

Remembering the Holocaust: Dreams During and After a Long Traumatic Experience*

*Ioana COSMAN
Department of Clinical
Psychology and Psychotherapy,
Babeş-Bolyai University, Cluj*

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Abstract: The present study aims to investigate the relationship between the concentration camps experience and Holocaust survivors' dreams during and after their imprisonment. It is an interdisciplinary approach, which brings together history with philosophy and psychology, trying to identify how dreaming in Holocaust survivors was affected by traumatic events. Twenty-two Holocaust survivors from Northern Transylvania were interviewed during the years 2006–2009. Their memory of past events was investigated both through their post-Holocaust discourse, as well as through the dreams described by the survivors in the interviews conducted by the author of the proposed study.

E-mail: ioanaco@hotmail.com

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Theories of dreaming throughout history

Dreams have raised the interest of mankind since antiquity. During ancient times people believed that sleep is a temporary death, which the body as a material form has to suffer periodically, while the soul being immaterial wanders through darkness.¹ This belief explains why the god of sleep Hypnos was actually the twin brother of Thanatos, the god of death. The mystery of dreams during sleep was for a long period of time an important topic of discussion for the great philosophers and poets of antiquity, from Homer and Hesiod to Diogenes and Aristotle.² Beginning with the 16th century the question of sleep and dreaming became part of the doctors' preoccupations.³ But their view on sleep was very much based on the writings of antiquity, like those of Aristotle, who saw the purpose of sleep as the preservation

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¹ Liviu Popoviciu and Voica Foişoreanu, *Visul de la medicină, la psihanaliză, cultură, filosofie* (Dream from medicine to psychoanalysis, culture, philosophy) (Bucharest: Ed. Universul, 1994), 14.

² Ibid., 14–15.

³ Ibid., 16.

of health and life after the exhaustion of the day.¹ The doctors of Renaissance tried to examine some sleep disturbances that could predispose to various illnesses.² Only in the 18th century some thinkers (Dorsch, Mendelssohn, Nudow) started to develop the theory of association, stating that there are important differences between the associations made during waking time which are objective in nature and those made during sleep which are more subjective.³ But before Sigmund Freud came along there were no real scientific concerns about dreams. His book *The Interpretation of Dreams* (the first edition of the book was published in 1900) opened new ways in dream research.⁴

The theory that dreams have their own meaning was something that people believed in since antiquity. But what Freud brings new for the knowledge on the meaning and nature of dreams is that every dream has a psychological structure, which can be revealed through the interpretation of dreams.⁵ He believed that the content of dream is derived from waking day life experiences, which are remembered during sleep, but this link between dream-content and reality is hard to reveal.⁶ Later on, in connection with Freud's theory, Jung stated: "The dream is a fragment of involuntary psychic activity, just conscious enough to be reproducible in the waking state."⁷ And, further on, he concluded that from all the psychic phenomena dream shows the highest number of irrational factors.⁸

Before Jung, Freud said that dreams do not occur in a rational form, but they appear as symbols and metaphors, like in the language of the poets, and they consist especially in visual scenes.⁹ In his opinion, the most intelligible and meaningful dreams are unfulfilled desires that were repressed during the day.¹⁰ So, for Freud dreams are "concealed realizations of repressed desires."¹¹ During sleep the repressed wishes can no longer be concealed,¹² so dream creates a form of mental liberation from the suppressed desire in so much that it presents itself as being realized.¹³ The forgotten dream or a portion of it, which actually explains the dream, would mean reinstalling the suppression.¹⁴ In his view the manifest dream, the dream that remains in memory, is a disguised fulfillment of a suppressed or a repressed desire.¹⁵ In

¹ Ibid., 16.

² Ibid., 16.

³ Ibid., 17.

⁴ Ibid., 18.

⁵ Sigmund Freud, *The Interpretation of Dreams*, 3rd edition (Hayes Barton Press, 1997), 8.

⁶ Ibid., 15.

⁷ Carl Jung, *Dreams* (London: Routledge, 2002), 70.

⁸ Ibid., 70.

⁹ Sigmund Freud, *On dreams* (New York: Rebman Company, 1914), 54.

¹⁰ Ibid., 84.

¹¹ Ibid., 85.

¹² Ibid., 89.

¹³ Ibid., 96.

¹⁴ Ibid., 96.

¹⁵ Michael Schredl, "Freud's Interpretation of His Own Dreams in *The Interpretation of Dreams: A Continuity Hypothesis Perspective*", in *International Journal of Dream Research*, 1/2 (2008): 44–47, 44.

contradiction with those who saw sleep as being disturbed by dreams (like in antiquity), Freud's theory proclaimed dream as "the guardian of sleep".¹

Only since the mid-twentieth century after the findings of Aserinsky and Kleitman on rapid eye movement sleep (REM sleep), dreaming began to be studied in an objective manner by introducing scientific investigations that could determine the indicators of dream activity during sleep.² Neurophysiology studies have shown that the occurrence of dreams during sleep is not random but periodical.³ Dreams occur regularly at every 90 minutes approximately and last for 15–20 minutes.⁴ After the studies of Dement in 1958, and those of Jouvet in 1965 it was stated that dream falls into a cycle of REM sleep and non-REM sleep.⁵ Those stages of sleep where there is little or no eye movement are generally named as non-REM sleep. Usually, individuals go through four stages of non-REM sleep before they go into REM sleep.⁶ The first phase of REM sleep occurs after 90 minutes of sleep and lasts for about 15–20 minutes.⁷ After another 90 minutes it begins the second REM sleep phase for another 15–20 minutes.⁸ In this way, during one night people go through 4 to 6 phases of REM sleep, which would be about 18-22% from the total sleep time.⁹ Dreams usually occur during the period of REM sleep and have more chances to be remembered.¹⁰

Dreams and trauma

An important contribution to the study of dreams is brought beginning with the 60's by Ernest Hartmann. His theory on the nature and functions of dreaming, which states that dream content is guided by the dreamer's emotions and concerns, has helped enormously to the understanding of dreams that occur after a traumatic event. These dreams "are paradigmatic, because they so clearly reflect the patient's emotional state,"¹¹ concluded Hartmann after analyzing several dreams of people who have just survived a trauma (e.g., fire, rape, attack). In his opinion, in survivors of traumatic events dreams have usually a powerful Central Image, as Hartmann named it, which actually pictures the powerful underlying emotion.¹² His theory of dreaming comprises several fundamental statements: dreaming is a form of mental functioning, is hyper-connective and connections are not made randomly, but they are guided by the emotions of the dreamer, the form of the dream is usually a

¹ Freud, *On Dreams*, 92.

² Popoviciu and Foişoreanu, *Visul...*, 19.

³ *Ibid.*, 19.

⁴ *Ibid.*, 19.

⁵ *Ibid.*, 19.

⁶ *Ibid.*, 20.

⁷ *Ibid.*, 20.

⁸ *Ibid.*, 20.

⁹ *Ibid.*, 20.

¹⁰ *Ibid.*, 20.

¹¹ Ernest Hartmann, *The Nature and Functions of Dreaming* (New York: Oxford University Press, 2011), 5.

¹² *Ibid.*, 5.

picture-metaphor, and dreaming is a creation and not a replay.¹ Hartmann considers that if for most people with ordinary lives, there are several emotions simultaneously active, for individuals who have recently gone through a trauma is easier to identify what's going on in their mind and therefore is easier to follow their dreams because they tend more to have one dominant emotion.² Usually, dreams after trauma follow a certain path: first they contextualize emotions like terror, fear, vulnerability, and then they depict the feeling of guilt, which is often felt by survivors (survivor guilt).³ Hartmann shows the case of a man who survived a fire while his brother died.⁴ But in his dream his brother survived the fire, while he was hurt.⁵ From a study that deals with sixty dreams of people who have survived a traumatic event, Hartmann remarks that the most common emotions are fear or terror, helplessness, vulnerability, guilt and grief.⁶ At first trauma is replicated dramatically, though not in the same way that it occurred.⁷ After a while, dreams begin to take elements from other types of trauma, which are emotionally related to feelings of terror, helplessness or guilt.⁸ In time the process of connection between elements of trauma and other emotional elements from the person's life extends gradually, so that trauma diminishes and dreams return to a more normal phase.⁹ In case the person doesn't succeed to overcome the traumatic event and develops post-traumatic stress disorder (PTSD) symptoms, he/she will be caught in recurrent post-traumatic nightmares.¹⁰ These dreams are described as repeating the initial phase, when trauma reveals itself approximately in the same way that it occurred, adding the element of "survivor guilt".¹¹

The term nightmare is used to describe a vivid and terrifying nocturnal episode during which the dreamer is awakened from sleep brutally.¹² Nightmare is characterized by a subjective feeling of terror in which the dreamer feels a paralysis of the body movements.¹³ In most of the cases the person who just wakened from a nightmare will have a long and vivid memory of the dream.¹⁴ Nightmares from REM sleep usually take place at the end of the sleep cycle.¹⁵

¹ Ibid., 5.

² Ernest Hartmann, "Outline for a theory on the nature and functions of dreaming," *Dreaming* 6/2 (1996), <http://www.asdreams.org/journal/articles/6-2hartmann.htm>

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ross Levin, "Sleep and Dreaming Characteristics of Frequent Nightmare Subjects in a University Population," *Dreaming* 4/2 (1994), <http://www.asdreams.org/journal/articles/4-2levin.htm>

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid.

In a study based on the dreams of over 3000 college students, Levin tried to determine the characteristics of sleep and dreaming of individuals who report frequent nightmares.¹ He divided the subjects into two groups according to the frequency of their nightmares in a year.² The group with more nightmares report had an increased presence of salient dreams, had more sleep disturbances, and more arousals during sleep than the students with fewer nightmares report (named the control group).³ The nightmare group reported more hostility in their dreams, used more negative adjectives to describe the emotions given by the dream, were more affected after dreaming, had a greater ability to remember dreams, and found more personal significance in dreams than the control group.⁴ Similar findings were presented in a study on children and adolescents from a traumatic and non-traumatic environment, respectively from Gaza strip and from the more peaceful place of Galilee in Israel.⁵ Children from the traumatic environment remembered more often their dreams, and had more salient and family focused dreams than the non-traumatic group, who dreamed more about school.⁶ Also, traumatic group had a higher level of anxiety and hostility than the non-traumatic group.⁷ The more children were exposed to trauma the more they tended to remember their dreams, and to manifest anxiety, somatic and depressive symptoms.⁸ Their dreams included more elements of negative emotions and less narrative coherence than the non-traumatic environment group.⁹ Children from the traumatic group used the repressive coping style of paralysis, denial and numbing more often than the non-traumatic group.¹⁰

Holocaust survivors represent a population that has gone through a very long and brutal traumatic event. The long-term effects of Holocaust was investigated and demonstrated in several psychological studies.¹¹ One of the most

¹ Ibid.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Raija-Leena Punamäki, "The Relationship of Dream Content and Changes in Daytime Mood in Traumatized vs. Non-Traumatized Children," *Dreaming* 9/4 (1999), <http://www.asdreams.org/journal/articles/pukamamaki9-4.htm>

⁶ Ibid.

⁷ Ibid.

⁸ Raija-Leena Punamäki, "Determinants and Mental Health Effects of Dream Recall Among Children Living in Traumatic Conditions," *Dreaming* 7/4 (1997), http://www.asdreams.org/journal/punamaki/7-4_punamaki.htm

⁹ Ibid.

¹⁰ Ibid.

¹¹ See Arie Nadler and Dan Ben-Shushan, "Forty Years Later: Long-Term Consequences of Massive Traumatization as Manifested by Holocaust Survivors from the City and the Kibbutz," *Journal of Consulting and Clinical Psychology* 57/2 (1989): 287–293; Amy J. Sindler, Nancy S. Wellman and Oren Baruch Stier, "Holocaust Survivors Report Long-Term Effects on Attitudes toward Food," *Journal of Nutrition Education and Behavior* 36 (2004): 189–196; Joel Sadavoy, "Survivors. A Review of the Late-Life Effects of Prior Psychological Trauma," *The American Journal of Geriatric Psychiatry* 5 (1997): 287–301.

common symptoms of PTSD is the presence of nightmares during sleep, a symptom that almost all of the Holocaust survivors suffer from.

In a study of Lavie and Kaminer on the dream content of Holocaust survivors and their adjustment to post-war life, twenty-three Holocaust survivors were asked to narrate their dreams and to score the emotions they had towards each dream over four nights.¹ After a clinical interview took place, they were divided into two groups: the well-adjusted group, the less-adjusted group (11 subjects), and another 10 subjects were added as the control group.² The adjustment criteria were made according to six aspects of life: problems at work, in the family life and marriage, social, somatic and mental problems, and the lack of satisfaction in life.³ Results showed that in both survivors groups the level of anxiety was much higher than in the control group: 25% was recorded for the less-adjusted, 11% for the well-adjusted, and 5% for the controls.⁴ The less-adjusted group had the highest score for general hostility and for inward-directed hostility, while the control group had the highest score for outward-directed hostility.⁵ Also, the less-adjusted group saw people in the dreams in a more negative way (e.g., dangerous, bad, strange).⁶ The less-adjusted dreamed more about people from their childhood, while the other two groups dreamed more about people from the present.⁷ A significant difference was registered for dreams with specific content, like danger to existence.⁸ This theme appeared more often in the dreams of the two groups of Holocaust survivors: 81% in the less-adjusted, 79% in the well-adjusted, and 36% in the control group.⁹ A content directly related to Holocaust appeared only in the dreams of Holocaust survivors: 7,8% for the less-adjusted and 4% for well-adjusted.¹⁰ But an interesting finding of Lavie and Kaminer's study was that the frequency of dream recall was the highest in the control group (80%) and not in the less-adjusted group.¹¹ The well-adjusted had the lowest score (33,7%), followed by the less-adjusted (50,5%).¹² This is contradictory with previous studies, which reported more dream recall in traumatic subjects and lower rates in non-traumatic groups.¹³ Lavie and

¹ See Peretz Lavie and Hanna Kaminer, "Dreams that Poison Sleep: Dreaming in Holocaust Survivors," *Dreaming* 1/1 (1991): 11–21; Idem, "Sleep, Dreaming, and Coping Style in Holocaust Survivors," in *Trauma and Dreams*, ed. Deirdre Barrett (Cambridge: Harvard University Press, 2001): 114–125.

² Ibid.

³ Lavie and Kaminer, *Sleep, Dreaming, and Coping Style in Holocaust Survivors*, 115.

⁴ Idem, *Dreams that Poison Sleep*, 17.

⁵ Ibid., 16.

⁶ Ibid., 16.

⁷ Ibid., 16.

⁸ Ibid., 16.

⁹ Ibid., 16.

¹⁰ Ibid., 16.

¹¹ Lavie and Kaminer, *Sleep, Dreaming...*, 116.

¹² Ibid., 116.

¹³ See Punamäki, *Determinants and Mental Health Effects of Dream Recall Among Children Living in Traumatic Conditions*; Idem, *The Relationship of Dream Content and Changes in Daytime Mood in Traumatized vs. Non-Traumatized Children*.

Kaminer saw the low rate of dream recall as a result of a repressive coping style, which acts as a filter that prevents the penetration of the traumatic content into conscious, and encourages efficient sleep.¹

Holocaust survivors are part of a traumatized population whose capacity or inability to recover is still to be investigated. Their life during the day and at night, when all is covered in dreams, is a topic that has attracted the interest of many researchers from the domain of psychology, psychiatry, but also philosophy, or history.

In the following we shall try to see how the experience of a traumatic event like the Holocaust was reflected in the dreams of a specific population of Holocaust survivors, namely Holocaust survivors from Northern Transylvania.

Holocaust survivors from Northern Transylvania and their dreams

The Jewish population of Northern Transylvania was deported to the Nazi concentration camps relatively late compared with the Jews from the rest of Europe. From August 1940, after the Second Vienna Arbitration, the Northern part of Transylvania was taken from Romania by Hungary. The anti-Semitic laws from Hungary were also implemented in this part of Transylvania, so Jews had to face several restrictions.² Starting with 1942 the Jewish male population aged 18 to 40 was sent to forced labour detachment.³ But only after March 1944, when German troops entered Hungary and a pro-Nazi government was installed in Budapest, the Hungarian authorities gave the order for ghettoization and deportation of the Jews in Hungary and annexed territories.⁴ In Northern Transylvania the gathering of the Jews into the ghettos started at the beginning of May.⁵ Because almost all of the male Jews were in forced labour camps the Jewish population was composed mostly of women, children and elders, so there wasn't any real force to resist the ghettoization and deportation. After all the Jewish population was interned in the ghettos, after 3–4 weeks at the end of May beginning of June Jews were sent to Auschwitz-Birkenau.⁶ Only 20% of the Transylvanian Jews returned from concentration camps and forced labour detachments, and back home they had to face both material and human losses.

Twenty-two Holocaust survivors from Northern Transylvania (6 males and 16 females), who were imprisoned in concentration camps, were interviewed during the years 2006–2009. At the time of the deportation they were 16 to 27 years old.

¹ Lavie and Kaminer, *Sleep, Dreaming...*, 123.

² Ioana Cosman, "Shoah in Northern Transylvania", in *Depoziții despre viață și moarte. Holocaustul din Nord-Vestul Transilvaniei. Cercetare de istorie orală* (Depositions about life and death. Holocaust in North-Western Transylvania: An oral history research), ed. Ioana Cosman (Cluj-Napoca: Argonaut, 2009), 90–91.

³ *Ibid.*, 91.

⁴ Ioana Cosman, Aurora Szentagotai, Daniel David, "Describe fear in your own words. Stories from the Holocaust: A historical and psychological analysis", in *Holocaust. Studii și Cercetări* 14, 1/5 (2012): 104–114; 105–106.

⁵ *Ibid.*, 106.

⁶ *Ibid.*, 106.

They were asked about their life before, during and after imprisonment, and whether they had dreams during and after their return from concentration camps. Eleven dreams were recorded from nine Holocaust survivors (2 males and 7 females).

Most of the dreams reported occurred after survivors returned from concentration camps. If during camp-life dreams presented more brighter and happier scenes, after imprisonment dreams appeared in a darker and horrific form. In both cases dreams have featured elements of past experiences, but while during concentration camps the past experience was a normal and beautiful one, after the war dreamers had to cope with the images of a traumatic event they have just survived. Also, very few dreams were recalled during camp. Holocaust survivors reported a permanent state of fatigue, apathy, and lack of sleep during camp. As dreams usually occur during REM sleep,¹ probably the poor conditions of sleep during camp didn't allow prisoners to go into this stage of sleep. This might explain also why so few dreams were recalled from the period of concentration camps life.

More than a half of the Holocaust survivors interviewed reported frequent nightmares after they have returned from concentration camps (13 from 22 interviewees). As Hartmann suggested,² "survivor guilt" was present in most of the dreams of those who had lost their family in the camp. Mr. M. for example dreamed often about his parents who died in Auschwitz:

"I dreamed that my parents will come home, they will come... It was completely irrational, like dreams in general. Even now I dream that my parents are in Toplița and I blame myself that I haven't been to see them for a long time, and I should go to them".³

Mrs. V. had also many dreams about her mother and brother. Although her father also died while she was young her dreams were more focused on the death of her mother and brother, who both died in the camp:

"Many nights in my dreams I happen to meet my mother, my brother. We are already close to each other but when we are about to touch something occurs."⁴

The feelings of terror, helplessness and guilt mentioned by Hartman in his study about dreams of individuals who have experienced a traumatic event⁵ are also encountered in Mr. C's dream about the death of his parents:

"I dreamed that my mother and father were going somewhere, to a place similar with the forest where the gas chamber was, and I cried: "Mom, dad, don't go there!" and I could not move. Then my older sister used to come and to wipe my face with a towel. This lasted for years."⁶

¹ See Popoviciu and Foișoreanu, *Visul de la medicină, la psihanaliză, cultură, filosofie*, 20.

² See Hartmann, *Outline for a theory on the nature and functions of dreaming*, <http://www.asdreams.org/journal/articles/6-2hartmann.htm>

³ *Depoziții despre viață și moarte...*, 478.

⁴ *Shoah în Transilvania de Nord: depoziții despre viață și moarte* (Shoah in Northern Transylvania: depositions about life and death), ed. Ioana Cosman (Cluj-Napoca: Argonaut, 2010), 168.

⁵ See Hartmann, *Outline for a theory on the nature and functions of dreaming*, <http://www.asdreams.org/journal/articles/6-2hartmann.htm>

⁶ *Depoziții despre viață și moarte...*, 168.

In this case Mr. C's dream had the characteristics of a terrifying nightmare, when the dreamer feels the paralysis of the body movements and he/she is awakened brutally from sleep.¹ Besides feelings of terror and helplessness the feeling of guilt is also added. This happens frequently in the case of recurrent nightmares found in people suffering from post-traumatic symptoms.²

The most common feelings encountered in Holocaust survivors' dreams were terror and fear. Also the paralysis of body movements, and the long and vivid memory of the dream were reported in case of horrific nightmares. For example, Mrs. D., although she mentioned a poor recall of dreams, had a very vivid memory of a nightmare that she had soon after returning from concentration camps:

*"That dream was awful. I was in a building, somewhere on the upper floors, and I knew the SS is coming to take me. But I said I am not going to let them take me. I took a knife in my hand and I said that I would better kill them than to let them take me. And then I woke up all sweaty, but I could hear them coming up the stairs. I will never forget this dream."*³

Feelings of terror combined with feelings of helplessness appeared in Mr. C's dreams about American bombing during the war. As he was a prisoner in Nazi camps, along with other inmates he had to free the land of bombs. Some were unexploded, so a lot of people died there on the field. The inmates felt a lot of terror when American bombers flew over the camp, and they had to run and hide while bombs fell from the sky. Mr. C. recounts:

"That's what I dreamed, I dreamed how the bombing came and I was running, and running, but yet I wasn't moving, and I was screaming that bombs are coming. Helplessness and misery."

Also a feeling of terror emerges from Mrs. B's dream. She used as repressive defence mechanism the avoidance of painful stimuli (e.g., watching movies or reading books about Holocaust), which could bring back the memory of the past trauma. When she enters into contact with these stimuli, in the following night she suffers from nightmares:

*"I am dreaming that somebody is running after me, that behind me are people from the Gestapo, and that they want to catch me. I can neither flee nor cry. I am standing there, paralyzed, and eventually I wake up. But I wake up with a feeling of dread."*⁴

In Mrs. B's case the presence or absence of terrifying dreams are connected to her repressive coping style. As we have seen in Lavie and Kaminer's study the defence mechanism of repression functioned as a filter in order to prevent the elements of the traumatic event to go into conscious.⁵ Many of the Holocaust survivors interviewed have reported an avoidant behaviour (e.g., avoiding watching

¹ See Levin, *Sleep and Dreaming Characteristics of Frequent Nightmare Subjects in a University Population*, <http://www.asdreams.org/journal/articles/4-2levin.htm>

² See Hartmann, *Outline for a theory on the nature and functions of dreaming*, <http://www.asdreams.org/journal/articles/6-2hartmann.htm>

³ *Depoziții despre viață și moarte...* , 335.

⁴ *Ibid.*, 136.

⁵ See Lavie and Kaminer, *Sleep, Dreaming...* , 123.

movies, seeing pictures, or reading about Holocaust), but this didn't prevent them from having frequent nightmares, although the frequency of horrific dreams decreased from past to present. But when we talk about daily stimuli, like movies or pictures, showing elements reminiscent of the trauma, the avoidance of these stimuli might act as a filter, which prevents the penetration of the images into conscious. Thus, by avoiding these stimuli, the dreamer avoids the penetration of the images into unconscious as well. But many of the survivors interviewed who have manifested avoidance behaviour, also reported intrusive memories. Therefore, repressive coping style may have some success in a few cases, like the one presented here, but it cannot guarantee to prevent the penetration of other elements reminiscent of the trauma.

As Hartmann stated, in dreams after trauma we can find an underlying emotion more often than in the dreams of ordinary people.¹ In most of the dreams that we have presented, the dominant emotions, as in those of Hartmann's study, were fear or terror, helplessness and guilt. In one of the dreams, that of Mrs. D., we encountered also the desire of revenge, by killing the SS officers before they would take her away. But this is the only dream where such a feeling was encountered.

An important aspect is that most survivors who have recounted their dreams have spontaneously mentioned the emotions they had towards the dream, without previously being asked. As in Levin's study,² the adjectives used to describe their emotions towards the dream were all negative. So, dreams were perceived as "irrational", "awful", and they produced feelings of "dread", "helplessness and misery".

Conclusions

Holocaust survivors from Northern Transylvania dreamed more after they have returned from concentration camps. While dreams during imprisonment were brighter and focused on the old home life, after survivors have returned to the empty homes dreams presented a more terrifying content. The feelings of terror, helplessness and guilt are present in most of the survivors' dreams after Holocaust. More than a half of the survivors have had frequent nightmares in the first period after the Holocaust and less frequent in the present. More than a half of the survivors interviewed have manifested avoidance behaviour, mostly in terms of watching movies or reading books about Holocaust. Sometimes the repressive coping style can act as a filter for preventing the daily stimuli reminiscent of the trauma to go into conscious, when the avoidance depends only on the Holocaust survivor decision, but it doesn't guarantee the intrusion of other elements (e.g., intrusive memories and thoughts). The dominant emotions, encountered in most of the Holocaust survivors' dreams after the war, are fear, vulnerability, and guilt, while the survivors' emotions towards the dream reflect dread and helplessness.

The present study raised some questions regarding the benefits and disadvantages of avoidance behaviour, in the sense of avoiding stimuli reminiscent

¹ See Hartmann, *Outline for a theory on the nature and functions of dreaming*, <http://www.asdreams.org/journal/articles/6-2hartmann.htm>

² See Levin, *Sleep and Dreaming Characteristics of Frequent Nightmare Subjects in a University Population*, <http://www.asdreams.org/journal/articles/4-2levin.htm>

of the trauma, and whether nightmares can be avoided by controlling what you see or what you do during the day, which could be investigated in future studies.

Far from claiming to shed light on the understanding of the dreams of individuals who have experienced a traumatic event, the research tried to fill a gap in the research and investigation of dreams in our country.