PERGAMON

Personality and Individual Differences 27 (1999) 843–851

PERSONALITY AND INDIVIDUAL DIFFERENCES

www.elsevier.com/locate/paid

Nightmare frequency, personality and acute psychopathology

Liam Chivers, Mark Blagrove*

Department of Psychology, University of Wales Swansea, Singleton Park, Swansea SA2 8PP, UK

Received 21 August 1998; received in revised form 25 November 1998; accepted 21 December 1998

Abstract

There are currently contradictory findings on whether frequency of having nightmares is related to psychopathology. Common drawbacks of many of the studies are the use of a single retrospective questionnaire to assess nightmare frequency and the measurement of stable traits rather than acute stress. In the present study 124 subjects (males, $n=32$; females, $n=92$; age 18–70 years) completed the EPQ-RS, the General Health Questionnaire-30, Gough's Creativity Scale and, over 14 days, a contemporaneous log of the incidence of nightmares. The 14-day log method produced a larger estimate of mean nightmare frequency (41.7 per year) than is common with retrospective measures; there was no significant difference in frequency of nightmares between males and females. Nightmare frequency correlated significantly with GHQ acute psychopathology ($r_{sp}=0.26$, $p=0.002$), with comparable scores for females ($r_{sp}=0.28$) and males ($r_{sp}=0.23$). Females had significant correlations of nightmare frequency with age ($r_{sp}=-0.26$, $p=0.007$), dream recall ($r_{sp}=0.32$, $p=0.001$) and EPQ-Lie score ($r_{sp}=-0.22$, $p=0.020$), whereas males did not: following regression analysis only females had significant determinants of nightmare frequency, these being GHQ acute psychopathology ($\beta=0.300$, $p=0.003$) and age ($\beta=-0.232$, $p=0.020$). Neither sex had significant correlations of nightmare frequency with creativity, extraversion, neuroticism or psychoticism.

Keywords: Nightmares; Psychopathology; Personality

* Corresponding author. Tel.: +44-1792-295-586; fax: +44-1792-295-679.
E-mail address: m.t.blagrove@swansea.ac.uk (M. Blagrove)

0191-8869/99/$ - see front matter
PII: S0191-8869(99)00033-1

1. Introduction

A nightmare is a very distressing dream that is clearly recalled (Belicki, 1992a), usually occurring in rapid eye movement (REM) sleep, in the later part of the night, and sometimes with an increase in autonomic measures such as pulse or respiration (Hartmann, 1984). It has been estimated that the average incidence of nightmares in adults is one or two per year (Hartmann, 1984) and that 10–25% of the general and college student population experience one or more nightmares per month (Bearden, 1994). Some studies have found a relationship between nightmare frequency and psychopathology (Hersen, 1971; Hartmann, Russ, Oldfield, Sivan, & Cooper, 1987; Hartmann, 1989; Nielsen, Ouellet, Warnes, Cartier, Malo, & Montplaisir, 1997) and with concern about death (Feldman & Hersen, 1967). Kales et al. (1980) found subjects with nightmares scored significantly higher than controls on neurotic and psychotic scales of the MMPI, Lang and O'Connor (1984) found significant correlations between EPQ-N and both nightmare frequency and intensity and nightmare frequency has been positively correlated with anxious–distractable and guilt–fear of failure patterns of daydreams (Starker, 1974, 1984–1985). However, Hartmann, Russ, van der Kolk, Falke, and Oldfield (1981) found an association between frequent nightmares and schizotypal and borderline personality, as did Levin and Raulin (1991), but not with high MMPI neuroticism, and Belicki (1992a) found that current psychopathology is not related to nightmare frequency.

Problematic is that these conflicting studies relied on retrospective self-reports of nightmare frequency rather than contemporaneous daily log measures. Such reports can be biased by a variety of factors, including the ease with which examples of nightmares can be accessed during recall (Tversky & Kahneman, 1973) and the influence of mood-congruent recall (Clark & Teasdale, 1982). The use of contemporaneous logs yields a nightmare frequency over 2.5 (for students: Wood & Bootzin, 1990; Salvio, Wood, Schwartz, & Eichling, 1992) or 10 (for elderly subjects: Salvio et al., 1992) times the estimates based on retrospective reports. Using daily logs, Cellucci and Lawrence (1978) in a longitudinal study found state anxiety correlated within-subjects with the presence of nightmares, Wood and Bootzin (1990) found no relationship between nightmare frequency and trait anxiety and Berquier and Ashton (1992) found that subjects with frequent nightmares show global, mainly neurotic psychopathology, but not psychoticism on the EPQ.

A second problem with most of the studies is that only stable traits were measured. As a result of the Hartmann (1984, 1998) findings that frequency and severity of nightmares are associated with levels of acute stress, we assessed psychopathology by the General Health Questionnaire (GHQ, Goldberg & Williams, 1988), which is concerned with current life-events rather than stable traits (Goodchild & Duncan-Jones, 1985). The GHQ is a global measure of acute psychological distress, is sensitive and specific in discriminating between cases and normals (Goldberg & Williams, 1988) and is associated with general and work stress and social competence (Cook, Young, Taylor, & Bedford, 1996).

However, as there are reports of nightmares being related to schizotypy (Levin, 1998) and the onset of psychosis (Hartmann, 1984; Fennig, Salganik, & Chayat, 1992) and relationships between nightmare distress and borderline personality (Claridge, Davis, Bellhouse, & Kaptein, 1998) and neurotic psychopathology (Belicki, 1992a), we also investigated the relationship with