

## The sensitivity and specificity of flashbacks and nightmares to trauma

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### Abstract

Traumatic events are commonly re-experienced by trauma survivors through nightmares and flashbacks. The current study examined the relative sensitivity and specificity of these two forms of re-experiencing trauma in female survivors of rape. The frequency of nightmares and flashbacks were assessed using the Nightmare Frequency Questionnaire (NFQ) and the Flashback Frequency Questionnaire (FFQ), respectively. The FFQ was developed for this study and is designed to assess the frequency and occurrence of flashbacks in trauma survivors. The NFQ, FFQ and a variety of other measures were completed by 34 female survivors of rape and 28 female control participants. Results provided support for the construct and criterion validity of the FFQ, and demonstrated that flashbacks are more sensitive and specific indicators of the presence of trauma than are nightmares.

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Persistent re-experiencing of a traumatic event is a symptom often reported by those who have experienced trauma, and two ways that trauma can be re-experienced are through nightmares and flashbacks. Of these two, nightmares are more common and have been more thoroughly investigated. Nightmares have been reported in as many as 75 percent of individuals with PTSD (Kilpatrick et al., 1994), and occur at a significantly greater rate in individuals exposed to combat, natural disaster, and rape, than in the general population. Goldstein, van Kammen, Shelly, Miller, and van Kammen (1987) found that recurrent nightmares

were still occurring 40 years after the traumatic event, in a sample of World War II prisoners of war. Data from The National Vietnam Veterans Study suggests that 52 percent of combat veterans with PTSD report frequent nightmares, compared to 5 percent of veterans without PTSD, and only 3 percent of civilian controls (Neylan et al., 1998). Survivors of natural disasters such as earthquakes (Wood, Bootzin, Rosenhan, Nolen-Hoeksema, & Jourden, 1992), hurricanes (David & Mellman, 1997) and fires (Krakow et al., 2004) also commonly report nightmares. Finally Krakow, Tandberg, Barey, and Scriggins (1995) found that in a sample of women who had been sexually assaulted, 60 percent of those women with a diagnosis of PTSD had nightmares. Of those sexually assaulted women without a diagnosis of PTSD, survivors of rape reported the highest frequency of nightmares (26 percent). Considered together, these findings have led some to suggest that nightmares may

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represent the most common PTSD symptom (Neylan et al., 1998). These rates are in sharp contrast to the occurrence of nightmares in the general population. A large normative study ( $N = 2782$ ) found that nightmares were the least common type of sleep disturbance with less than 7 percent of the sample reporting the frequent experience of nightmares (Coren, 1994).

Nightmares in individuals with PTSD may also be differentiated from nightmares in the general population because they occur earlier in the night, are more frequent and are associated with more body movements (Germain & Nielsen, 2003). In a review of the literature comparing sleep patterns in PTSD and panic disorder, Sheikh, Woodward, and Leskin (2003) found that individuals with PTSD had dreams with trauma related content 50 percent of the time during REM sleep. In individuals with PTSD who survived a natural disaster, Krakow et al. (2004) reported that chronic nightmares were not just secondary symptoms to PTSD, but were sufficient enough to warrant a diagnosis of a primary sleep disorder. So, although nightmares commonly occur in the general population, the presence of recurrent nightmares, which are frequently reported in individuals with PTSD, is infrequent in the general population. The increased prevalence of nightmares experienced by those exposed to trauma becomes especially troubling in light of the research documenting a relationship between nightmares and other PTSD symptoms in trauma survivors. For example, Krakow et al. (2002a, 2002b) found significant associations between nightmares and psychiatric symptoms in a sample of rape survivors. Not only have nightmares been correlated with additional psychological symptoms, nightmares have been documented as a contributor to the physical health symptoms in rape survivors (Clum, Nishith, & Resick, 2001) and with other sleep impairments in individuals with PTSD (De Viva, Zayfert, & Mellman, 2004). The presence and frequency of nightmares in trauma survivors may provide an opportunity for early detection and remediation of increased symptoms following trauma exposure.

Unlike nightmares, few studies have examined the prevalence and significance of flashbacks in trauma survivors. The definition of flashbacks ranges from broader interpretations including any vivid, recurrent recollection of a traumatic event, to more narrow conceptualizations of flashback as re-experiencing part of a traumatic event with a realistic intensity as if it were happening in the present (Milo, 1999). One study examining the quality and characteristics of vivid intrusive memories found that individuals with chronic

PTSD resulting from heterogeneous trauma ( $n = 22$ ) reported re-experiencing between one and four different intrusive memories, which were predominantly sensory in nature (Hackmann, Ehlers, Speckens, & Clark, 2004). In this sample, the most common type of memory intrusion involved the events immediately preceding the traumatic experience, or the time at which the victim became aware that the traumatic event was inevitable, rather than the worst moment in the trauma. Burstein (1985) documented flashbacks in 28 percent and 39 percent of individuals with PTSD in two small samples of people exposed to a variety of traumatic events. Of those who had experienced flashbacks, 41 percent reported one or fewer flashbacks in the past week, while the remaining 59 percent of the sample reported more than three flashbacks per week. In addition to the distress related to the flashback itself, flashbacks may impair an individual's concentration increasing the risk of harm (Burstein, 1985).

Flashbacks may also be related to increased psychological and physical symptoms associated with trauma. In a sample of children with PTSD related to physical, sexual abuse, neglect and witnessing domestic violence, Runyon and Kenny (2002) found that the presence of flashbacks predicted depression. In fact, there has been an association documented between nightmares and flashbacks (Burstein, 1985), with nightmares preceding the onset of flashbacks in trauma survivors. Orcutt, Erickson, and Wolfe (2002) also found that revictimization is differentially related to the cluster of reexperiencing symptoms. Based on the literature documenting an association between the presence of nightmares and other symptom severity in individuals who have been exposed to trauma, and the fact that both nightmares and flashbacks are intrusive symptoms of PTSD, one might expect a similar pattern to emerge with flashbacks and trauma symptoms, such that the frequency of flashbacks would be related to the severity of other symptoms.

Literature has documented that rape is one of the most prevalent types of traumatic events and is one of the most pervasive crimes in the world (Rozee & Koss, 2001). In a review of existing studies regarding rape prevalence, Koss (1993) concluded that within the United States, between 14 percent and 25 percent of adult-aged women are survivors of rape. Not only is rape one of the most prevalent traumatic events, but also one of the most traumatic events for both men and women (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Sexual assault is perceived as more intrusive than other physical attacks (Krupnick et al., 2004). In fact, PTSD symptoms have been found in 94 percent of rape

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