

The Nightmare: The Psychology and Biology of Terrifying Dreams. Ernest Hartmann. New York: Basic Books, 1984, 294 pages, \$18.95 hard.

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What is a nightmare? Although most people have about one nightmare a year and had nightmares more often before the age of five or six, only recently have psychologists begun to understand the true nature of terrifying dreams. In the nineteenth century, it was believed that nightmares represented visits of devils or evil spirits. A graphic example of this belief is Henry Fuseli's *The Nightmare*, which depicts a grotesque, gnomish creature squatting on the prostrate torso of a sleeping woman. But now I realize that Fuseli mistitled his painting: the basic but profound point of Ernest Hartmann's intriguing new book, *The Nightmare*, is that the nightmare is confused with two other distinct psychophysiological entities—the night terror and the traumatic nightmare. According to Hartmann's definitions, what Fuseli personifies is a night terror, not a nightmare. But the value of Hartmann's study does not lie alone in the improvements it affords for classification and diagnosis of terrifying dreams; more important, in analyzing those who suffer from these problems, *The Nightmare* contains groundbreaking implications for their treatment and, in the case of artists, sheds light on the relation of nightmares to their creativity.

Hartmann, a professor of psychiatry at the Tufts University School of Medicine, conducts his impressive research of the nightmare systematically. He carefully provides abundant documentation, data, and tables and graphs, and—what is more—he also manages to convey the excitement of his discoveries. Hartmann's writing is unusually clear, dependent on simple syntax and, where possible, common vocabulary, not technical jargon. As a result, Hartmann's tone is less formal than that of most scholarship, but if this tone sounds less authoritative, it is still completely persuasive. One especially refreshing feature of Hartmann's candid style is his awareness of possible pitfalls in his method. For example, when he broaches the problems of studying groups of extreme nightmare sufferers in "pure culture," Hartmann heightens the reader's trust and only makes his case all the more convincing.

What methodological approach, then, did Hartmann use to distinguish between the nightmare, the night terror, and the traumatic nightmare? Besides drawing on his previous research on sleep and dreaming, Hartmann based most of his conclusions on comprehensive investigations of 50 nightmare sufferers, all chosen from a pool of respondents to newspaper ads for two different studies. For the first study, Hartmann accepted 38 people, all of whom reported one definite nightmare weekly for six months and no night terrors. In the second study, Hartmann examined 36 people: 12 who, lifelong, had had one nightmare weekly; 12 who had vivid dreams, but no nightmares; and 12 who had neither nightmares nor vivid dreams. All subjects underwent interviews, in which they talked about their dreams, sleep patterns, and various aspects of their lives—their interests, relationships, use of drugs, history of mental illness, as well as their childhoods

and adolescence and even the incidence of nightmares in their families. In addition to submitting to interviews, all subjects took a battery of tests—such as the Minnesota Multiphasic Personality Inventory and the Rorschach inkblot test—and a few underwent observations in the sleep laboratory.

From all this research Hartmann determined that, unlike nightmares which occur late in the night (4 a.m. to 7 a.m.) and late in the REM period, night terrors normally occur during the first two hours of sleep; moreover, unlike dreams, night terrors are not remembered. For night terrors are not dreams: they are episodes of waking up terrified and often then screaming, conscious of a single frightening image, such as “something . . . sitting on me”—exactly the situation rendered in Fuseli’s painting. In contrast to presenting one dominant image, typical nightmares present several images: the early images resemble those of other dreams, “referring often,” Hartmann says, “to day residues from the dreamer’s recent experiences, as well as containing childhood patterns and wishes.” The dream images that coincide with the frightening part of the nightmare—usually the end—characteristically correspond to childhood fears: of completely dissolving or being destroyed, of losing the mother’s breast (sustenance), of being abandoned by the mother herself or some beloved person, or simply of being chased. In fact, contrary to the theory of Ernest Jones, who saw the nightmare as the powerful conflict of sexual wish and inhibition, Hartmann believes that the absence of sexual imagery in nightmares shows “that nightmares may have their origin in early childhood experiences and involve early primitive fears . . . from a time before definite sexual identity was formed.”

Significantly, Hartmann discovered that in none of his subjects did these nightmarish images relate to actual traumatic events. This fact led him to see traumatic nightmares as a third psychophysiological entity separate from both ordinary nightmares and night terrors. In the traumatic nightmare, the disturbing event that triggered the dream is at first dreamed literally, making it less like a nightmare than a memory. This difference between the imagery of ordinary nightmares and traumatic nightmares was confirmed when Hartmann studied groups of Vietnam veterans—one group who had lifelong nightmares but no combat experience and another whose nightmares began after or during combat experience. The nightmares of the lifelong sufferers varied in content but sometimes included images of combat scenes *not* personally experienced; in contrast, the images of the other group constituted replays of traumatic events they had actually witnessed. Furthermore, Hartmann clarifies, “typical traumatic nightmares can occur in several stages of sleep—perhaps any stage of sleep—which makes them distinctly different from either ordinary nightmares or night terrors.”

The differences between nightmare sufferers and other groups become even more marked when the groups are compared for psychopathological tendencies. Hartmann found that none of the 24 non-nightmare sufferers could be diagnosed as affected by *schizophrenia* (which usually involves psychotic episodes with loss of contact with reality), *schizotypal personality* (which involves some characteristics of schizophrenia but also consistent contact with reality), or *borderline personality* (which refers to instability in personal relations, mood, and self-image). In contrast, Hartmann could diagnose many of the nightmare sufferers according to these mental disorders. For example, on the MMPI the nightmare sufferers “scored significantly higher than the other groups on the so-called ‘psychotic’ scales,” which include schizophrenia. In fact, from the study of Vietnam veterans, Hartmann found that even those suffering traumatic nightmares exhibited only some thought disorder and none of the extreme openness and vulnerability of lifelong nightmare sufferers.

Hartmann’s most useful discovery, however, is not that some nightmare sufferers show signs of formal psychopathology, but rather that they all demonstrate “openness” and “defenselessness”: they have failed to develop the normal defenses and protections—the boundaries—that form part of a child’s development of mental structures, beginning with

distinctions between the self and others, and fantasy and reality. The results of the Rorschach tests, in particular, corroborated Hartmann's impression that nightmare subjects had an especially thin or open sense of boundaries—boundaries of the ego, of fantasy and reality, of sleeping and waking, and of overly close, merging relationships. In their dreams, these people with thin or permeable boundaries failed to keep out dangerous and frightening material, as most of us habitually do. The Rorschach tests clearly manifested this difference. Ordinary dreamers, Hartmann reports, scored high on "boundary defense"; in contrast, as expected, nightmare sufferers scored high on "boundary deficit," which means, Hartmann explains, they "saw in the inkblots more amorphousness, loss of shape, merging and penetration, without seeing more protective features such as clothing, armor, firmness." This brilliant discovery of the connection between the presence of thin boundaries and the incidence of nightmares bears important implications for therapy. As Hartmann humanely puts it, "... those who have continuing nightmares, or other signs of thin boundaries in childhood, may be vulnerable to developing schizophrenia. If we can identify these at-risk people, we may be able to help them—in structuring reality, in developing a particular artistic talent, in bearing pain without losing touch with reality and people . . ."

If Hartmann's concept of boundaries contributes vastly to the practical treatment of nightmares, it contributes no less—though in a more speculative way—to what we know about the psychology of art and the creative process. Hartmann's thinking on this subject works like this: since persons with nightmares and thin boundaries are frequently creative, it should follow that established artists have a high incidence of nightmares. One study, however, contradicts Hartmann's hypothesis. From an investigation of 20 successful artists, Albert Rothenberg concluded that no connection exists between creativity and dreams. But Hartmann, to his credit, finds this formulation unsatisfactory. From his own general reading he cites several artists and writers whose work depends heavily on dreams and nightmares, notably the Romantic novelist Mary Shelley, who wrote *Frankenstein*, and the Romantic poet Samuel Taylor Coleridge, who wrote "Kubla Khan," "The Rime of the Ancient Mariner," and "The Pains of Sleep."

Rothenberg's study nevertheless has value, Hartmann decides, for it proves that at least some creative persons avoid nightmares. So, rather than assert that either all creative artists have nightmares or none of them do, Hartmann offers this pattern:

... those artists who have nightmares might be especially those whose art depends on thin boundaries—on sensitivity to their own inner worlds and sensitivity to other persons. Presumably this category would include tortured romantic poets and painters and the "confessional poets" of our times who explore the recesses of the human soul. On the other hand, I would expect fewer nightmares or none in those whose greatness is in exceptional craftsmanship or mastery of already developed techniques and styles.

Probably, then, the artists that Rothenberg studied tended stylistically to be classicist.

But this pattern has great potential for interpreting not only individual artists but the art of entire cultures as well. For example, the neoclassical art of the eighteenth century, which repressed subjective emotion and celebrated reason, embodied the aesthetic of firm boundaries: in poetry, through elegantly ordered heroic couplets closed by strong punctuation; and in painting, through line and form, not light and color. But for the artists of the next cultural period, the Romantics, reality included not only the objective external world, but also the subjective inner one. So, they consciously flouted the neoclassical rule, as Joshua Reynolds put it, "that everything shall be carefully and distinctly expressed." For instance, in landscape, which became a prime subject for the Romantics, interest lay less in the formal boundary of the horizon than in the way perception dissolves the boundary of sky and land. This dissolving in landscape, then, symbolically expressed for the

Romantics the workings of the mind—its dissolving of boundaries between inner and outer consciousness. Though not a landscape, the illustration on the dust jacket, J.M.W. Turner's *Death on a Pale Horse*, makes clear how the romantic reliance on amorphous color and light—and not rigid form and line—conveys a nightmare sufferer's experience of permeable boundaries.

Like the Romantics who penetrated the neoclassical boundaries of outer and inner reality as expressed in art, Hartmann has here creatively re-established the boundaries of the nightmare. To be sure, Hartmann remains somewhat tentative about the claims he is willing to make about the link between thin boundaries and creativity, even though his ideas are extremely provocative. He rightly refuses, however, to qualify his significant conclusion that the development of thin boundaries can lead to frequent nightmares and schizophrenia. *The Nightmare* is throughout a fascinating, rewarding book that both expands our knowledge of the mind and excites us about discoveries still to be made.

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