010) but also determine what factors are responsible for nightmare distress (Levin & Nielsen, 2007). The most obvious factor affecting nightmares distress is, of course, nightmare frequency; however, distress scores typically correlated between r = .26 to r = .44 with nightmare frequency (Belicki, 1992a, 1992b; Böckermann, Gieselmann, & Pietrowsky, 2014; Lee & Suh, 2016; Roberts & Lennings, 2006) showing that other factors in addition to nightmare frequency might contribute to nightmare distress.

For example, women tend to rate their nightmare distress higher than men even if nightmare frequency which is higher in women compared to men (Schredl & Reinhard, 2011) is statistically controlled (Schredl, Berres, Klingauf, Schellhaas, & Göritz, 2014). A regression analysis found that nightmare frequency, psychopathology, absorption/boundaries, richness of dream experience, and hypnotic ability explained about 34% of the variance in nightmare distress (Belicki, 1992a). These two studies indicate that multiple factors might contribute to nightmare distress and, therefore, might affect the diagnosis of a nightmare disorder. One factor that might contribute to nightmare distress are dysfunctional beliefs about nightmares (Gieselmann et al., 2019) but whether this factor contributes to nightmare distress in addition to nightmare frequency has not yet been studied empirically.

The aim of this study was to develop a brief scale measuring beliefs about nightmares and examine the contribution of beliefs about nightmares on global nightmare distress taking socio-demographic variables and nightmare frequency into account.

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2. Method

2.1. Participants

Overall, 2056 persons (1212 woman, 844 men) completed the online survey between April 7, 2019 and April 15, 2019. The mean age of the sample was 52.48 ± 14.23 years (range: 19 to 95 years). Concerning educational level, 0.9% had no degree, 13.5% had 9 years of schooling, 30.4% had O-level (middle degree, "Realschule", about 10 years), 23.4% A-level ("Abitur"), 28.9% obtained a University degree, and 2.7% had doctorate.

2.2. Research Instruments

Nightmare frequency was elicited with an eight-point rating scale ("How often did you experience nightmares recently (in the past several months)?") 0 = never, 1 = less than once a year, 2 = about once a year, 3 = about two to four times a year, 4 = about once a month, 5 = two to three times a month, 6 = about once a week, 7 = several times a week). The item included this definition: "Nightmares are dreams with strong negative emotions that result in awakening from the dreams. The dream plot can be recalled very vividly upon awakening." The retest reliability of this scale was r = .765 (two-week interval; Schredl et al., 2014). For a four-week interval retest reliability was comparable (r = .75; Stumbrys, Erlacher, & Schredl, 2013). Nightmare distress was measured with a five-point scale "If you currently experience nightmares, how distressing are the nightmares?" (0 = Not

at all distressing, 1 = Not that distressing, 2 = Somewhat distressing, 3 = Quite distressing, and 4 = Very distressing). Retest reliability was somewhat lower r = .673 (Schredl et al., 2014).

Based on previous literature, e.g., Belicki (1992b), Köthe and Pietrowsky (2001), Krakow et al. (2000), 13 items were constructed (see Appendix). As we aimed at measuring general beliefs about nightmares and not subjectively experienced distress due to having nightmares the items were re-worded, i.e., "Nightmares predict the future.", instead of "Do your nightmares foretell the future?" (Belicki, 1992b). I.e., the answer to these questions is conceptually independent from having nightmares and, thus, reflect more general beliefs about nightmares. The answering categories were: 0 = Not at all, 1 = Not that much, 2 = partly, 3 = Somewhat, and 4 = Totally. The item "Nightmares are meaningless." was inverted.

2.3. Procedure

Within the online panel www.wisopanel.net, persons with an interest in online studies and with heterogenic demographic backgrounds are registered. They received an email with the link to the study. The participation was voluntary and unpaid.

Statistical procedures were carried out with the SAS 9.4 software package for Windows. For the item selection procedure, the sum score of all 13 items was computed. Ordinal regressions were used for analyzing the effect of attitudes towards nightmares on nightmare frequency and nightmare distress controlled for age, sex and education. All variables were entered simultaneously. The SAS procedure "Logistic" provides an adjusted pseudo-R^2 according to Nagelkerke which is roughly comparable to R^2 in parametric regressions.

3. Results

The nightmare frequency distribution is depicted in Table 1. About 10% of the participants reported that they had nightmares at least once a week whereas almost 17% reported that they experienced no nightmares. Nightmare distress was distributed as follows (N = 1613): Very distressing (7.25%), Quite distressing (24.80%), Somewhat distressing (35.09%), Not that distressing (22.88%), and Not at all distressing (9.98%).

The means and standard deviations of the 13 items eliciting attitudes toward nightmares are shown in Table 2. The highest agreements were found for "Nightmares are (not) meaningless." and "Nightmares contain clues to unconscious fears." Only a minor percentage of the participants agreed with nightmares predicting the future (Items 12 and 13). The six items with the largest correlation coefficients to the sum score of all 13 items – also considering a large range of item difficulty (here: mean values of the items) – were selected: Items 2, 6, 7, 9, 11, and 12 (see Appendix). Cronbach's alpha for this 6-item scale was α = .784; the mean of this beliefs about nightmares scale was 1.92 ± 0.65 (averaged over the six items).

The intercorrelations between the three variables (nightmare frequency, nightmare distress, and beliefs about nightmares) were all significant ($p < .0001$, Spearman rank correlations): r = .402 (nightmare frequency – nightmare distress, r = .218 (nightmare frequency – beliefs about nightmares), and r = .313 (nightmare distress – beliefs about nightmares).

The ordinal regression for nightmare frequency indicated that age was negatively associated with nightmare frequency and women tended to report more nightmares whereas there was no significant association to education (see Table 3). Similarly, the beliefs about nightmares scale was negatively associated with age and women attributed more significance to nightmares (see Table 3). Persons with lower education also indicated higher beliefs about nightmares scores. Adding nightmare frequency into the regression analysis, the effects were as follows: age was no longer negatively associated (standardized estimate= -.0046, t = -0.2, p = .8339), women tended to report a more positive attitude towards nightmares (standardized estimate= .0784, t = 3.6, p = .0004), whereas there was a significantly negative effect of education (standardized estimate=-.1147, t = -5.4, $p < .0001$). In addition, nightmare frequency was also associated with the beliefs about night-

Table 1. Nightmare frequency (N = 2056)

Category	Frequency	Percentage
Several times a week	101	4.91%
About once a week	107	5.20%
two or three times a month	214	10.41%
About once a month	253	12.31%
About two or four times a year	439	21.35%
About once a year	235	11.43%
Less than once a year	360	17.51%
Never	347	16.88%

Table 2. Means, standard deviations, and item discrimination for the 13 items (N = 2056)

Item	M ± SD	Correlation to sum score
1. Impact on well-being	2.23 ± 1.08	.529
2. Processing negative events	2.28 ± 0.97	.607
3. Meaningless (I)	2.77 ± 1.04	.462
4. Bad day before	1.58 ± 0.92	.498
5. Appreciating the good	1.75 ± 1.00	.552
6. Clues to unconscious fears	2.58 ± 0.93	.656
7. Something bad in the past	2.16 ± 0.95	.644
8. Mental health problems	1.78 ± 0.98	.529
9. Becoming reality	1.48 ± 0.97	.636
10. Impact on everyday behavior	1.63 ± 0.91	.581
11. Important messages	2.20 ± 1.02	.727
12. Predicting the future	0.83 ± 0.87	.584
13. Something bad is going to happen	0.81 ± 0.87	.580

M = Mean, SD = Standard Deviation

Table 3. Ordinal regression analysis for nightmare frequency and parametric regression for the beliefs about nightmares scale

Minor changes were made within Table 3 on May 8th, 2020

Variable	Nightmare frequency			Beliefs about nightmares		
	SE	χ^2	p	SE	t	p
Age	-.1828	67.3	<.0001	-.0469	-2.1	.0362
Gender (1 = f, 0 = m)	.0886	16.1	<.0001	.0985	4.4	<.0001
Education	.0394	3.4	.0248	-.1070	-4.9	<.0001
	N = 2056, R^2 = .0523			N = 2056, R^2 = .0247		

SE = Standardized estimates

mares scale in this regression analysis (standardized estimate= .2373, t = 10.9, p < .0001).

The ordinal regressions of nightmare distress are depicted in Table 4. Nightmare frequency was – as expected – the major factor associated with nightmare distress. In addition, female gender was associated with increased nightmare distress whereas age and education was not related. Adding the beliefs about nightmares scale to the regression, the regression coefficients for nightmare frequency and gender did not change much and are still significant (see Table 4). The percentage of explained variance increased. Moreover, the effect size of the beliefs about nightmares scale was almost as large (d = 0.538) as the effect size of nightmare frequency (d = 0.847).

4. Discussion

The findings indicate that in addition to nightmare frequency the beliefs about nightmares, e.g., "Nightmares contain clues to unconscious fears." also contribute significantly to nightmare distress. This is in line with previous research (Belicki, 1992a; Schredl et al., 2014) showing that nightmare frequency is not the sole factor explaining nightmare distress.

From a methodological viewpoint it has to be noted that the present sample was not representative; the participants enlisted in the panel volunteered to participate in a study entitled "Attitudes towards dreams". A comparison to a representative sample eliciting nightmare frequency with the same scale (Schredl, 2013) or a comparable scale (Schredl, 2010) indicated that nightmare frequency in the present sample is higher, e.g., about 10% of the participants reported nightmares once a week or more often whereas in the representative samples the figure was about 2.5% (Schredl, 2010, 2013). Also high education was overrepresented in the present sample (Statistisches Bundesamt, 2018), however, the educational background was diverse, especially compared to student samples. That is, the descriptive statistics regarding nightmare frequency, nightmare distress, and the beliefs towards nightmares scale might be higher compared to a representative sample due to the selection effect. On the other hand, the factors affecting nightmare frequency, e.g., gender, is comparable to previous research (Schredl & Reinhard, 2011). Nightmare distress was measured by a single item with fairly satisfactory retest reliability; although a few questionnaires, e.g., Nightmare distress questionnaire (NDQ; Belicki, 1992b), Nightmare Behavioral Questionnaire (NBQ; Köthe & Pietrowsky, 2001), Nightmare Effects Survey (NES; Krakow et al., 2000), Nightmare Experience Scale (NExS; Kelly & Mathe, 2019) eliciting nightmare distress have been developed, none of these measures corresponds with the distress areas given by the ICSD-3 (American Academy of Sleep Medicine, 2014), therefore we adopted the approach to measure overall distress with a single item (cf. Wood & Bootzin, 1990).

Unfortunately, no information regarding mental disorders which are related to nightmare frequency (Swart, van Schagen, Lancee, & van den Bout, 2013) or medication, e.g., antidepressants with a possible side effect of inducing nightmares (Tribl, Wetter, & Schredl, 2013), was available for the participants. We also don't have clinical diagnoses of nightmare disorders of the participants; however, one might argue that factors affecting global nightmare distress also help to explain the etiology of the nightmare disorder as clinical significant distress by nightmares is a defining criterion of this disorder.

Starting with a pool of 13 statements eliciting different aspects of beliefs about nightmares yielded after item selection a reliable 6-item scale. It would be desirable to collect new data in order to verify the reliability. Similar, a

Table 4. Ordinal regression analyses for nightmare distress (with and without the attitude towards nightmare scale)

Variable	Nightmare distress without beliefs scale			Nightmare distress with beliefs scale		
	SE	χ^2	p	SE	χ^2	p
Age	.0460	3.1	.0780	.0484	3.4	.0651
Gender (1 = f, 0 = m)	.1707	42.7	<.0001	.1647	39.3	<.0001
Education	-.0482	3.7	.0543	-.0116	0.2	.6470
Nightmare frequency	.4592	276.3	<.0001	.4346	245.2	<.0001
Beliefs about nightmares scale				.2776	108.7	<.0001
	N = 1613, R^2 = .2029			N = 1613, R^2 = .2573		

SE = Standardized estimates

Minor changes were made within Table 4 on May 8th, 2020

retest study should be carried out to study the stability of beliefs about nightmare scale – one might expect a relatively high reliability – comparable to the stability of the attitude towards dreams scale (Schredl et al., 2014). Interestingly, nightmare frequency, female gender and low education were associated with a stronger belief that nightmares are indicating some problems (unconscious anxieties, predicting the future). Future research adopting a qualitative approach might be helpful to understand these relationships and the general question why these beliefs are associated with heightened nightmare distress. It would also be very interesting to study whether neuroticism and/or general distress is related to the nightmare belief scale – controlling for nightmare frequency.

The major factor explaining nightmare distress is nightmare frequency; a finding that is in line with the literature (Belicki, 1992a, 1992b; Böckermann et al., 2014; Lee & Suh, 2016; Roberts & Lennings, 2006). In addition, the beliefs about nightmares were also important factor associated with nightmares distress; not reducing the other regression coefficients indicates that this is an independent factor – even though there is a significant correlation between the beliefs about nightmare scale and nightmare frequency. If a person thinks that nightmares are indicative of previous, current or future problems, distress associated with nightmares is much higher. Even though psychoeducation about nightmare etiology is part of many nightmare treatment programs (Krakow & Zadra, 2006; Thünker & Pietrowsky, 2011), e.g., pointing out that thought suppression (not thinking about nightmares) is not an effective method to cope with nightmares, systematic studies whether psychoeducation alone can reduce nightmare frequency are lacking. Interestingly, women tend to report more nightmare distress than men even though nightmare frequency and neuroticism are statistically controlled for (cf. Schredl et al., 2014). As feminine sex role orientation was related to heightened distress in general (Claridge, Clark, & Davis, 1997), one might speculate that women might be also more vulnerable regarding nightmare distress.

To summarize, the findings of the present study clearly implicate that nightmare distress is not only related to nightmare frequency but also to other factors like beliefs about nightmares and gender. From a clinical viewpoint, it would be desirable to carry out intervention studies addressing the patients' beliefs about nightmares directly and assessing the effect of psychoeducation on reducing nightmare frequency and nightmare distress. A long-term goal would be the development of a nightmare distress questionnaire – based on the findings regarding the nightmare subscale of the SLEEP-50 (Spoormaker, Verbeek, van den Bout, & Klip, 2005) and the Disturbing Dreams and Nightmare Severity Index (Krakow, 2006) – that provides cut-off values that are indicative of the presence of a nightmare disorder according the ICSD-3 criteria (American Academy of Sleep Medicine, 2014). – comparable to the Beck Depression Inventory for mood disorders (Hautzinger, Bailer, Worall, & Keller, 1994).

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Appendix

Item pool for developing a scale for measuring attitude towards nightmares

1. Alpträume haben einen negativen Einfluss auf das Befinden.
2. Mit Alpträumen verarbeitet man negative Ereignisse.
3. Alpträume sind bedeutungslos.
4. Wer Alpträume hat, hatte zuvor einen schlechten Tag.
5. Durch Alpträume lernen wir das Gute in unserem Leben zu schätzen.
6. Alpträume enthalten Hinweise auf unbewusste Ängste.
7. Wer regelmäßig Alpträume hat, hat in der Vergangenheit etwas Schlimmes erlebt.
8. Wer häufiger Alpträume hat, hat psychische Probleme.
9. Manche Alpträume können Realität werden.
10. Alpträume haben einen negativen Einfluss auf das Verhalten im Alltag.
11. Alpträume können wichtige Botschaften enthalten.
12. Alpträume sagen die Zukunft vorher.
13. Alpträume sind ein Zeichen dafür, dass etwas Schlimmes passieren wird.

English translation

1. Nightmares have a negative impact on well-being.
2. Nightmares process negative events.
3. Nightmares are meaningless.
4. Those who have nightmares had a bad day before.
5. Through nightmares we learn to appreciate the good in our lives.
6. Nightmares contain clues to unconscious fears.
7. Anyone who regularly has nightmares has experienced something bad in the past.
8. Those who have frequent nightmares have mental health problems.
9. Some nightmares can become reality.
10. Nightmares have a negative impact on everyday behavior.
11. Nightmares can contain important messages.
12. Nightmares predict the future.
13. Nightmares are a sign that something bad is going to happen.

Fragebogen zu Alpträumen

Bitte nehmen Sie sich Zeit, die Fragen gewissenhaft und vollständig zu beantworten.

Alter: ____ Jahre

Geschlecht: ◯ männlich ◯ weiblich

Beruf / Studiengang : _____

Haben Sie in letzter Zeit (einige Monate) Alpträume gehabt?

Definition: Albträume sind Träume mit starken negativen Emotionen, die dazu führen, dass man aufwacht. Die Handlung des Traumes wird nach dem Aufwachen gut erinnert.

◯ mehrmals die Woche
◯ etwa einmal die Woche
◯ 2-3mal im Monat
◯ etwa einmal im Monat
◯ etwa 2-4mal im Jahr
◯ etwa einmal im Jahr
◯ weniger als einmal im Jahr
◯ nie

Falls Sie zur Zeit Albträume haben, wie belastend empfinden sie diese?

Gar nicht belastend	Eher nicht belastend	Teilweise belastend	Eher belastend	Sehr belastend
◯	◯	◯	◯	◯

	Überhaupt nicht	Eher nicht	Teils teils	Eher ja	Voll-kommen
Mit Alpträumen verarbeitet man negative Ereignisse.	◯	◯	◯	◯	◯
Alpträume enthalten Hinweise auf unbewusste Ängste.	◯	◯	◯	◯	◯
Wer regelmäßig Alpträume hat, hat in der Vergangenheit etwas Schlimmes erlebt.	◯	◯	◯	◯	◯
Manche Alpträume können Realität werden.	◯	◯	◯	◯	◯
Alpträume können wichtige Botschaften enthalten.	◯	◯	◯	◯	◯
Alpträume sagen die Zukunft vorher.	◯	◯	◯	◯	◯

Beliefs about Nightmares Scale (BANS)

Please take your time to answer all questions carefully and completely.

Age: ____ years

Gender: ◯ male ◯ female

Occupation / Subject of Study (students): _____

How often did you experience nightmares recently (in the past several months)?

Definition: Nightmares are dreams with strong negative emotions that result in awakening from the dreams. The dream plot can be recalled very vividly upon awakening.

◯ several times a week
◯ about once a week
◯ two to three times a month
◯ about once a month
◯ about two to four times a year
◯ about once a year
◯ less than once a year
◯ never

If you currently experience nightmares, how distressing are the nightmares?

Not at all distressing	Not that distressing	Somewhat distressing	Quite distressing	Very distressing
◯	◯	◯	◯	◯

	Not at all	Not that much	Partly	Somewhat	Totally
Nightmares process negative events.	◯	◯	◯	◯	◯
Nightmares contain clues to unconscious fears.	◯	◯	◯	◯	◯
Anyone who regularly has nightmares has experienced something bad in the past.	◯	◯	◯	◯	◯
Some nightmares can become reality.	◯	◯	◯	◯	◯
Nightmares can contain important messages.	◯	◯	◯	◯	◯
Nightmares predict the future.	◯	◯	◯	◯	◯