

Nightmares Among Cambodian Refugees: The Breaching of Concentric Ontological Security

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Abstract This article explores the nightmares of Cambodian refugees in a cultural context, and the role of nightmares in the trauma ontology of this population, including their role in generating post-traumatic stress disorder (PTSD). Among Cambodian refugees attending a psychiatric clinic, we found that having a nightmare was strongly associated with having PTSD ($\chi^2 = 61.7$, $P < 0.001$, odds ratio = 126); that nightmares caused much distress upon awakening, including panic attacks, fear of bodily dysfunction, flashbacks and difficulty returning to sleep; that nightmare content was frequently related to traumatic events; that nightmares resulted in a decrease in the sense of “concentric ontology security” (i.e., in an increased sense of physical and spiritual vulnerability in a culture that conceives of the self in terms of concentric, protective layers), including fears of being attacked by ghosts; and that nightmares frequently led to the performance of specific practices and rituals aiming to extrude and repel attacking forces and to create “protective layers.” Cases are presented to illustrate these findings. The Discussion considers some treatment implications of the study.

Keywords Nightmares · Post-traumatic stress disorder · Refugees · Cambodians · Self

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The Case of *Thach*: Nightmare as *Khmaoch*¹ (“Ghost”) Assault

At her medication appointment, Thach said she had not slept well, felt anxious, and had been having frequent palpitations. A “circular” mark on her forehead indicated she had been doing “cupping” to remove “*khyâl*” [a wind-like substance] from her body. The first author [D.H.] asked if anything had happened to make her feel worse. She attributed her worsening to a nightmare.

In the nightmare, a man strangled her soul’s neck [dreams are thought to result from the experiences of the wandering “soul,” the *proleung*, and patients refer to the dream protagonist as their “soul”] and asked for money; he said that if Thach’s soul did not give him money, he would kill it. After awakening, she had half an hour of flashbacks of various Pol Pot traumas: performing slave labor, being beaten, seeing people executed.

Thach thought that a *khmaoch* had attacked her soul as it wandered as she slept, making her ill. She feared having low *riesey*, that is, low “supernatural luck,” and that low *riesey* made her vulnerable to *khmaoch* attack. As a result of the nightmare, she performed a ritual at her altar (*bân srân*): she lit incense and candles, and asked the Buddha, her parents, and all deities to protect her from *khmaoch* attack, to make her have good dreams. She was planning to take food to the monk at the temple to make merit, hoping this would provide further protection, would increase her *riesey*, and was considering consulting monks to see if more elaborate protective rituals were needed.

In certain societies, dreams and related practices represent a prominent aspect of the self-concept, of personhood, of self-processes (Hollan 2004), with dream-related practices—based on a dream interpretation system, that is, the local *oneirocriticism*, to use Foucault’s term (*oneiro*, meaning “dream,” and *criticism*, “interpretation”)—forming extremely important “techniques of the self” (Foucault 1986, 1988, 2005). In many societies, dreams indicate the individual’s state of health—psychological, physical, spiritual—and reveal what a person should do to maintain health [see, e.g., the edited volumes of Lohmann (2003a) and Mageo (2003a)]. As this literature suggests, nightmares may play a key role in the constitution of trauma subjectivity, and should be examined with respect to not only beliefs, but also concrete practices performed in response to having the dream (Herr 1981; Hollan 2003). That is, in certain societies, owing to nightmare-related beliefs and practices, nightmares may form a particularly central part of trauma ontology, of trauma subjectivity, and may form a key aspect of the identity of the traumatized individual.

Cambodian refugees in the United States have passed through multiple traumas. On April 17, 1975, after a brutal civil war in which perhaps 500,000 Cambodians died and many more were injured, displaced or impoverished by the fighting, the Khmer Rouge took power. Over the next three and a half years, the Khmer Rouge, a group of Maoist-inspired radicals led by Pol Pot, implemented a series of radical socioeconomic reforms in an attempt to enable Cambodia, renamed Democratic

¹ To depict Cambodian sounds, we use the transliteration system of Heder and Ledgerwood (1996).

Kampuchea (DK), to make a “super great leap forward” into socialism (Becker 1998; Chandler 1991; A. Hinton 2005; Kiernan 2002). Economic activity was dramatically reshaped as the means and mode of production were collectivized. Money, markets and courts disappeared. Freedom of speech, travel, religion and communication were severely curtailed.

In their effort to create a pure society of revolutionaries who would be loyal primarily to the state, the Khmer Rouge rusticated the cities, banned Buddhism and splintered families, who were often separated for long periods of time while they labored, sometimes both by day and by night, on starvation rations. Spies crept about at night searching for signs of subversion. Meanwhile, the Khmer Rouge established a security apparatus that targeted suspect groups—former soldiers, police, civil service personnel, professionals, the educated, the urbanites—for reeducation, imprisonment, torture and, often, murder. By the time the Khmer Rouge were overthrown in January 1979 by a Vietnamese invasion, almost a quarter of Cambodia’s 8 million inhabitants had died of disease, starvation, overwork and execution.

The hardship of Cambodian refugees in the United States continued after the fall, however. In the upheaval that followed the overthrow of the Khmer Rouge, many undertook a dangerous journey to Thailand, where they were placed, often for years, in large refugee camps. Life in the camps was often difficult and characterized by continuing fear, threat and violence. For the lucky ones who procured visas to go to the United States, France or some other country, the transition to a completely new way of life was also fraught with difficulties. Many Cambodian refugees arrived traumatized and had trouble adjusting due to language problems, disrupted family and social networks, low status and, for a long time, the lack of culturally sensitive mental health resources.

Many Cambodian refugees continue to evince signs of trauma-related disorder (D. Hinton et al. 2006; Marshall et al. 2005), including nightmares. In the Cambodian language, the word for “dream” is *yualsáp*, and that for “nightmare,” *yualsáp agrá*, literally, “a bad-and-evil dream.” The nightmares of Cambodian patients frequently involve encounters with friends and relatives who died in the Pol Pot period and with malicious supernatural beings, not uncommonly the ghosts of those who died during the same period, ghosts made vicious and angry as a result of the horrible way in which they died. [On the supernatural-assault explanation of nightmare in other cultures, see Herr (1981) and Lohmann (2003b); on the notion of “bad death” in Vietnamese society, and the importance of “ghosts” and related rituals in trauma ontology of contemporary Vietnamese, see Kwon (2006, 2008)].

In this article, we argue that to understand the key role of nightmares in the Khmer trauma ontology, one must explicate the Cambodian conception of personhood: multiple “layers” protect the self and produce “ontological security” (Giddens 1984, 1991), a feeling of being safe and protected. Cambodians are extremely concerned about physical and spiritual strength and the soul’s degree of connectedness to the body; these are components of an elaborate conception of personhood, a layered self-image. The self is not just one’s clothing, skin, appearance, thoughts, group affiliations, and so on; it is a concentric, power-layer

self, comprised of bodily and extrabodily power sources.² [This might be called a “mandala self.” Our analysis builds on Tambiah’s (1976, 1985) demonstration of the importance of the mandala, of multilayered concentric forms, throughout Indic Southeast Asia—in the domains of architecture, ritual and political and interpersonal structures. Here we extend the analysis of the mandala to the level of the conceptualization of the self and related practices].

For a Cambodian refugee, a nightmare raises concerns that a protective layer of the self is defective, that forces that should protect one are not intact—or at least are not the equal to the assaulting forces. It indicates low “good luck” (*rieseey*), weakness and a dislodged soul; the nightmare itself, by bringing about fright, a dangerous emotion, may also weaken the body and dislodge the soul. After a bad dream, the patient will expect to be ill for several days. Hollan (2003) uses the term “selfscape dreams” to describe dreams that indicate the “state of the self,” that symbolize the person’s sense of threat, from physical health to interpersonal situation to self-esteem to spiritual situation. In a sense, the present article explores how selfscape dreams are interpreted in a particular context.

Among Cambodian refugees, the defensive barriers can be classified into 15 types, or spheres, and these 15 layers give rise to a feeling of “ontological security” (see Figs. 1 and 2). This is an ideal model, with patients having variable knowledge of these “layers.” Knowledge of these “levels” is dynamic, usually being obtained from various sources, in particular upon consulting elders, monks and healers after falling ill or after having a nightmare. [See Eisenbruch (1992) for one discussion of protective layers as conceived by traditional healers in Cambodia]. Because of the layered nature of these defensive barriers, we refer to this kind of ontological security as *concentric ontological security*, to differentiate it from Giddens’s (1984, 1991) term for the ontological security of the Western self: *cocoon ontological security*.

According to the Cambodian conception, if any one of these protective layers is compromised, the person in question is at great risk of assault by various forces, especially the “ghost” of a dead person, called a *khmaoch*, an attack of which often occurs during sleep, resulting in the nightmare—or sleep paralysis,³ which Cambodians refer to as the “*khmaoch* pushes you down.” Nightmares and sleep paralysis are interpreted as indicating that some of the protective layers are defective and need to be strengthened and repaired. [For a detailed discussion of these concentric layers, see Hinton and Hinton (2009)].

Each of these 15 layers, these ontological security zones, is activated by specific practices, what might be called “security techniques,” which also constitute “technologies of the self.” Certain activities may be engaged in immediately before

² Connor’s (1982) makes similar observations about the Balinese self, referring to it as an “unbounded self”.

³ Sleep paralysis occurs just before falling asleep or immediately upon awakening: though conscious, the person cannot move and often sees a shape coming toward him or her; when the shape arrives at the body, the person often experiences severe shortness of breath along with other symptoms. The inability to move may last several minutes. Cambodians with PTSD often have sleep paralysis and usually consider the approaching shape to be that of an attacking demon or ghost (D. Hinton et al. 2005a, b); they refer to the events as *khmaoch sangkât*, literally “pushed down by a *khmaoch*”.

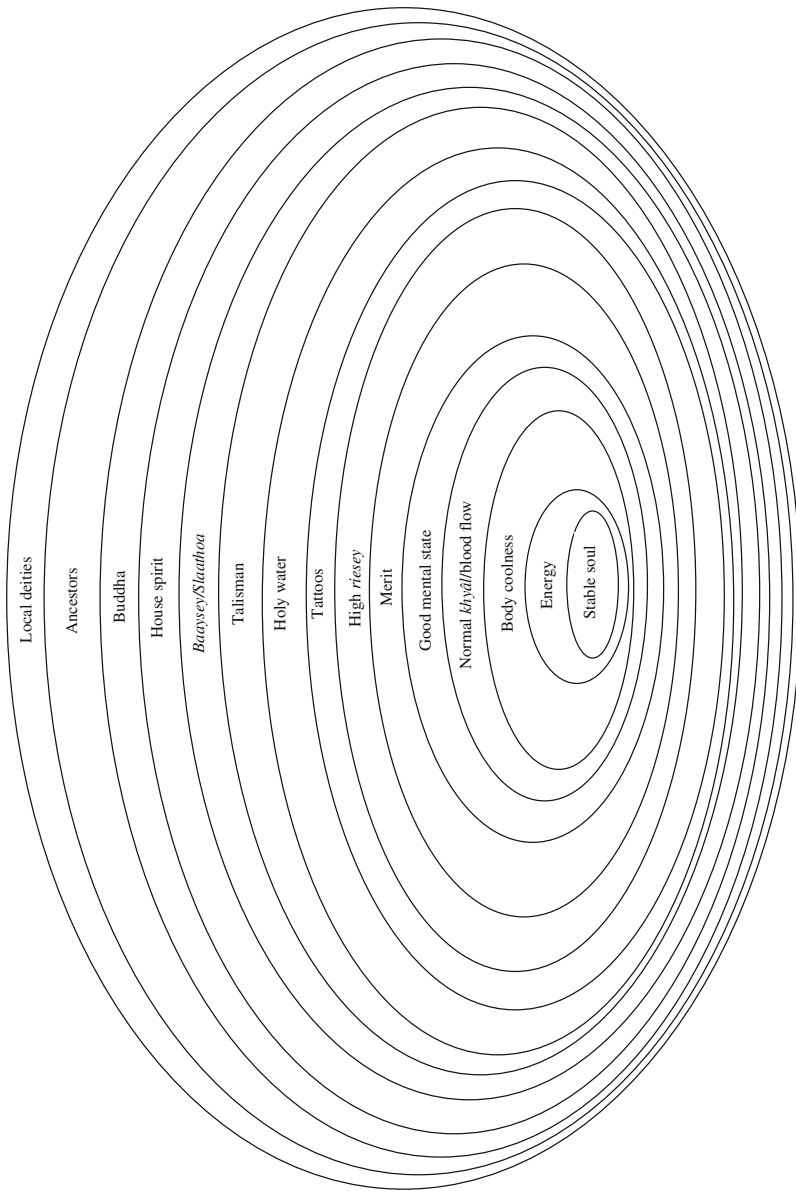


Fig. 1 Among Cambodian refugees, the 15 zones (or sources) of concentric ontological security

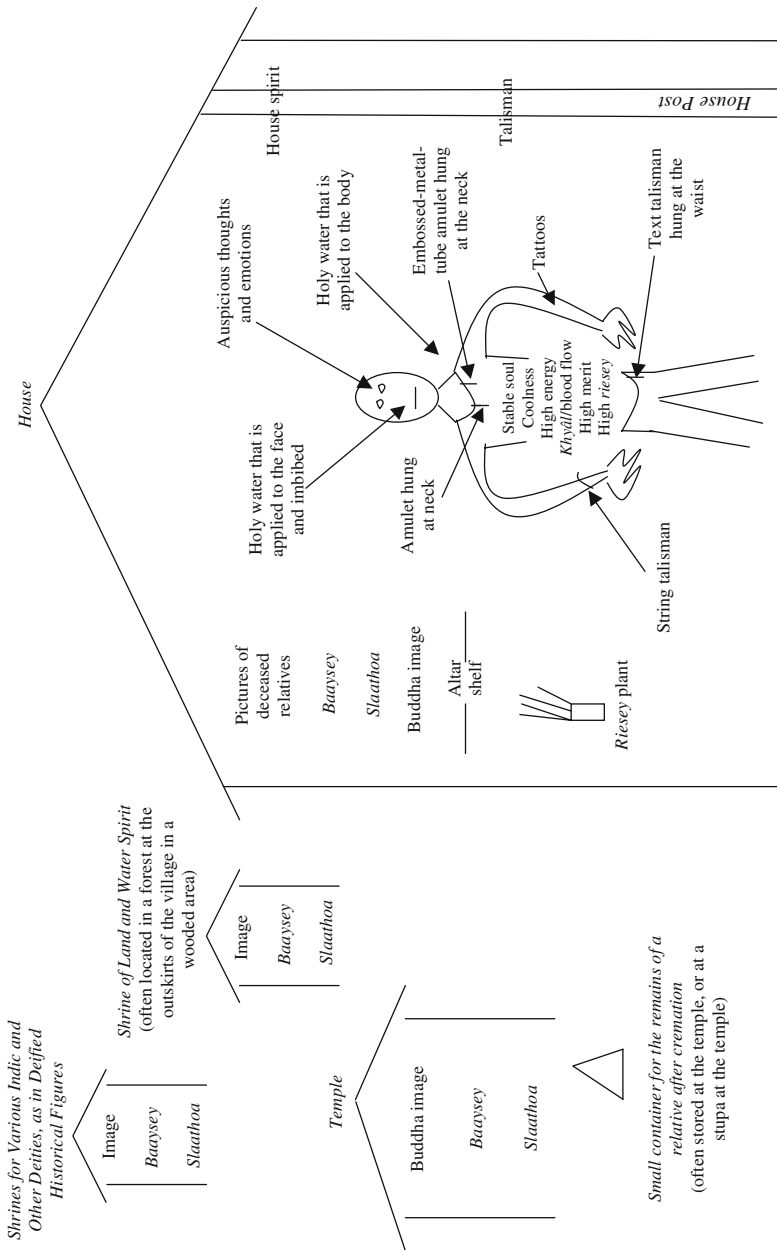


Fig. 2 Location of sources of ontological security: the geography of power

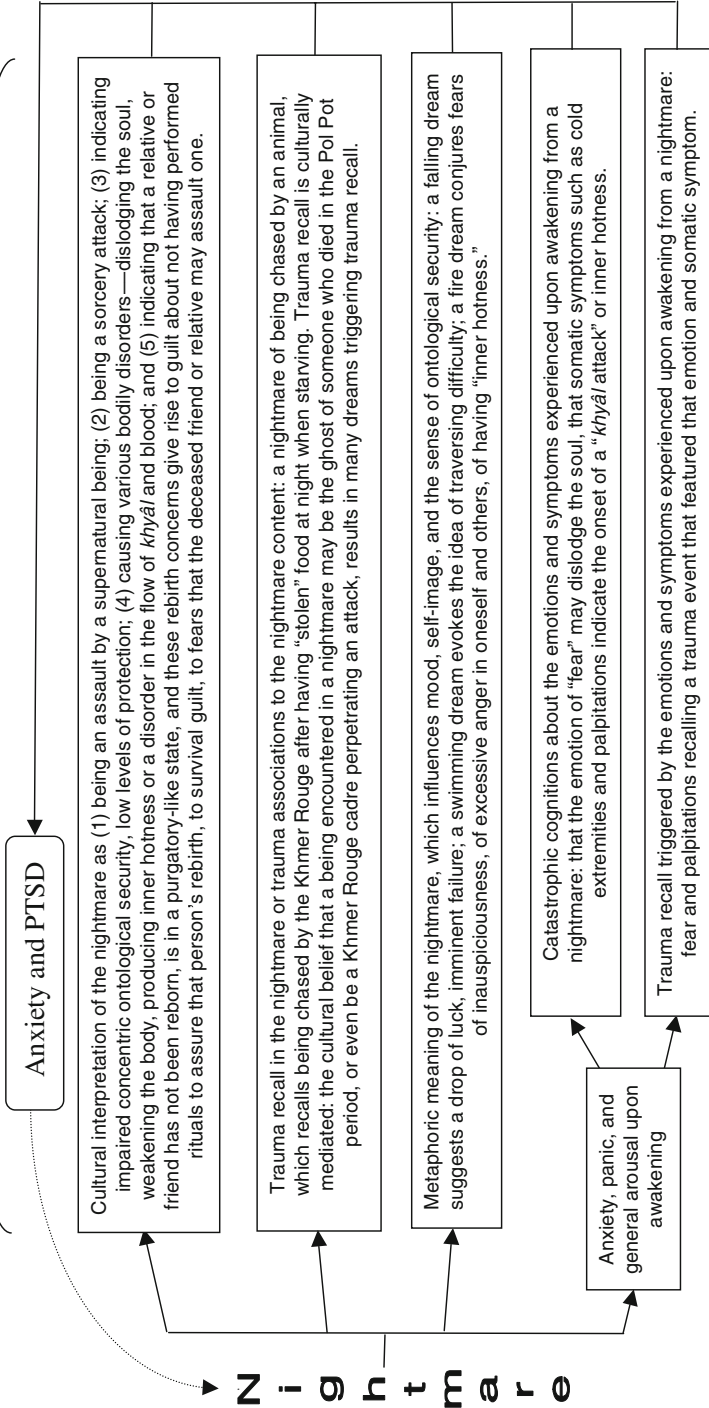
going to sleep to activate these protective layers and prevent nightmare. At the house altar, one may light incense, bow to the Buddha in worship and invoke the house spirit, one's mother and father, one's ancestors and the local spirits, asking these multiple forces for protection and good dreams—all to prevent nightmares and *khmaoch* assault. Next one may chant or meditate for a short while and then pour water down onto a plate, asking that the earned merit—from doing the chanting and meditation—be given to all those who died in the Pol Pot period, to all the roaming *khmaoch*, so they will not assault one in nightmares. One may drink holy water, rubbing it on one's face; this removes “bad luck,” increases merit and levels of *riesey* (“good luck”) and serves as a tonic. And finally, as one falls to sleep, one may recite a special Pali incantation—usually provided by a monk—that “creates a protective perimeter” (*poat seymaa*), a protective field of merit and Buddha power.⁴

In this article, we investigate whether there is a close relationship between nightmares and post-traumatic stress disorder (PTSD) severity among traumatized Cambodian refugees and whether this relationship is mediated to a significant degree by cultural factors. We attempt to illustrate that the emotional and psychological importance of nightmares among Cambodian refugees, and the treatments undertaken upon having a nightmare, can only be understood in the context of the notion of “concentric ontological security” and its related practices, as depicted in Figs. 1 and 2. More generally, we investigate a model (see Fig. 3) of how a sense of decreased concentric ontological security along with several other processes triggered by nightmares, such as flashbacks and fears of bodily dysfunction, result in nightmares causing great distress and worsened PTSD among Cambodian refugees.

To investigate these hypotheses, we conducted several studies. Studies I and II examine the association of nightmares with PTSD and the degree of distress experienced upon awakening from a nightmare, as indicated by somatic symptoms, fear of those somatic symptoms and flashbacks. To further investigate how the nightmares caused distress, we conducted four studies (i.e., Studies III through VI). In Study III, we determined the relationship of nightmare content to past traumas and to the traumatic events recalled upon awakening. Study IV examined what patients thought caused their nightmares, and—if a nightmare was attributed to assault by a malevolent being—we asked about the nature of that being. Study V determined the subtypes of nightmares according to the local system of dream

⁴ According to the first author's patients, and monks he has interviewed on this subject, an individual can strengthen security spheres, or rings, through two methods: by directly increasing them and by removing forces that weaken them. Let us take the example of the “merit” and “good luck” layers. Merit has its negative counterpart, namely, “demerit” (*baab*); “good luck” (*riesey*) has its negative counterpart, namely, “bad luck” (*kruah*). In ritual practices, *baab* and *kruah* are configured as a sort of dirt that can be removed, a sort of kryptonite that decreases the power of the protecting levels, that lowers resistance to *khmaoch* and other assaults. A sorcerer, at the behest of one's enemy, may send inauspicious objects into the body (*da ampoe*), called *ampoe*; most commonly, the negative objects are iron nails, hair or leather. The *ampoe* weakens the body and decreases its protective layers, causing the person to fall ill, especially with stomachache. There are several rituals that simultaneously remove *ampoe*, remove *kruah* and increase *riesey*. Almost all ceremonies that raise good luck also remove *kruah*: water anointing “washes away” *kruah*. Many ritual officiants create a sense of efficacy by invoking phrases like “raising *riesey*,” “washing away *kruah*,” “making merit,” “getting rid of demerit” and “refreshing the body”—with “refreshing the body” suggesting a state of coolness and moistness that connote increased bodily energy.

If before the nightmare the patient already had a sense of impaired concentric ontological security—that is, self-perceived physical and spiritual vulnerability, such as self-perceived low energy, soul looseness, poor ancestor protection, poor *riesey*—then the nightmare is more likely to trigger the psychopathological processes listed below



◀ **Fig. 3** The nightmare-PTSD model. According to our model of how a nightmare worsens and perpetuates PTSD among Cambodian refugee patients, the nightmare may cause the patient to worry about his or her own physical and spiritual state, to be concerned about the spiritual status of deceased friends and relatives, to have trauma recall and to have a negative self-image. This leads to greater anxiety and PTSD. In turn, the worsening of anxiety and PTSD increases nightmares, creating a vicious cycle of worsening. As indicated, if the patient had a sense of impaired ontological security before the nightmare, then the nightmare is more likely to trigger all these processes: decreased ontology security leading to concerns that the soul may be attacked as it wanders during sleep, that the body is vulnerable, so that such an attack may dislodge the soul, may cause inner hotness, may drain the body or may cause a *khydl* attack

interpretation and the metaphoric meanings of and trauma associations with those dream subtypes in order to further explore the affective dimensions of those nightmares. Study VI investigated the extent to which nightmares were construed as indicating bodily and spiritual vulnerability. In the final study (Study VII), we determined what patients did as a result of having a nightmare, in particular, whether they performed rituals aiming to bolster the “protective layers.”

The studies were conducted at an outpatient clinic in Lowell, Massachusetts, and all participants were being treated by the first author. Lowell is home to more than 30,000 Cambodians, the second-largest Cambodian refugee community in the United States. The vast majority of patients (> 95 percent) present to the clinic with PTSD, and all are survivors of the Pol Pot period (1975–1979) who were old enough during that time to remember it; that is, they are currently at least 40 years old. The majority of patients at the clinic are female (~ 60 percent), unemployed (with many receiving disability benefits) and spend much of their time caring for children and grandchildren. Most (> percent) of the patients were rice farmers before the Pol Pot period, almost all (> 80 percent) received only a few years of education in Cambodia and none speak English fluently.

Study I: Nightmare Frequency and Association with PTSD

The first author, who is fluent in Cambodian, assessed consecutive patients for the presence of PTSD by using the PTSD module of the Structured Clinical Interview for DSM-IV (SCID), an instrument we have used extensively with this population (Hinton et al. 2006). To assure blindness to nightmare status in assessing for PTSD presence, the nightmare-criterion question of the SCID module was asked by a bicultural worker who was blind to the patient’s response to the other SCID questions.

In total, 40 men and 60 women were surveyed. The average age was 47.2 (SD = 6.2). As assessed by the SCID module, 44 percent (44/100) of the patients had PTSD. Among the patients with PTSD, almost all had experienced a nightmare in the last month (42/44, or 96 percent); among the patients without PTSD, few had had nightmares in the last month (8/56, or 14 percent). The difference in the rate of nightmares in the PTSD versus the non-PTSD groups was highly significant ($\chi^2 = 61.7$, $P < 0.001$), with an odds ratio of 126. Among the PTSD patients with nightmares, the mean number of nightmares was 5.7 (SD = 6.9). As further illustrated in Fig. 4, the PTSD patients with nightmares had very frequent

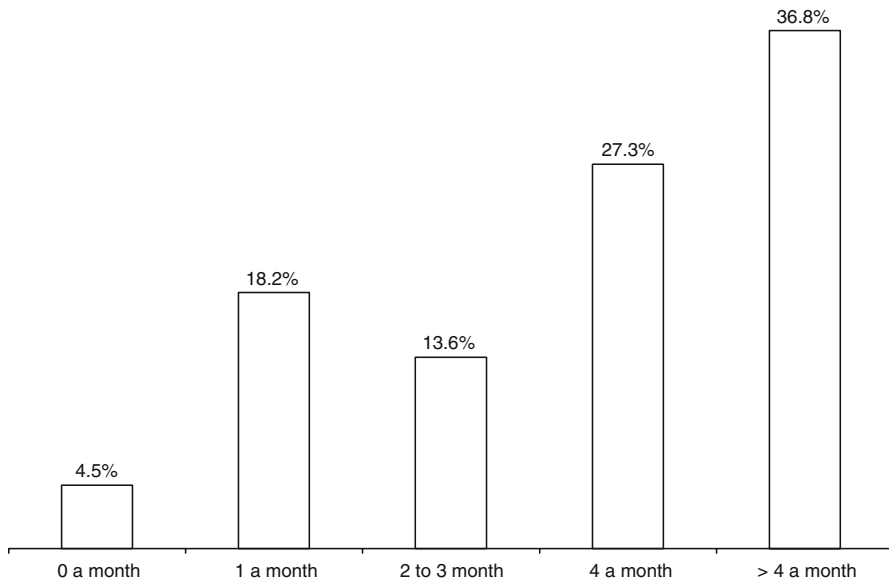


Fig. 4 Monthly rates of nightmares for Cambodian PTSD patients ($N = 44$), showing percentages of various rates

nightmares, with most (64 percent) having four or more nightmares in the previous month. Rates of nightmares or PTSD frequency did not differ by gender.

Study II: Degree of Distress Experienced upon Awakening from a Nightmare

To profile the distress caused by a nightmare upon awakening from it, we surveyed 100 patients who had had nightmares in the previous month. We determined the following about the most recent nightmare: after awakening from the nightmare, (1) how many of the DSM-IV panic attack symptoms were experienced; (2) how long had those symptoms lasted, (3) whether fear of bodily dysfunction was experienced; (3) if fear of bodily dysfunction was experienced, what kind of bodily dysfunction was feared; (4) whether a flashback was experienced; (5) if a flashback was experienced, what transpired (in all sensory modalities) in the flashback; and (6) how long it took to fall back asleep. To assess for presence of panic attacks, we used the SCID module (First et al. 1995). To assess for flashbacks, we used the CAPS Flashback Severity Scale (Weathers et al. 2001), with the recall having to be at least a “2” in severity to be counted as a flashback.

We found that every patient had a panic attack after awakening from the most recent nightmare, that panic attack lasting from minutes to hours ($M = 32$ min, $SD = 22$ min). During that panic attack, 85 percent (85/100) of the patients feared imminent bodily dysfunction. Upon awakening from a nightmare, patients often had flashbacks (72 percent; 72/100). The flashbacks were usually of Pol Pot events but, in some cases, were of events that occurred later in time: some female patients reported

memories of being beaten by a boyfriend or husband here in the United States. Often patients had a flashback of three or four distinct Pol Pot events, one after the other, each flashback lasting several minutes. After awakening from a nightmare, patients had difficulty falling asleep again. Fifty-two percent could not fall asleep again for one to two hours, and 31 percent were unable to fall asleep again for the rest of the night. Several patients spontaneously mentioned not going back to bed again for fear of having another nightmare. We will now examine in more detail what kind of bodily dysfunction was feared upon awakening from a nightmare.

Of those patients who feared bodily dysfunction upon awakening from a nightmare, almost all (89 percent; 76/85) mentioned a “*khyâl* attack” (*kaeut khyâl*), stating that they feared that symptoms experienced upon awakening were caused by such an attack, and that the attack might cause physical disasters of various types. According to the Khmer ethnophysiology, a *khyâl* attack occurs when *khyâl* (a wind-like substance) and blood do not flow normally outward along the limb vessels, causing limb coldness and, potentially, loss of limb function (the local understanding of stroke-caused paralysis). The attack also may cause *khyâl* and blood to rise upward in the body to produce various symptoms and physical catastrophes—into the chest, bringing about asphyxia, possibly cardiac arrest; into the neck vessels, causing soreness, possibly a bursting of those vessels; and into the head, producing dizziness, blurry vision, and tinnitus, possibly syncope, blindness and deafness (see Hinton et al. 2001).

During the nightmare-caused panic attack, many patients (71 percent; 60/85) also feared having a “weak heart” (*khsaoy beih doung*), a disorder that may cause multiple symptoms and physical disasters: palpitations, cardiac arrest and, owing to poor circulation, a *khyâl* attack and all its disasters (e.g., loss of the use of the limbs) as described above. Many patients (69 percent; 59/85) worried that the nightmare had caused fright to the point of “soul loss,” and many (65 percent; 55/85) feared that the fright might result in the illness called “fright-to-the-point-of-fever” (*khlaach dâl krun*)—like soul loss, a potentially fatal disorder. And several patients (47 percent; 40/85) attributed the panic attack symptoms to an episode of “inner hotness” (*krun khnong*), a kind of inner boiling that may send blood and “steam” (*choemhaay*) upward in the body. The rising blood and “steam” cause symptoms, and potentially physical disasters, by the pathomechanics described above for a *khyâl* attack.

Study III: The Relationship of the Nightmare Content to Past Traumas and to the Type of Trauma Recall upon Awakening

To explore why nightmares caused such upset and such a high rate of trauma recall, we conducted a further study. For the nightmares of 100 patients, we asked about the relationship of the dream content to past traumas and the relationship of the dream content to any trauma recall that occurred upon awakening. The analysis of the relationship of nightmares to past traumas resulted in the typology reported in Table 1. Not surprisingly, after awakening from a total-reliving nightmare, patients almost always thought about the trauma depicted in the nightmare, and that recall was not uncommonly followed by recall of other traumas. Theme-reliving

Table 1 Nightmares classified by their relationship to traumatic events ($N = 100$)

Type of nightmare	Percentage	Description
Total-reliving	30	In this type of nightmare, there is an exact reliving of an actual trauma experience, usually of one scene of the traumatic event: being struck in the head by a Khmer Rouge, performing slave labor while starving or seeing someone killed by evisceration. In some cases, the nightmare may be very similar to the actual traumatic event, but with slight changes: the perpetrator used a gun instead of a knife or wore a blue shirt instead of a red one.
Theme-reliving	35	In this type of nightmare, the dream content is more abstractly related to the trauma, with there being a thematic element in the nightmare that was also present in a trauma: “being chased,” e.g., a patient who was chased by Khmer Rouge after stealing food and now dreams of being chased by an animal; or “experiencing asphyxia,” e.g., a patient who nearly died of suffocation when a Khmer Rouge soldier put a bag on his or her head and now dreams of drowning in a river.
Abstract-theme-reliving	35	In this type of nightmare, there is an even more abstract link between the nightmare experience and a trauma: the person may meet a deceased relative or may walk in high mountains, surrounded by precipices. But the nightmare still has trauma resonances at a very abstract level—as in the fear, the sense of threat or loss, associated with the nightmare-activating memories encoded by that emotion and that cognitive appraisal, though the patient may not have conscious recall of that event.

nightmares not only seemed to be associated with particular traumas but also often evoked flashbacks of those traumas upon awakening. Abstract-theme-reliving nightmares might evoke various traumas, as discussed below.

The most common of the theme-reliving nightmares consisted of being chased, and this theme is connected to many traumas: running when one’s village was invaded in the pre-Pol Pot period by Khmer Rouge, fleeing from Phnom Penh (and other cities) when the Khmer Rouge forced everyone to the countryside, running from Khmer Rouge police when caught trying to steal food at night (a crime often punished by death), running from the fighting between the Khmer Rouge and Vietnamese in 1979 and fleeing from the Khmer Rouge to reach Thailand. [Aron (1996) found that chasing dreams are common among Central American refugees and that, although the dream was often not a “replay” of a trauma, it did evoke recall of traumatic memories upon awakening].

Nightmares involving asphyxia not uncommonly constituted theme-reliving nightmares: a patient may dream of being dropped into the sea and drowning, when, in fact, he or she was never dropped into the sea but, rather, suffered one or more suffocation traumas, which are recalled upon awakening. Some typical asphyxia traumas that a dream involving shortness of breath may recall are the following: seeing a person killed by having a bag placed over the head, being tortured by having the head pushed under water and accidental drowning experiences, which

were surprisingly common.⁵ And any trauma in which the person was frightened to the point of extreme shortness of breath may be recalled.

As indicated in Table 1, on a very abstract level, no nightmare could be classified as a non-reliving nightmare in this highly traumatized sample. At the very least, all nightmares evoke trauma experiences through fear, the abstract level of similarity being that of fear, threat and/or danger; owing to this abstract level of similarity—the appraisal of danger, the emotion of fear—such nightmares constitute reliving and trigger trauma recall, even if that reliving is only the emotion of fear. Other very abstract themes—seeing a deceased relative, conjuring a sense of loss, evoking memories of all the deaths that occurred in the Pol Pot times, of the loss of loved ones and family—in the nightmares also had trauma associations, evoked trauma recall, for the surveyed Cambodian patients.⁶

For this reason, in this sample, we classified all the nightmares that were not total-reliving or theme-reliving as “abstract-theme-reliving nightmares,” which might be considered a subtype of theme-reliving nightmare. One patient dreamed of walking on a high mountain, which was not an actual Pol Pot experience, but upon awakening the nightmare evoked various Pol Pot memories, seemingly owing to its meaning of “imminent threat.” Or a patient dreamed of meeting a relative who died in the Pol Pot period while walking down a road, and upon awakening this caused the patient to recall the circumstances of that relative’s death; in this case, just seeing the relative in a dream was sufficient to evoke a trauma memory.⁷

Study IV: The Local Interpretation of the Cause of Nightmare

We surveyed 60 patients as to the cause of nightmares and what kinds of assaulting beings were present in their nightmares.

What Causes Nightmares

Most often patients gave the following explanation of how dreams occur: that the soul, or *proleung*, wanders outside of the body during sleep and visits various

⁵ Many Cambodians at our psychiatric clinic have nearly drowned when working or playing in rivers and ponds, especially in the rainy season, when much flooding occurs. This is a deeply disturbing event that is vividly recalled.

⁶ A nightmare may be a “reliving,” a re-experiencing, of past traumas in yet another way. The nightmare event is not only content and emotion, but also the somatic symptoms experienced in the nightmare, and those somatic symptoms may recall traumatic events during which those same somatic symptoms were experienced. That is, the nightmare may recall a trauma owing to its content, emotion, cognitive appraisal and somatic symptoms.

⁷ In the case of abstract-theme-reliving nightmares, and sometimes that of theme-type reliving nightmares, it was difficult to determine whether a nightmare resulted from past memories or whether it did not arise from past memories, but evoked past memories upon awakening; that is, it was difficult to determine whether it was a *trauma-recall-generated nightmare* or just a *trauma-recall-causing nightmare*. For example, PTSD creates a sense of “threat,” which may generate nightmares with the theme of threat, and then those threat dreams may well recall various traumatic experiences of when one was threatened. In this case, the nightmare was PTSD-caused, but not trauma-recall-caused; but such threat dreams could also be generated by past traumatic experiences of threat.

localities, and that the dream is an actual experience of the soul as it wanders outside the body. Thus, if one dreams of a particular locality in Cambodia, the soul has journeyed to that actual site. In keeping with this explanation of dream causation, whenever a patient referred to his or her representation in a dream, the patient used the term, “*proleung khoenhom*,” meaning “my soul,” and never “I.” While describing a dream, a patient will say, “‘My soul’ was chased by a demon,” not “I dreamed I was chased by a demon,” or a patient will say of a dream, “‘My soul’ went to a rice field in Cambodia,” not “I dreamed I went to a rice field in Cambodia.”⁸ [The wandering-soul explanation of dream experiences is common when seen from a cross-cultural perspective; see the books edited by Lohmann (2003a) and Mageo (2003a)].

Patients gave various explanations of how the events in the nightmares occurred as the soul wandered on its nightly journey. As the soul wandered, it might be assaulted by a *khmaoch* or another type of supernatural being (e.g., an *aap*; see below); meet the *khmaoch* of a deceased relative or friend; encounter the soul of another living person who is dreaming; be assaulted by the magical actions of a sorcerer; or meet the manifestation of “bad luck” (*kruah*), which both immediately endangers the soul as it wanders during the dream state and prognosticates imminent disaster, a lurking danger owing to high bad luck and low “good luck” (*riesey*).

Some patients gave an explanation of total-reliving nightmares that did not involve the wandering-soul theory, simply attributing the nightmare to a weakened mind that predisposed to recall of past events. Often, though, even reliving dreams were attributed to the wandering-soul theory: that a Khmer Rouge, evil ghost, or a sorcerer forced one’s soul to go to the place where a Pol Pot trauma occurred to reenact the traumatic even in the hope of causing fright to the point of death, so that one’s soul might become its (the evil ghost’s) slave.

In explaining how nightmares occurred, some patients gave an explanation of how they might be attacked in their dreams by Khmer Rouge soldiers who had harmed them during the Pol Pot period: (1) the perpetrator is still alive, and while sleeping, his or her soul leaves the body and goes to meet the dreamer’s soul; (2) the perpetrator (or victim) has died and is now a *khmaoch*, most likely, a *beysaach* or “horrible-death *khmaoch*,” which attacks one’s soul; or (3) the perpetrator, who is still alive, uses magic, perhaps with the aid of a sorcerer, to attack the dreamer’s soul, to command a *khmaoch* to attack the dreamer’s soul and to create an illusion of reliving the past event.

According to the surveyed patients, the rate of soul-wandering-caused dreams, and whether the wandering soul will be attacked by some maleficent force, depends on a number of variables. Many Cambodians stated that weakness and current psychological distress cause the soul to wander from the body during sleep, producing higher rates of dreams and nightmares, and that weakness caused the thoughts to wander during waking hours, the mind to recall past events during sleep and the soul to wander during sleep and so produce many dreams. The person’s soul can be easily attacked and greatly harmed by various beings when it wanders during

⁸ In other cultural contexts, a similar “soul wandering” interpretation of dream experience is found (e.g., Herr 1981; Hollan 1989).

dreaming if the person is “weak” (*khsaoy*) or has low *riesey* (good luck)—a sort of magical protecting force, resulting from the conjunction of the stars and planets—or if the person has high bad luck (*kruah*), which is inversely related to *riesey*.⁹

Types of Assaulting Beings in Nightmares

Most patients worried that, as the soul wandered out in the world, it might be attacked by any of various types of beings: by a *yea*, a giant-sized supernatural being with fangs; by an *aap*,¹⁰ a flying creature that only has a head from which intestines hang down; or by a *khmaoch*. The most common assaulting being in a nightmare was a *khmaoch*, a term that means a “corpse” or “the spirit of a dead person.” According to Cambodian belief (based on Buddhist concepts), a person who leads a virtuous life may be reborn into human form again soon after dying; a person who commits heinous acts is reborn as an animal, as an insect, maggot or worm or as a *khmaoch* that wanders the earth, a type of *khmaoch* called a *preet*. See Table 2 for a description of the various types of *khmaoch*, whose temperament ranges from mild to the malicious. [For further discussion of the *khmaoch* and supernatural beings of the Cambodian cosmology, see Ebihara (1968) or D. Hinton et al. (2005b)].

A *khmaoch* may take any form it wishes: that of a person, of a mouse, of a grisly figure with protruding eyes, bloody face and crooked fingers. The more evil a *khmaoch*, the more likely it wishes to do one harm by frightening one to death. The *khmaoch* must use up its “demerit” by living as a *khmaoch*, which involves suffering in various ways before it can be reborn, such as by eating and smelling horrible substances,¹¹ an action called “eating demerit” (*sii baab*). If a living person

⁹ In the Cambodian context, the reality of the various types of *khmaoch* is vividly illustrated in a music-based healing ritual, a ritual that involves possession (*phleeng area*). Though this ritual is not performed in the United States, it was common in the pre–Pol Pot period, and almost all of the patients at the psychiatric clinic have observed them. In the ritual, the healer becomes possessed by various *khmaoch*—never a deity. The *khmaoch* appears and indicates the reason for the person’s illness; the *khmaoch* may be someone who died and has not yet been reborn, a *prieoy*, a *beysaach*, even an *aap*. By way of contrast, in Laos, during traditional music-based possession rituals, the possessing entity is always a god, never a demon or dead person (Hinton 2000).

Also, highlighting the fear of *khmaoch* among Cambodians, a traditional blessing is the following: “May you live to be so old that a banana squirts from your mouth when you bite down, so old that the corn kernels fall down to the ground when you bite down on a corn cob, and may it be that a *khmaoch*, despite using all its tricks, is unable to harm you” (*kham cheek rebout, kham poat roebeh, khmaoch idaoi damreh, twoe meun troev*).

¹⁰ A person who studies black magic may become an *aap*. As that person sleeps, his or her head rises from the body, carrying along only the intestines; the head, along with the dangling intestines, floats off in search of blood and other refuse to eat. It will suck the blood from small animals like frogs; the pale corpses, drained of blood, are often found in the fields. If an *aap* comes near someone, the person will become ill, usually with a stomachache.

¹¹ The traditional Cambodian house is built on stilts; below the house, water tends to accumulate, and refuse also, so that it becomes a smelly sink. *Khmaoch* and *aap* like to eat this matter. Also, after a woman gives birth, *aap* and *khmaoch* like to come to the house to consume the blood and placenta from the birthing. An *aap* and various kinds of *khmaoch*, especially a *prieoy*, will make one ill if they come near, most commonly causing stomachache. To prevent this, if a woman has given birth, or if it is thought that bouts of stomachache are caused by an *aap* or *khmaoch* visiting the area under a house, a plant with thorns will be placed under the house.

Table 2 Types of *khmaoch* (ghosts of the dead)

Type of <i>khmaoch</i>	Description
Overattached <i>khmaoch</i>	Owing to excessive attachment to a living person, the deceased's rebirth may be delayed, the deceased instead becoming a <i>khmaoch</i> .
Failed-to-receive-burial-rituals <i>khmaoch</i>	If a person does not receive the indicated Buddhist ceremonies after death, rebirth may be delayed, dooming the person to wander the earth as a <i>khmaoch</i> . Buddhist death ceremonies are thought to increase merit, speed rebirth and help the deceased to separate emotionally from the living. A person who has not received traditional burial ceremonies (which includes cremation) is sometimes called a "raw <i>khmaoch</i> " (<i>khmaoch chao</i>) and is greatly feared.
Horrible-death <i>khmaoch</i>	As a result of dying a violent or miserable death, e.g., from starvation or from being bludgeoned in the head by a Khmer Rouge, the deceased often becomes a vengeful and dangerous <i>khmaoch</i> , called a "horrible-death <i>khmaoch</i> " (<i>khmaoch tdaay haong</i>). (If special burial rites are performed, the "horrible-death <i>khmaoch</i> " will be reborn; during the Khmer Rouge period, such rites were never performed.)
<i>Prieuy</i>	If a woman dies in childbirth, she often becomes a <i>prieuy</i> . The <i>prieuy</i> emits a greenish light as it flies through the air. <i>Prieuy</i> often reside in trees in the forest, and can make their victims very ill.
<i>Preit</i>	Upon dying, a person who has committed evil acts during his or her lifetime may become another type of <i>khmaoch</i> called a <i>preit</i> , a being often described in Buddhist texts. A <i>preit</i> has a mouth the size of a pin and a large stomach; the narrow mouth allows minimal food to reach to the stomach, causing constant hunger.
<i>Beysaach</i>	Owing to having committed evil acts, a person may become a <i>beysaach</i> after dying. Or if murdered in a horrible way, the deceased may be consumed with hate and desire for revenge, and so become a <i>beysaach</i> . A <i>beysaach</i> is greatly feared owing to its viciousness and frightening appearance: it has fangs and is thought to love to eat malodorous things, such as corpses, blood and pus.

performs a merit-making ceremony, this also serves as a food for the *khmaoch* to which it is directed and decreases the *khmaoch*'s demerit.

Study V: Types of Dreams According to the Local Interpretive System and Those Dreams' Metaphoric Meanings and Trauma Associations

We interviewed 100 patients who had nightmares to determine their ideas about the types of nightmares. Since we were interested in the affective power of dreams, how nightmares give rise to dysphoric affect and worsened PTSD, we asked the patients

about the metaphoric meaning of and trauma associations to those nightmare subtypes.

Parsing the nightmares of the patients in terms of the patient-provided explanations, there were nine major subtypes, with some of the nightmares blending several of these elements. In Table 3, we list the nine types of nightmares, the patient explanation of the nightmare's cause and the dangers it is thought to indicate. Some further explanation is needed of dreams involving dead relatives or friends.

Among Cambodian refugees, a group who lost so many relatives (and friends) during the Pol Pot period, the trauma subjectivity often revolves around concerns about rebirth, around worry about whether those friends and relatives have been reborn.¹² These rebirth concerns may be related to “survival guilt” (Hyer et al. 1990), a much discussed topic in the Western trauma literature; but “survival guilt” and rebirth concerns—that is, worry about the deceased's spiritual status, with all the related beliefs and rituals—represent two very different trauma ontologies.¹³

When a Cambodian meets a dead relative or friend in a nightmare, he or she will usually interpret it as meaning that he or she should perform merit-making Buddhist rituals for that person: by offering clothes or food to monks at a local temple or by performing meditation and sending the earned merit to the relative.¹⁴ This merit making for the deceased—especially relatives—to assure rapid and auspicious rebirth is a major preoccupation for Cambodians. One of the most important yearly rituals, “*phoechum boen*,”¹⁵ specifically aims to make merit for deceased relatives. Nightmares about dead relatives tend to increase as *phoechum boen* approaches. Often patients perform elaborate merit-making ceremonies in a deceased relative's native village in Cambodia; this raises the deceased's spiritual status and facilitates the deceased's rebirth.

The meaning and affective power of several of the dream types listed in Table 3 result in part from related metaphors. The interpretation of “falling dreams” partially emerges from language idioms. The idea of “falling” evokes the idea of “falling *riesey*” (*riesey choh*: *riesey*, meaning “good luck”; *choh*, “going down”).

¹² In some cases, a deceased relative may cause a “lured-away nightmare.” The deceased relative misses one, so may try to lure away one's soul; if the soul goes with the relative, death may occur, with the soul doomed to wander the earth along with that of the relative.

¹³ It should be noted that “survival guilt,” played out in the idiom of rebirth concerns, is often conjoined to another type of guilt: guilt at being unable to provide financial help to relatives living in extreme poverty in Cambodia, relatives who, not uncommonly, call to ask for financial assistance. Just as the patient may have watched relatives die in the Pol Pot period, unable to help, this same drama is seemingly playing out again when he or she is unable to send money to relatives in Cambodia who are in a dire financial or medical situation.

¹⁴ One can also make merit for any *khmaoch* (or a demon, such as an *aap*) that one sees in one's dreams; this speeds their rebirth and calms their anger, so that they will cease their harassment.

¹⁵ During *phoechum bun*, the family goes to the temple to perform certain rituals. Each family offers food to the monks and gives them a piece of paper on which is written the names of deceased relatives. While the monks chant, an assistant to the monks, often an elderly woman, burns the piece of paper, while the family members pour water on the ground. Burning the paper helps to send the merit earned by the donation to the deceased, as does the pouring of water—a sort of cooling of those still in suffering, still not reborn. This ceremony is called *bangsoekool*. *Bangsoekool* can be performed at any time during the year—if one has a nightmare about a deceased relative.

Table 3 The nightmare types, causes and perceived dangerousness according to the Khmer system of dream interpretation (oneirocriticism)

Nightmare type	Explanation	Dangers
Trauma-reliving	<p>Patients sometimes attribute a reliving nightmare to “weakness” of mind, a weakness predisposing to dreams and to thinking about and dreaming of past events. Or many patients gave the following “wandering soul” explanation: the “soul” goes to the very place in Cambodia where the traumatic event occurred in the Pol Pot period and there meets either the Khmer Rouge perpetrator or a victim of the event, the victim now having been transformed into a vengeful “horrible-death <i>khmaoch</i>.” Owing to greater spiritual power, the Khmer Rouge soldier or the victim of the event (now transformed into a “horrible-death <i>khmaoch</i>”) may then force the dreamer’s soul to relive the original traumatic event.</p>	<p>That the nightmare indicates weakness of mind and body. That the Khmer Rouge perpetrator or “horrible-death <i>khmaoch</i>” aims to have the dreamer die from fright (fright is considered potentially fatal). Owing to fright, the dreamer’s soul may be displaced from the body, resulting in illness or death. Once this happens, the Khmer Rouge perpetrator or “horrible-death <i>khmaoch</i>” can enslave the dreamer’s soul.</p>
Lured away	<p>In this type of dream, the “soul” (i.e., the person’s representation in the dream) is beckoned by someone to go somewhere, for example, to a village.</p>	<p>If the “soul” goes with the beckoner, the soul will leave the dreamer’s body, and the dreamer may become very ill or even die. If the dreamer dies, his or her soul will be enslaved by the beckoner. The being is usually assumed to be some form of <i>khmaoch</i>; the <i>khmaoch</i> aims to steal the soul in order to enslave the dreamer. Not uncommonly, the beckoner is thought to be a Khmer Rouge, either living or dead, who wishes to enslave one’s soul.</p>
Wandering	<p>In this type of dream, the soul wanders about in unknown areas, as in mountains or jungle or in unfamiliar villages.</p>	<p>Wandering indicates that the dreamer is in a depleted physical and spiritual state, that the soul is not securely lodged in the body. Soul loss may occur, leading to illness or even death.</p>

Table 3 continued

Nightmare type	Explanation	Dangers
Being chased	<p>In this very common type of dream, “the soul” is most commonly chased by a <i>khmaoch</i>: that of a Khmer Rouge, of someone who died a “bad death” in the house in which the dreamer lives, or of someone who died a “bad death” during the Khmer Rouge time, that is, a “horrible-death <i>khmaoch</i>.” The pursuer might also be the soul of another dreamer, such as that of a Khmer Rouge in Cambodia or of an enemy here in the United States, as in a jilted lover.</p>	<p>The pursuer intends to kill the dreamer, to steal the dreamer’s soul. Some patients believe that the pursuer is a manifestation of the bad deeds that one has committed in one’s present life or past lives; if one fails to make amends, this demerit may kill one.</p>
Experiencing or witnessing violence	<p>In the nightmare, one’s soul witnesses people fighting or one’s soul is attacked.</p>	<p>This indicates that the dreamer is in a state of low physical and spiritual status, that danger lurks just ahead.</p>
Falling or drowning	<p>The person dreams of stepping or falling into a hole (sometimes containing corpses), of swimming in water or of drowning.</p>	<p>This indicates a depleted physical and spiritual state.</p>
Objects placed in or on the body	<p>The person dreams of worms, especially of someone placing them on the body; dreams of vomiting out an object such as a nail; or dreams of an insect alighting on the body.</p>	<p>Cambodians are extremely worried that an enemy—e.g., a former lover or the jilted lover of one’s current spouse—will hire a sorcerer to magically send objects into the body (<i>da ampoe</i>). Cambodians often interpret these types of dreams as indicating such an attack or its imminent occurrence. Such an attack will result in many symptoms, particularly gastrointestinal distress. Death may well result.</p>
Involving fire	<p>The most common and feared type of “fire dream” is that of a house catching fire.</p>	<p>Cambodians are very frightened by fire dreams; such dreams suggest the imminent occurrence of conflict and other problems.</p>

Table 3 continued

Nightmare type	Explanation	Dangers
Meeting dead friends or relatives	In the dream, one meets a deceased relative (or friend).	<p>Dreaming about a living relative (or friend) is considered auspicious; dreaming about a deceased relative (or friend), inauspicious; it means that the individual in question has not yet been reborn, for any of several reasons—having suffered a bad death, such as having been killed by the Khmer Rouge, or simply having died without having any of the indicated Buddhist ceremonies performed. As mentioned above, if the person's soul has not been reborn, it wanders the earth. In the dream, if the deceased relative is poorly dressed, appears to be hungry or asks for food or money, this highlights that relative's impoverished state.</p>

In Cambodian, the phrase “fall into a pit” (into an *ânluang*) means “to be in a miserable situation,” with the word for “pit” (*ânluang*) meaning both a hole in the ground and a depression in a body of water.

Metaphors increase the emotional salience of drowning and fire dreams. In the Cambodian language, “to try and swim over a ‘depression’ (*ânluang*) in a body of water” (*hael chhâng ânluang*) means “to try and escape from a miserable situation.” Often Cambodians refer to having passed through a sort of negative event as “having swam through it,” as in the common statement, “I swam through the Khmer Rouge period.” The idea of drowning evokes asphyxia metaphors, as “out of breath” (*hât*), a common idiom to describe feeling overwhelmed by current difficulties. That “fire” dreams are so feared emerges in part from the fact that multiple Cambodian idioms configure anger, misfortune and problems as a “fire” and that, in the Cambodian ethnopsychology, the ideal state is one of coolness and moistness, which suggests happiness, vigor and mental control.

The affective power of the various “dream types” is further increased by related trauma associations. There are trauma associations with chasing- and asphyxia-type dreams, as discussed above. Additionally, falling dreams often have trauma associations. In several cases, the patient had accidentally fallen into corpse-filled holes in the Pol Pot period, when out at night stealing food, when running to escape battles during the Vietnamese invasion in 1979, and when trying to escape from Cambodia. In the Pol Pot period, bodies were often buried in a shallow grave, so if one stepped on that spot, the foot often would sink down into the pit. Not uncommonly, the pits contained a hundred or more bodies; sometimes they were not covered, but rather filled up with water. In addition, before and during the Pol Pot period, many patients almost drowned upon stepping into a deep depression when walking in shallow water, depressions that Cambodians refer to as “pits” (*ânluang*). (Most Cambodians are unable to swim, so that drowning commonly occurs in this way.)

Dreams in which the sorcery-sent objects are worms may evoke memories of the bloated and maggot-infested corpses that were a common sight in the Pol Pot period. Fire may recall the civil war period (1970–1975), when there was massive bombing throughout the country, not uncommonly with napalm, and when there were constant battles and frequent bombardments with ordinance. It may also recall the Vietnamese invasion (1979), when similar events occurred, or it may recall house fires that occurred in the United States, which are not uncommon in the tenements of poor urban areas of Lowell where Cambodians primarily live. Dreams involving deceased friends and relatives may recall their deaths, as well as that of other friends and relatives. Such dreams may also, through the abstract theme of death, recall other deaths observed during the Khmer Rouge period—as in the many who died of starvation, the numerous anonymous corpses.

Study VI: Nightmares as an Indicator of Bodily and Spiritual Vulnerability

We also interviewed 100 consecutive patients with nightmares to determine what they considered to be the nightmare’s meaning with respect to bodily and physical

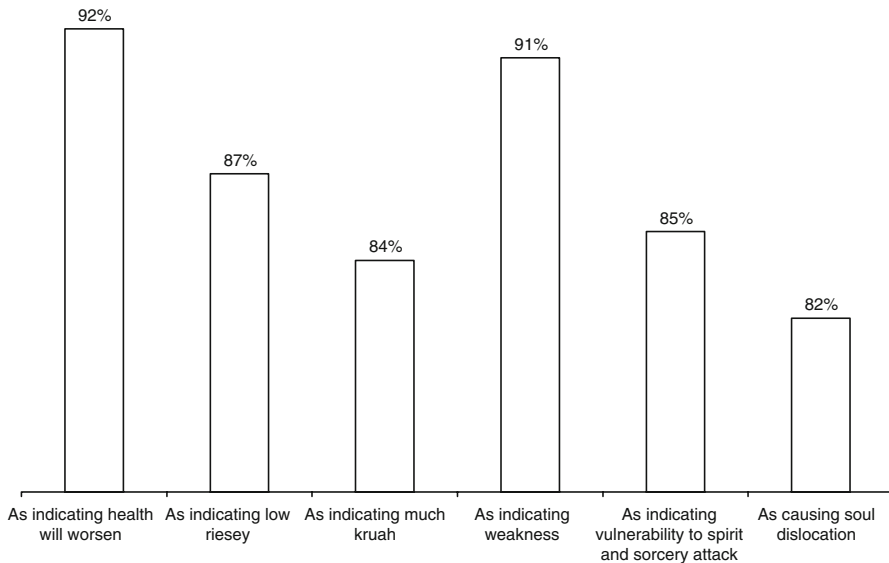


Fig. 5 Nightmare-caused fears of physical and spiritual vulnerability among patients who had a nightmare in the previous month ($N = 100$)

vulnerability. We asked what the patient thought the nightmare meant about his or her physical and spiritual strength and then specifically asked about certain fears. For the results, see Fig. 5.

As indicated in Fig. 5, fears were prominent, and nightmares caused patients to worry about physical and spiritual vulnerability. Many patients considered a nightmare to indicate that they would have physical and other types of problems over the coming weeks. As gauged by the responses of patients, this seemed to be especially true of certain dreams: those in which the “soul” was beckoned to go to another locale or dreams in which the soul became lost in the forest. Cambodians fear having “soul-loss illness” (*cumngeu luah proleung*). When the soul is not firmly secured in the body, there is a feeling of bodily lightness, of hollowness and a predisposition to startle, to dreaming, to tinnitus, to the soul wandering far from the body.¹⁶ The fright caused by encountering the *khmaoch* not only weakens the body, but also may dislodge the soul, and “soul loss” may cause a prolonged illness, insanity or even death.

Most patients thought that the nightmares indicated a weakened body¹⁷ and that this bodily weakness would lead to potentially fatal illness episodes, such as “*khyâl*

¹⁶ A patient who fears being “weak” searches the body for other weakness symptoms, for other weakness stigmata. This very scanning of the body and mind for stigmata leads to the “discovery” of symptoms; and the anxiety caused by the prospect of being “weak” leads to fear and autonomic arousal, to symptoms that “confirm” the patient’s fears of being weak, in a self-fulfilling prophecy.

¹⁷ Cambodians have a conceptualization of illness that emphasizes “circular causation”: one element is both caused and causative—if a person is weak, then nightmares are more likely; and if a nightmare occurs, the person becomes weaker, which then predisposes to having nightmares. (This might also be

attacks,” bouts of “inner hotness” and “heart weakness,” not only immediately upon awakening but also in the following days; they thought that the nightmare indicated a weakened spiritual status that predisposed to car accidents, financial failures, family disputes, disputes with friends and those at work and attacks by *khmaoch* (as in during sleep). The very fact of having nightmares was a stigma of physical and spiritual weakness. The nightmare, by causing fright, was also thought to weaken the body—fear enervates. Physical and spiritual weakness also was thought to cause the soul to wander and to be easily dislodged from the body.

Study VII: Treatments and Ritual Actions Undertaken as a Result of Having a Nightmare

We interviewed 100 patients with nightmares in the previous month about the following: the treatments and rituals that were undertaken in the previous month, and in the previous 12 months, as a result of having a nightmare and why these were performed. The treatments and rituals are reported in Table 4, along with the percentage of patients performing them in the last month and year. Table 4 also reports the supposed effect of the treatments and rituals on the layers of concentric ontological security.¹⁸ See Figs. 1 and 2 for a description of these various layers and their location in space.

The treatments and ritual actions undertaken as a result of a nightmare aimed to create and strengthen protective layers and to extrude maleficent forces and spirits. Often the patients described the purpose of ritual actions—chanting, meditating, wearing a waist talisman or wearing a sanctified string at the wrist, obtained during the holy water ceremony—as “creating a holy perimeter” (*poat seymaa*), that is, a special defensive perimeter.¹⁹ Some treatments and ritual actions were performed just after awakening from a nightmare, others every night before sleeping to prevent

Footnote 17 continued

called spiraling causation.) A nightmare is interpreted as a sign of physical weakness (and a nonsecured soul), which will increase hypervigilance toward the body and fears that even a slight sound may cause many symptoms, even death. In a weakened state, it is believed that the thoughts wander from worry to worry in a vicious and unstoppable repetition that further weakens the body; that the body is reactive to any stimulus, even a slight outer noise, causing the heart to race, which further weakens the body; that “*khyâl* attacks” frequently occur owing to poor circulation; that the soul is easily dislodged from the body, even by a slight fright; and that during sleep, the soul wanders far from the body, all the way to Cambodia, where it may be attacked.

¹⁸ Of note, in several of the rites, not only merit, but also food, is sent to a deceased person. If a patient has had a dream about a deceased relative, especially if that person appears to be hungry or poorly dressed and cold, this creates great upset; in Cambodia, many people were observed to die by starvation, were subjected to the elements with minimal clothing. It is as if the relative is stuck in that purgatory. Merit making, offerings of food, and other rituals for the dead are deeply satisfying, relieving survival guilt, giving a sense of agency and bringing about a continuing, and reparative, relationship with the deceased.

¹⁹ In a very elaborate ceremony to found a Buddhist temple, large iron balls are lowered into the ground around a temple to create its holy border; then monks chant for a long period of time, all the while holding a string that runs in a circle, from ball to ball. This ceremony is called “creating a holy perimeter” (*poat seymaa*). At the end of the ceremony, the string is cut, and the balls are buried in the ground; the string is made into wrist talismans that are thought to have special protective powers.

Table 4 Rituals and self-treatments performed as a result of having a nightmare, percentage of patients performing the rituals and self-treatments in the last month and year and effects of the rituals and self-treatments on concentric ontological security, as assessed among patients having at least one nightmare in the previous month ($N = 100$)

Type	Description	Effect(s) on concentric ontological security	Percentage of patients performing in the last month because of a nightmare	Percentage of patients performing in the last year because of a nightmare
Coining and/or cupping	Upon awakening from a nightmare, patients often “coined” or “cupped,” treatments aiming to remove <i>khyāl</i> and “steam” from the body and to restore normal <i>khyāl</i> and blood flow. (To coin, the coin’s edge is dipped in <i>khyāl</i> oil and then dragged along different body areas—the chest, back and limbs—to dislodge obstructions and restore flow, to allow <i>khyāl</i> and steam to leave through the skin. To cup, cups are heated and then placed on the skin—at the forehead, back and chest—to pull out <i>khyāl</i> and restore flow.)	Restores normal <i>khyāl</i> and blood flow, removes <i>khyāl</i> and steam from the body, cools the body (by removing “steam”), increases bodily energy	80	90
<i>Boenhchii</i>	Performing <i>boenhchii</i> aims to rid the body of “bad luck” (<i>kruath</i>) and any assaulting forces, as in <i>kmaoch</i> . To do <i>boenhchii</i> , some patients wash their face and then take a handful of rice and throw it out a window, saying, “ <i>Boenhchii tow</i> ” (“Go away”), telling the attacking spirit to go and be reborn. In another type of <i>boenhchii</i> , while urinating, the patient states “ <i>Boenhchii tow</i> ,” causing “bad luck” to leave the body along with the urine.	Strengthens all the protective layers, particularly <i>rixeey</i> , by ridding the body of <i>kruath</i> , by extruding invading forces	65	82

Table 4 continued

Type	Description	Effect(s) on concentric ontological security	Percentage of patients performing in the last month because of a nightmare	Percentage of patients performing in the last year because of a nightmare
Verbally invoking the protection of various powers: the ancestors, house spirit, deities, birth <i>kruu</i> , merit, the Buddha	These forces are invoked, with the hands clasped in front of the face in a sign of obeisance (<i>sampeah</i>); the invocation may be uttered before going to sleep, to request protection, or upon awakening from a nightmare. Sometimes the invocation is done at the Buddhist altar, after lighting incense and candles. These forces will be asked to provide protection, to prevent nightmares.	Confers protection by the ancestors, house spirit, deities, birth <i>kruu</i> , the power of merit and the Buddha	88	92
Presenting food offerings at the altar for the deceased, house spirit, deities, birth <i>kruu</i>	Food may be offered to these entities at the Buddhist altar, first lighting incense and candles, then doing a <i>sampeah</i> , sometimes bowing to the ground. Afterward, one will ask for protection by these forces, requesting that they prevent nightmare and, in the case of dead relatives and friends, that they protect one, that they have a good and rapid rebirth, that they enjoy the proffered food.	Confers protection by the ancestors, house spirit, deities, birth <i>kruu</i>	56	83
Propitiating an offended house spirit or other deities	It was sometimes concluded that the house spirit and local deities were offended and had withdrawn protection. The offended spirit was propitiated through offerings as described above and was asked to provide blessings.	Confers protection by the house spirit and by deities	12	20

Table 4 continued

Type	Description	Effect(s) on concentric ontological security	Percentage of patients performing in the last month because of a nightmare	Percentage of patients performing in the last year because of a nightmare
Propitiating an offended ancestor	It was sometimes decided that the nightmare resulted from ancestors failing to provide protection, owing to their anger at the misdeeds of family members: misbehavior, e.g., a daughter having premarital sexual relations, or failing to fulfill ritual obligations, e.g., the patient forgetting to give regular food offerings to the ancestors. To appease the ancestors, a placating ceremony is performed, in which food is offered, such as a pig's head and fruit, and incense and candles are lit. The ancestors are asked to provide protection, to prevent nightmares, to prevent attack by a <i>khmaoch</i> or other evil entity.	Confers ancestor protection	8	16
Soul-calling, preferably by an elder	A person (often an elder) calls the soul back to the person's body, often while tying a string at the wrist; the treated person may be given some rice to eat, called "soul rice," to incorporate the soul back into the body.	Increases <i>riesey</i> ; secures the soul	34	45
Elaborate soul-calling ceremony by a <i>kruu khmae</i>	A ritual expert, called a <i>kruu khmae</i> , can perform a more elaborate soul-calling ceremony. For such ceremonies, a <i>slaathoa</i> and <i>baaysey</i> are often present.	Secures the soul in the body, strengthens multiple layers by invocation of protecting forces	6	8
Holy water anointing ceremony	The ritual is usually performed by a monk (though a traditional healer can do it as well). The monk makes holy water, sprinkles it on the patient's body and ties the wrist with a string, giving blessing and often calling the person's soul.	Secures the soul in the body, cools and energizes the body; rides the body of <i>kruath</i> ; increases <i>riesey</i> and merit; provides a layer of Buddha power	59	80

Table 4 continued

Type	Description	Effect(s) on concentric ontological security	Percentage of patients performing in the last month because of a nightmare	Percentage of patients performing in the last year because of a nightmare
<i>Bangsoekool</i>	<p>If a gift is made by a layperson to a monk, the <i>bangsoekool</i> ceremony assures that the merit and donated objects arrive to a specified deceased person. To do <i>bangsoekool</i>, after giving the gift, the donor writes the name of the deceased relative on a piece of paper and hands this to the monk. After the monks chant, sending the merit to the donor and the deceased, a monk assistant burns a piece of paper that has the names of the deceased written on it. At the same time, the donor (and another officiant) pours water into a cup from a ceremonial kettle. The burning of the paper sends the object and merit to the deceased; the pouring of water represents the merit that is sent to the deceased. The <i>bangsoekool</i> is used when food or money is donated to monks during major yearly rituals, such as during <i>phoechum boen</i>, a yearly ritual specifically devoted to making merit for the deceased relatives and all the deceased still not reborn.</p>	Increases merit, <i>riexey</i> and Buddha power for the person performing it. Merit is sent to the person for whom the ritual is performed, helping to bring about rapid birth	35	94

Table 4 continued

Type	Description	Effect(s) on concentric ontological security	Percentage of patients performing in the last month because of a nightmare	Percentage of patients performing in the last year because of a nightmare
Meditating	This may be done at home or at the temple in a group setting. It may be done just before sleeping to gain protection or upon awakening. It is often breathing meditation, in which the in-and-out flow of the breath is observed. Often it is done in front of the Buddha altar. The in-breath may be accompanied by the first part of the Buddha's name in Pali (<i>phuu</i>); the out-breath, with the second part of the Buddha's name (<i>thou</i>).	Increases merit, energy, <i>riesev</i> and Buddha power; improves the flow of <i>khyil</i> and blood (especially in the case of breathing meditation); creates a good mental state	33	45
Eating cooling foods and herbal medications; avoiding hot things, including medicines classified as "hot"; keeping calm	If the patient considers him- or herself to have "inner hotness," he or she will undertake treatments to cool the body. This will make the body less vulnerable to spirit assault, and it will increase the resilience of the body if it is attacked. This includes eating cooling substances, avoiding hot substances and keeping calm.	Cools the body	24	32
Listening to CDs of sermons	These may be obtained at the temple and then listened to at home.	Increases merit, <i>riesev</i> , Buddha power; creates an auspicious mental state	22	28
Listening to CDs of chanting, or chanting oneself	Tapes of chanting are often obtained at the temple and listened to at home. In addition, some patients do their own chanting, either along with the tape or from memory.	Increases merit, <i>riesev</i> , Buddha power; creates an auspicious mental state	22	32

Table 4 continued

Type	Description	Effect(s) on concentric ontological security	Percentage of patients performing in the last month because of a nightmare	Percentage of patients performing in the last year because of a nightmare
Reciting a holy word or phrase before sleep or upon awakening	Often monks suggest that the nightmare sufferer recite a holy phrase, frequently in Pali, upon going to sleep, to protect from nightmares, or upon awakening from one. Often the word will be the two-syllabic word for the Buddha (<i>phuthou</i>). This may be done, especially when falling asleep, along with breathing meditation.	Increases merit, <i>riesev</i> , Buddha power; creates an auspicious mental state	44	51
Performing <i>bangsoekool</i> ceremonies and other merit making in Cambodia for the deceased	Upon going to Cambodia, the patient may give money and religious supplies to monks, asking that the <i>bangsoekool</i> be performed for deceased relatives. The patient may give money to build a small stupa (ceremonial burial structure) or a structure like a monk's house, or some may have a pond created in the village. Often these merit makings, the donations and building projects, are done in the deceased's birth village.	Makes merit and increases <i>riesev</i> for oneself, for living and dead relatives and friends and, in particular, for the person to whom it is dedicated	12	18
Donating money to Buddhist organizations	The patient may give money to a Buddhist organization, often for the building of a stupa or temple.	Makes merit and <i>riesev</i> , which can be shared with deceased friends and relatives	34	42

Table 4 continued

Type	Description	Effect(s) on concentric ontological security	Percentage of patients performing in the last month because of a nightmare	Percentage of patients performing in the last year because of a nightmare
Participating in elaborate ceremonies to rid the body of bad luck	In some cases, monks perform a more elaborate ceremony, called “casting off bad luck” (<i>rumdâh kriah</i>), for the nightmare sufferer. The ceremony requires several monks and a lay ritual officiant, and it takes several hours to complete. Through chanting, anointment with holy water and the disposal of a tray to which the person’s bad luck is transferred, the patient’s “good luck” (<i>riesey</i>) is increased, and his or her “bad luck” (<i>kriah</i>) eliminated.	Rids the body of “bad luck,” which strengthens all the layers by removing the intrusive force	10	15
Obtaining a new talisman	These include an amulet (often an image of the Buddha) worn at the neck, a waist talisman, a sanctified wrist string and even a new altar image. These may be obtained from a holy temple in Cambodian, a monk in the US or a traditional healer. The waist talisman consists of a rolled metallic sheet on which holy words (in the Pali language) have been embossed; this is threaded on a cord that is then tied around the waist.	Gives talisman-type protecting power, Buddha power, <i>riesey</i> and ancestor-type protecting power in the case of an amulet that has the image of a relative	74	88
Activating the power of an owned talisman	The patient may already own a talisman, such as a Buddha image, and, after a nightmare, will appeal to its protective power and may put it under the pillow or hang it above the head of the bed.	As above	65	90
Activating a tattoo’s protective power	The power represented by the tattoo is invoked. Sometimes the person makes a <i>slaathou</i> to activate its power, lighting the candles; afterward, the <i>slaathou</i> is put on the altar.	Creates a tattoo protecting power, which is often a Buddha power	22	34

Table 4 continued

Type	Description	Effect(s) on concentric ontological security	Percentage of patients performing in the last month because of a nightmare	Percentage of patients performing in the last year because of a nightmare
Taking energy medicines	Taking tonic herbal medicines or vitamins, receiving an IV (which is considered a tonic); taking any medicine that increases appetite or sleep, thereby increasing bodily energy.	Increases energy	48	65
Removing <i>ampoe</i> from the body	If the patient considers the nightmare to indicate that someone has sent a maleficent object, called an <i>ampoe</i> , into his or her body, a monk or traditional healer will be consulted. If the monk thinks an <i>ampoe</i> was sent into the body, he will suggest either the holy water ceremony or the more elaborate “casting off bad luck” (<i>rumdah kruah</i>) ceremony. Traditional healers will use various methods, all concluding with the healer pulling some foreign object, such as a nail, from the body. Often the monk or healer will make a holy talisman, to be worn at the waist on a string to “create a holy perimeter” that prevents the sending of an <i>ampoe</i> into the body.	Increases all protective layers by removing the invading force; often in the removing ceremony, many of the protecting layers are built up and invoked	8	12
Propitiating, and increasing the protective power of, the birth <i>kruu</i>	Some people are born with a particularly strong birth <i>kruu</i> . The bond with the birth <i>kruu</i> must be established and maintained by rituals, including offerings, certain ritual injunctions. If offended, the birth <i>kruu</i> must be propitiated.	Increases the protecting power of the birth <i>kruu</i>	8	12
Asking a monk to determine the level of luck	Using the person’s birthdate, the monk determines the level of “bad luck,” the level of <i>riesev</i> . Often this consists in determining which of 12 symbols indicates the person’s luck level.	N/A	25	65

further nightmares and others just once, to treat the negative effects of the nightmare and to prevent having further nightmares.

Immediately upon awakening from a nightmare, certain actions were very commonly undertaken. To treat the panic symptoms experienced upon awakening, symptoms usually considered to be the result of a “*khyâl* attack” or “inner hotness,” many patients “coined” and “cupped,” treatments that aim to restore the normal flow of *khyâl* and blood and to remove *khyâl* and “steam” from the body. Upon awakening from a nightmare, not uncommonly patients invoked protective powers, such as the Buddha and ancestors, and they frequently performed *boenhchii*, a ritual that aims to rid the body of the maleficent forces that have intruded into the body during the nightmare and to remove bad luck (*kruah*).²⁰

In many cases, the patient considered the nightmare to have a transparent meaning, indicating the need to perform certain types of ritual action. A nightmare in which someone asked the “soul” to go somewhere was considered a serious assault dream, a dream that dislocates the soul and indicates the need to undertake immediate treatment, such as receiving the holy water ceremony to build up the defensive forces and secure the soul in the body. A nightmare of a deceased relative or friend was thought to reveal that that person was still not reborn, still wandered the earth in a forlorn state, and that one should make merit for, and send offerings to, the deceased person—most commonly, by presenting a food donation at the morning liturgy at the temple (which makes merit for, and sends food to, the deceased) and by giving a food offering to the deceased at the Buddhist altar within the home (which sends the food to the deceased). Even if the dream had a rather clear cultural interpretation, patients often consulted friends, older people in the family, a monk or, in some cases, a traditional healer.

Upon being extremely frightened by a nightmare, many patients asked a monk to do a divination of their *riesey* status (*moel riesey*). A person’s *riesey* is thought to vary yearly. To examine *riesey* status, monks use one of two methods (as do other traditional healers), both based on the birth date: adding and subtracting numbers to arrive at a luck level number or determining which of 12 images on a wheel-like form (with the images positioned between “spokes”) indicates the luck status. In the worst case, indicating the patient to be in great danger, the monk determines the luck status to be represented by a certain image: that of a man’s decapitated body, a symbol called “the bad luck cuts off the head” (*kruah kâmbât kâ*). If these divination methods reveal the patient to have high *riesey* (or, put another way, low *kruah*), no ceremony is needed; if the patient has a middle level of *riesey*, the holy water ceremony will most likely be suggested; and if the patient has a low level of *riesey*, an elaborate ritual must be performed, called “removing bad luck” (*rumdâh kruah*), which also raises “good luck” (*riesey*)—for bad luck and good luck are opposite ways of describing the same concept.

²⁰ These rituals resemble a traditional Cambodian New Year’s ritual in which one symbolically rids the body of “bad luck” by releasing a small boat—about 10 inches long—into a river or lake; and they have some similarities to the elaborate “getting rid of luck” (*rumdâh kruah*) ceremony, in which bad luck is transferred to a ritual object, which is often then floated down a river, or at least put in a location far from the ill person’s home.

After having a nightmare, two of the most commonly performed rituals are the holy water ritual and the presentation of food at the morning liturgy (on the food-donation liturgy, see Table 4). In the holy water anointing ceremony (*sraoch tdeuk moeun*), the monk chants passages—often those describing the virtues of the Buddha—from the Buddhist holy texts, while holding a lit candle above the water, the wax dripping down, and then inserts the lit end into the water container; this immersion symbolizes the extinguishing of all ill-causing heat and transfers Buddha and dharma power into the water. Next the monk uses a baton-shaped object to anoint the patient with holy water, while giving blessing; then the monk ties a string to the wrist of the patient to secure the soul in the body and to provide protective power.

As the monk ties the wrist, he calls the soul and gives blessing. A typical blessing would be as follows: “May the soul stay in the body, may no *khmaoch* bother you, may you be free of nightmares, may your ‘good luck’ [*riesey*] increase, may no ‘bad luck’ [*kruah*] come near you.” The *slaathou* and *baaysii* (see below for a description of these ritual objects) are often present during the ceremony. The monk will usually give the patient a container of the holy water to take home; the patient will keep this on the home altar. Some of the water will be applied to the face, some sprinkled around the house.

The water anointing ceremony serves to raise good luck and to wash away bad luck, presumably erasing the negative effects of the nightmare and preventing its recurrence. The wrist talisman will be worn for weeks, even months; this wrist talisman creates a sacred perimeter and ties the soul to the body. The ceremony is also thought to increase bodily energy and to refresh; after this ceremony, the patient will often say that he or she felt “clear in the face, clear in the mouth” (*sroelah muk sroelah moat*). Nightmares usually decrease after the “water anointing” ceremony.

One ritual, the activation of the “birth *kruu*,” requires further explanation and, also, illustrates the importance of the idea of power layering within Khmer culture and thought. A “birth *kruu*” is a spiritual force representing one particular ancestor (often called “a former mother,” or *mdaay daoem*) or all ancestors. This protective force is invoked at ceremonies honoring ancestors such as New Year’s festivities. If someone is born completely wrapped in a placenta, or with the placenta forming a sash across the body or with the umbilical cord in loops around either the head or the neck,²¹ this indicates that a very powerful and special “birth *kruu*” protects the newborn, bestowing special powers: possessing healing power or having skin that resists penetration by knives and bullets.

At the birth of the baby, a ceremony honoring the birth *kruu* should be conducted, a ritual for which a *slaathoa* is made, an object that afterward will be kept on the family’s home altar. As an adult, the person who has a special “birth *kruu*” should do the following on Buddhist holy days: take down the *slaathoa* from the altar, light the incense sticks that are inserted into it and give it offerings. On the monthly Buddhist holy day that falls on a full moon, some consider it important to light the central candle of the *slaathoa*. If a Cambodian who has a birth *kruu* has a nightmare,

²¹ These placental and umbilical-cord coverings are given a special name: *sâmnôm sângwaa*.

this may be attributed to having neglected giving offerings to the special “birth *kruu*,” decreasing protective powers and allowing attack by a *khmaoch*.²² Even if a person was not born with the special placenta and umbilical coverings, the occurrence of frequent nightmares may be attributed to failing to honor the “birth *kruu*.” A ceremony will be held in which a *slaathoa* features prominently, and afterward, the person should keep the *slaathoa* at the house altar or even place it at the head of the bed. On Buddhist holy days, the person should perform the ceremonies honoring the birth *kruu* (which were described above), ceremonies that involve the *slaathoa*.²³

In many of the rituals that aim to restore the body and defend against nightmares, the *slaathoa* and *baaysey* are used: in the holy water anointing ceremony, birth *kruu* ceremonies, soul-calling ceremonies, elaborate rituals to rid the body of *kruah*. These two objects can be used in any ceremony and are thought to have an amplificative effect on the power and effectiveness of any ritual. The *slaathoa* and *baaysey* are comprised of multiple concentric layers (for further description, see Hinton and Hinton 2009): the *slaathoeu* has a coconut as its base, on which concentric rows of objects are placed, as in a concentric circle of candles, then areca nuts and, next, incense sticks; and the *baaysey* is made from banana leaves, which are placed in multiple concentric layers. We hypothesize that these two ritual objects are a representation of the ideal self, of concentric ontological security; that each acts as an ideal-self object, as a representation, an invocation, of the desired state—of the concentric mandala form, a form idealized at the level of psychology, social structure, spiritual state and political system (Tambiah 1976, 1985).

Nightmare Cases

Below we describe several cases to illustrate the variety of nightmare experiences among the Cambodian refugee population. It should be noted that, in almost all cases, the patients considered the symptoms that occurred upon awakening as episodes of “*khyâl*,” “soul loss” or “inner hotness,” and implemented multiple treatments, most commonly coining, often asking spouses and children to perform those techniques. In many cases, the patient did *boenhchii* to rid the body of bad influence and lit incense at the altar to ask for protection from the Buddha and other powers. But in the case descriptions we focus on the dream content, the flashbacks experienced upon awakening, the relationship of the dream content to past traumas and the patient’s interpretation of the dream as some kind of assault. The cases were elicited during medication visits with the first author (D.H.).

²² The special “birth *kruu*” is thought to reside in the head; if the head is touched, special ceremonies must be conducted or its protective power will be lost.

²³ A person having a protecting “birth *kruu*,” especially those born with the placenta or umbilical covering, are considered to be particularly powerful in magic and merit making, and will have special spiritual powers.

Diep: A Nightmare as a Slight Variant of a Traumatic Event

Diep, a 48-year-old male, lived with his wife and his 12-year-old son. Before the Khmer Rouge period, he worked as a rice farmer. On the day of his medication appointment Diep arrived looking distressed. When asked why, he related the following nightmare. People grabbed his “soul” (*proleung*), then carried it; next, they suddenly threw it into a body of water; his *proleung* gasped for air, unable to swim. (As mentioned above, a Cambodian refers to the dream protagonist as his or her soul—the *proleung*; in general, the dream is considered to be the experiences of the wandering “soul.”) Diep awoke from this nightmare in a terrified state and recalled the following trauma.

One day three Khmer Rouge showed up at Diep’s house and accused him of stealing rice. They grabbed him and led him outside. He felt sure he would be killed. The soldiers took him to a bridge over a river and threw him in. Like many rural Cambodians, Diep could not swim. Though he started to sink, he managed to grab onto a branch and pull himself to safety.

Diep had a flashback of this event upon awakening that lasted five minutes, and palpitations for 30 min. He worried that he was weak, causing his soul (*proleung*) to wander to Cambodia, resulting in the nightmare, and that the nightmare had weakened him, predisposing to spirit assault and serious illness, like “*khyâl* attacks” and “inner hotness.” He worried that his soul had wandered to Cambodia and that a *khmaoch*, or some of his Khmer Rouge tormentors, had tried to harm his “soul.” He couldn’t sleep again that night.

Bun: A Chasing Nightmare and Condensation

This 44-year-old woman, mother of three teenage daughters, had a recurrent nightmare. In it, Bun’s soul was chased by men wielding knives and guns; some men were running, others were in carts. Dogs also chased her soul. In addition, Bun had sleep paralysis twice a week. During these episodes a dog would approach her, position itself next to her face and bare its teeth menacingly. She found herself unable to move, paralyzed for about two minutes. This terrified her.

Upon awakening from the nightmare, Bun had flashbacks of being forced to do slave labor during the Pol Pot period, particularly of when she carried dirt to make a dam and of when she had to run away from Khmer Rouge during the Vietnamese invasion. She also recalled one time when she was rice farming and about eight people were escorted past her and shot nearby; she heard the sounds of their begging for mercy, interspersed with the sound of gunshots, and saw each person collapse to the ground after being shot in the head.

Perplexed by the prominence of the dog imagery, D.H. asked Bun whether she had any bad memories involving dogs. Bun replied that one night during the Pol Pot period she heard the growling of dogs coming from under the house. Like most rural dwellings in Cambodia, the house was set about 15 feet above the ground, supported by several wooden posts; she looked through the space between the floorboards and saw three dogs dragging the corpse of a grown man. The dogs proceeded to consume the corpse over the next hour or two. D.H. asked whether she feared that

the dog in her sleep paralysis, and in the nightmare, was the *khmaoch* of the man whose corpse the dogs had eaten. (*Khmaoch* can change into the form of an animal.) She said “yes,” and that it might also be the *khmaoch* of those she saw killed during the Khmer Rouge period.

As another related trauma, most of her relatives were killed because they were former soldiers, and she just barely escaped that fate. One day Bun heard from a friend that the Khmer Rouge in the village had learned that her relatives were former soldiers, so she had to flee from the area. Some local Khmer Rouge followed her, but she escaped.

In Bun’s case, her nightmare is a composite of several trauma memories: (1) the dog event, (2) running from Khmer Rouge during the Vietnamese invasion, and (3) running away from Khmer Rouge once they had learned the history of her extended family.

A week after her medication visit, Bun consulted a monk and told him of the nightmare. He asked for her birth date and determined her “good luck” status, that is, her *riesey*. He said she had low *riesey* and must have the “removing *kruah*” ceremony performed, that the dog represented the *kruah* that was threatening to harm her. After the elaborate ceremony, aiming to remove *kruah* and raise *riesey*, the patient had a great decrease in nightmares.

Thong: A Chasing-Type Nightmare

In a recurrent dream, Thong’s soul was chased by a big black shape grasping a knife. In some nightmares, the shape caught her soul and tried to stab it with the knife. Sometimes the shape succeeded, drawing blood.

Thong sought counsel from a monk, who explained that the nightmare resulted from “thinking too much” (*keut charaoen*), which made her weak, and that weakness caused her soul to wander during sleep and to be prone to *khmaoch* assault. The monk performed the holy water ceremony, saying that it should cause her to sleep well and not to be bothered by any *khmaoch*. The ceremony was somewhat helpful, but she remained fearful that the nightmare would return.

Thong had been struck in the head with the butt of a gun by Khmer Rouge; the blow was punishment for supposed laziness in her work habits while transplanting rice. She fainted, bleeding, into the rice field; she awoke in the morning, covered with leaches. The chasing dream made her have flashbacks of the event. After recounting the flashback, Thong showed D.H. the scar on her head from the blow.

Sarina: A Chasing-Type Nightmare That Triggers Flashbacks

Sarina, a 42-year-old woman, had six children. One day she came to her medical appointment looking worse than usual, complaining of multiple somatic symptoms. She attributed this worsening to a nightmare. In the nightmare, her soul was chased by a boy and a girl, both of whom had a knife, and they were trying to stab her soul.

Upon awakening, Sarina had flashbacks of three people being eviscerated as punishments for misdeeds they had committed in the Pol Pot period. And she recalled a time here in the United States when her husband beat her, even though she

was pregnant: he knocked her down to the ground, causing her head to hit a radiator, and then kicked and slugged her.

Having the nightmare made Sarina fear low *riesey* and being weak. She sought advice at the local temple. The monk there made calculations and determined that her *riesey* was indeed low. He gave her a talisman to wear around her waist to “create a protective barrier” (*poat seymaa*), increase her *riesey* and prevent *khmaoch* attack.

Soeun: A Nightmare Causing Fear of “Soul Loss”

Soeun, a 55-year-old male, lived with his sister and her family. He had four children, all living with his former wife. He had chronic PTSD but had been relatively asymptomatic, though chronically anxious.

The week before coming to see D.H. for a medication appointment, the patient had a nightmare. Since then he had not slept well and had a great worsening of symptoms. This included the return of flashbacks and orthostatic panic. Flashbacks of Pol Pot events occurred every morning upon standing and feeling dizzy; he would sit back down and have a panic attack lasting 15 min, with dizziness, palpitations and fear of death. After the nightmare, he felt light in the body (*sraal khnong khluan*), as if his soul were no longer secured to his body. He felt weak.

Soeun told D.H. that he had these symptoms because his “soul was called” (*hav tow*). He then related his dream. His “soul” was in his sister’s house and heard a knock at the door. His soul went and opened the door and looked out, but there was no one there. Soeun awoke, frightened, and had palpitations for about five minutes, finally calming himself.

Soeun consulted several older people (elders are considered to have special knowledge of customs and spiritual matters), who told him that if, in a dream, someone knocks at the door, it means that one’s soul is being called by a *khmaoch* or other force. If the soul responds verbally, it will be taken. This is called the “*khmaoch* takes your soul” (*khmaoch yook proleung*). D.H. asked Soeun what would happen if one’s soul were “taken” in this way. Soeun said that one would become ill, perhaps die. To recover, one would have to do a ceremony to “remove bad luck” (*rumdâh kruah*) and have the soul called back to the body (*hav proleung*). He said that having a “soul calling” dream meant that one had low *riesey* (*riesey da*) and that, if one had low *riesey*, a *khmaoch* might take one’s soul.

Soeun worried that this was his situation and that he had low “good luck.” After this nightmare, he had slept poorly, fearing the being would return and try to take his soul. In the next few days, he was planning to go to the temple to undergo the water anointing ceremony, which would include the monk’s tying a string around his wrist to secure his soul in the body. (As described above, the holy water ceremony almost always includes the monk’s calling the person’s soul to the body and securing it with a string tied around the wrist; the wrist string also forms a protective barrier.)

Soeun stated that strange things had been occurring since his father’s death a few months earlier. His father had died in the very house in which Soeun was living. Just after the death, Soeun’s older sister was possessed by the father’s soul. Through her,

the father had asked that incense be lit for him at the family altar. A month later, Soeun's mother had a dream in which her dead husband invited her to go to a beautiful place. And Soeun asserted that if her soul had gone with her husband in the dream, she would have died.

Soeun was afraid that it might have been his father who had called his soul. He suspected that his father missed his family too much, and so had not been reborn into another life. The family planned to do a merit making for the father to help him be reborn, and with the hope that the merit would also protect the family. In addition, Soeun was afraid that his former wife might have hired a sorcerer to harm him, and that the sorcerer might have used a *khmaoch* to attack him in his sleep.

The nightmare had trauma resonances. In the Pol Pot time, Khmer Rouge customarily would knock on his hut door at 4 a.m. to get him to go and do slave labor; if he did not get up quickly, they threatened him. Twice Khmer Rouge knocked on the door and took him to "study," meaning that they arrested him for a day and lectured him about poor work habits. Both times he thought they were going to kill him.

The patient returned 3 weeks later for another medication visit. After his last medication visit, Soeun had gone to see a monk at the temple. He told the monk about the nightmare and how it caused him to be upset, confused and dizzy, made him feel as if he "couldn't figure out any problems" (*smook smaanh, keut meun choenh*). The monk suggested performing the holy water anointing ceremony. The monk chanted for about 15 min to make the holy water; he then poured the sacralized water over Soeun's head and body, tied a protective string around his wrist and called his soul. The ceremony made Soeun feel "clear in the face, clear in the mouth" (*sroelah muk sroelah moat*). He said the water anointing ceremony "removed *kruah*, raised *riesey*," made it so no assault could be perpetrated against him, and he explained that the chanting chased away *khmaoch*. The monk also suggested that Soeun light candles and incense at his altar before going to sleep and ask the Buddha, his ancestors and all powers for protection. Since going to the temple, Soeun has had no nightmares and has felt well.

Chorn: Nightmares, Survival Guilt and Fear of Soul Loss

Despite pharmacological treatment and therapy, and improvement, Chorn still had severe PTSD. She arrived at her medical appointment with D.H., who asked how she had been. Chorn replied that she had been ill (*chheu*), and when D.H. asked her the reason for being ill, she denied knowing it. D.H. then queried whether Chorn had had any nightmares. Chorn related that she had had several nightmares and that, in her opinion, the nightmares had made her fall ill.

Three weeks prior, in a nightmare, Chorn had seen a close friend who had been killed in the Khmer Rouge time. One night during the Pol Pot period, the friend, who was starving, snuck out of her hut at night to steal food. She was caught and arrested by the Khmer Rouge, and taken to be killed. In her dream, Chorn's soul went to a rice field in Cambodia and met her friend. The friend asked Chorn's soul whether she wanted to go with her. Chorn's soul told her friend that she couldn't, that she needed to return home.

Chorn believed that her friend was calling her soul in this dream and that her friend had not yet been reborn; her soul was still wandering the earth, because she had died a horrible death and had been transformed into a vengeful *khmaoch*. Chorn said that just talking about the dream made her hair stand on end (*preu soembol*) and caused her to have palpitations. After the nightmare, Chorn felt out of energy (*âh dai âh choeng*) and had more bodily pain, a soreness she tried to treat by sleeping with a hot-water bottle; also, she had been unable to sleep and frequently felt dizzy.

One week later, that is, 2 weeks before her current medication appointment, Chorn had the same nightmare. And 1 week after that, in a dream, an older woman came to her and asked for food. At first the patient refused. The woman left, and Chorn's soul ran after her and gave her a bowl of rice and one of curry. Then Chorn's soul washed the dishes. Chorn stated that if she had not given the woman food, Chorn herself would have become very ill. By giving the woman food, Chorn had made merit. She explained that the woman was a person who had died, but who had no relatives to make merit for her; she needed someone to make merit for her so that she might be reborn into another incarnation.

Chorn consulted with her elders about these dreams. They said Chorn should do a merit making for the woman and for her friend. So the previous week (i.e., a week before her medication appointment), Chorn performed a merit making for them. To do so, she took food to the monks and offered the merit to them. Chorn also gave offerings at her private altar: a food dish, bananas and hard liquor. As she lit incense and candles, she offered the food to her friend, and to the old woman, and asked the Buddha, all deities and her relatives for protection. Chorn asked that the friend and the woman be reborn to another life. Despite the merit making, Chorn still worried that the fright of the dream had dislodged her soul somewhat (*yook proleung boentoec*), weakening her and causing her to be more prone to *khmaoch* attack.

D.H., looking at Chorn's right wrist, noticed a string tied around it and inquired as to why it was there. Chorn explained that, 3 months earlier, she had had a dream in which someone called her soul away. Afterward, she called her own soul (*kov proleung*) back to her body (*yook proleung weunh*) and had her husband tie her wrist to secure it.

Roeun: Nightmares, Sleep Paralysis and Survival Guilt

Roeun, a 48-year-old woman, was a new patient and still had severe PTSD. When she worried about current problems, such as financial problems and the acting-out behavior of her children (e.g., skipping school), she experienced flashbacks—especially of abuse perpetrated by her husband. The flashbacks occurred twice a week and usually lasted for about 10 min. Often these nightmares involved the abuse perpetrated by a former husband. In 1987, this former husband had beat her frequently. She married another man in 1998 who often drank and, when drunk, would hit her and her children. On several occasions he grabbed Roeun's hair and banged her head into the wall.

At her current medication visit, Roeun reported a very upsetting nightmare in which 10 Khmer Rouge grabbed her soul and tied its arms behind its back. As they

prepared to shoot her soul, she begged for mercy. Roeun awoke, terrified, and thought about the following memory.

During the Khmer Rouge period, one day Roeun had snuck out to collect mushrooms in the rice fields, an infraction punishable by arrest and execution. While foraging for mushrooms, she saw 10 men lined up, each with his hands tied behind his back. Khmer Rouge soldiers proceeded to shoot each of them in the head and then in the body. She ran away, terrified.

Roeun explained that, because the 10 people she had witnessed being killed died a so-called “horrible death” (*taai haong*), they were necessarily transformed into vengeful and cruel *khmaoch*. She believed that these vengeful *khmaoch* caused her wandering soul to endure the dream events, taking the form of the 10 Khmer Rouge, hoping to frighten her to the point of death. Also, Roeun had sleep paralysis, in which she saw a being come upon her. She was unable to move and felt as if she would be unable to breath. Roeun thought this was one of those she saw killed, transformed into a enraged *khmaoch*.

Upon awakening from the flashback or sleep paralysis, Roeun had flashbacks of various traumas, including the witnessed execution and the abuse perpetrated by previous husbands. She had palpitations, dizziness and other symptoms. Roeun feared these symptoms were a “*khyâl* attack” that might cause death. She called her children to “coin” her to treat the “*khyâl* attack.” She asked her children to improve their behavior. She told them that if their behavior caused her to worry too much, this would weaken her to the point that she might die.

Discussion

As shown by our studies, nightmares form a key aspect of the trauma ontology of Cambodian refugees. First, almost all PTSD patients had experienced nightmares in the previous month, and the nightmares caused great distress—panic attacks, flashbacks upon awakening, difficulty returning to sleep. Second, nightmares were given an elaborate cultural interpretation, and that interpretation—along with trauma associations—caused distress and worsened PTSD, as depicted in the “nightmare-PTSD model” (see Fig. 3). And finally, patients often considered nightmares to indicate impaired concentric ontological security (Figs. 1 and 2), so they engaged in activities aiming to diagnosis the supposed defects in the layers of defense, and to restore and activate those layers.

Each of the 15 zones of ontological security constitutes a potential self-object, with the actions performed to fortify and maintain these zones forming key self-processes (Hollan 2004), serving as key ways of constructing identity, an identity built in an attempt to tap sources of power and protection. These “techniques of the self” (Foucault 1986, 1988, 2005) aim to maintain health, to increase spiritual strength and to maintain the integrity of concentric layers of protection; in this sense, many Cambodian “techniques of the self” are “security techniques.” An elaborate oneirocriticism indicates whether “techniques of the self” need to be performed. In many of the techniques of the self that aim to maintain security, the *slaathoa* and *baaysey* are present, and these ritual objects seemingly symbolize the

ideal state, a multitude of radiating orbs of power, of concentric layers of protection, a mandala form.

In the Cambodian context, dreams and related rituals form a key aspect of the self of the traumatized individual, of “self-constitution” (Ewing 2003), and are key sources of the self (Taylor 1989). Such a self extends beyond the skin or surrounding clothing, constituting what might be called “the extended self” (see also Connor 1982; Mageo 2003b), which is a power-layer self. The self is a “congeries of identities” (Mageo 2003b, p. 10), and these identities continually shift, as one and then another is conjured to mind, as one and then another act is performed. There is the “I-that-prays-at-the-altar,” the “I-that-is-a-merit-maker,” the “I-that-had-the-monk-tie-this-string-to-the-wrist,” the “I-that-has-tattoos,” the “I-that-has-a-birth-teacher.” The many “I’s” are so many scenes in which the “I” is present and that are recalled to mind: “me at the water anointing ceremony,” “my soul being chased in a dream by a Khmer Rouge,” “me that has low *riesey*.” In this sense, the “I” is multiple, and often nested (e.g., scenes related to *riesey*), and it consists of the many self-related scenes that are brought to mind. This is the “security I,” an “I” that is multiple, constituted by a multiplicity of self-related scenes, a certain security-oriented identity, a mandala self.

For Cambodians, nightmares represent part of the hermeneutics of self, of the hermeneutics of ontological security. Ontological security requires a high bodily energy level, high “good luck” levels, low “bad luck” levels, ancestor protection and house spirit benevolence. For an American, a nightmare may temporarily cause a fear of the trauma recurring; for a Cambodian, the nightmare indicates compromised ontological security, a defect in one’s protective barriers. In the Cambodian context, the nightmare results in multiple cultural practices being initiated that aim to increase protective spheres, layers of needed protection. One’s well-being is fragile; it depends on a secure soul, bodily energy, ancestors, gods, *riesey*. One carries a certain level of “bad luck” (*kruah*) and demerit; one must try to increase *riesey* and merit. To be safe, the soul should be firmly secured in the body; the body should be strong, not weak; the mind should have auspicious, merit-making thoughts, as in recalling to mind the Buddha’s qualities; the emotional state should be a positive, merit-making emotion, such as radiating “loving kindness” to all beings. For Cambodians, the world is full of dangerous forces: those who died a bad death, particularly those one saw killed in the Pol Pot period, are enraged and in a vengeful state; *khmaoch* that enjoy frightening the living, aiming to kill; friends and relatives who have not been reincarnated and remain on this level of reality, missing you to the point that they may kill you to have a companion. The nightmare and its related “techniques of the self” keep these core beliefs vividly real and affectively salient. The meaning of the nightmare can only be understood in the context of this cosmology and model of personhood, and their related practices.

Among Cambodian refugees, trauma results in nightmares and sleep paralysis, in the production of poor sleep and palpitations and somatic symptoms; these sleep-related phenomena and symptoms create a sense of a depleted, concentric ontological security, a fear of soul loss, of attack by *khmaoch*, of having low *riesey* and much *kruah*. The layered self seems highly vulnerable. Here, there is a reflexive process, whereby the self is assessed for breaches. The question is not,

“Who am I?” but, instead, “How intact are my security spheres?” These security-related ontological spheres are part of the extended self. Cambodians conduct constant risk assessment, have a risk consciousness and, so, constantly assess these ontological zones. The patient does a risk assessment by surveying these protective layers, asking him- or herself the following questions about dreams and what predisposes to bad dreams, to nightmares: Have I had dreams, nightmares, sleep paralysis or other symptoms that would suggest that one of these spheres is not intact? If so, where does the breach in ontological security lie? Have I felt light, as if no soul is in my body? Have I been frightened or weak, causing my soul to be easily dislodged? Have I slept poorly, making me weak? Has my luck been bad recently? Might I have high “bad luck” or low “good luck”? Have I had time to conduct merit makings? Have I made offerings to the house spirits, to my ancestors, to my “birth *kruu*” and to the local deities?

As shown by this article, patients often find nightmares to be deeply upsetting. Often a patient will be doing fairly well until having a nightmare, such as one in which the “soul” encounters a dead relative or is asked by some being to go away with it. This may well cause the patient to have increased anxiety and panic attacks during the following days, even weeks, but the patient may only tell the clinician, “I have been ill” (*chheu*). Such a patient may come to the clinic with circles on the forehead from “cupping” or linear marks on the arms from “coining” (as described above, these are the traditional methods to treat *khyâl* attacks and “inner hotness,” common local presentations of anxiety states), and when asked the reason for being “ill,” the patient will simply reply, “I have had a *khyâl* attack,” or “I have had ‘inner hotness,’ a fever.” Even when asked the reason for the worsening, the patient may again simply mention *khyâl* and fever. Further questioning may well reveal that the night before the worsening, the patient had a nightmare, producing fears of low physical and spiritual strength and evoking trauma memories. This combination of self-perceived vulnerability and trauma memories often leads to great worsening.

How does self-perceived vulnerability lead to worsening? The psychological literature suggests that self-perceived vulnerability greatly influences the likelihood of panic and PTSD (Gregor et al. 2005; Schmidt et al. 2003). It does so by creating vicious cycles of worsening. Let us examine how this occurs in the Cambodian case with nightmares. A nightmare results in a sense of vulnerability, of impaired concentric ontological security, as described above. This creates a state of anxiety, a feeling of imminent assault. This anxiety alone may produce symptoms like palpitations and cold extremities. Then the patient will consider these somatic symptoms as further evidence of being “weak” and vulnerable, and the somatic symptoms may cause the patient to fear having an episode of *khyâl* or of inner hotness, to fear a dangerous rising within the body of *khyâl*, steam and blood. Fear of bodily dysfunction, of having an episode of rising *khyâl*, steam or blood, will increase anxiety. Increased anxiety will produce more trauma recall, hypervigilance and nightmares. Additionally, having another nightmare, along with having more trauma recall and being anxiously hypervigilant, will perpetuate the vicious cycles of worsening.

The current study suggests how nightmares, and their impact, should be assessed among Cambodian refugees and traumatized refugees in general. One should determine the nightmare frequency, whether there are flashbacks upon awakening,

the symptoms upon awakening, the numbers of hours needed to fall asleep again and the nightmare content and meaning. The clinician should determine the patient's trauma associations with the nightmare's content, the patient's understanding of the nightmare and what the patient has done as a result of the nightmare. The clinician should examine the patient's "techniques of self" that establish ontological security—what might also be called "security operations," the creation of "protective devices" (Giddens 1984, p. 125)—and how the patient feels about his or her state of ontological security. In addition, given the close relationship between nightmares and sleep paralysis, the latter should also be assessed—as in its frequency, whether a figure is seen approaching the body, whether the approaching figure is considered to be an attacking being. Often sleep paralysis and nightmares co-occur, the one worsening the other. And if a patient presents with a worsening of anxiety, or if some local anxiety-related syndrome increases in severity (e.g., *khyâl* attacks among Cambodian refugees), the clinician should determine the role of nightmares in that worsening. For example, in the case of Cambodian refugees, if a patient complains of increased severity of "*khyâl* attacks" or of inner hotness, the treater should ask whether the "*khyâl* attack" episodes began or worsened after a nightmare.

As part of the treatment of nightmares in a certain setting, one must assess multiple dimensions, multiple aspects, such as trauma associations and the meaning of nightmares according to the local dream interpretive system. In this way, a "nightmare-PTSD model" for that cultural group can be constructed, as in Fig. 3, for the Cambodian population, that can be used to guide treatment. In the case of Cambodian refugees, any of the processes identified in Fig. 3 can be targeted to decrease nightmares and PTSD: exploring trauma associations, decreasing catastrophic cognitions about the somatic symptoms experienced upon awakening, decreasing fear of supernatural assault, increasing the patient's sense of ontological security.

Promoting a sense of ontological security, decreasing the fear of supernatural assault and decreasing the gloomy sense of being in a dire state of inauspiciousness, of dark bad luck, are crucial treatment goals when treating Cambodian refugees with nightmares. If, for example, the patient worries about having "low bodily" energy and poor health, these fears need to be reviewed and assuaged. The prescribing of medicine can be framed in a way that increases the sense of ontological security. The prescriber (or therapist) can discuss how the medicine increases bodily energy—directly, by increasing a sense of energy, and indirectly, by increasing sleep and appetite and decreasing startle and reactivity. The clinician should provide an alternate explanation of nightmares: that such nightmares are a direct effect of trauma, that the nightmares do not represent a supernatural assault and that the dream content relates to memories of trauma. Afterward, one might joke that the medicine will protect against assault by a *khmaoch*, that the taste of the medicine is repulsive to the *khmaoch*, thereby creating a protective layer. Or one might teasingly assert that the medicine "creates a holy perimeter" (*poat seymaa*). One should encourage the patient to utilize culturally sanctioned methods to increase ontological security, to activate the spheres of ontological security: doing "merit making" at the temple, for example, by offering food to the monks; making merit

for the *khmaoch* that the nightmare supposedly involves; practicing “loving kindness” (*psaai meetaa*) to increase merit, to increase *riesey* and to make surrounding *khmaoch* less aggressive; requesting a holy water anointing ceremony from the monks, which includes calling the soul, tying in the soul with a wrist talisman and empowering the body with a wrist talisman; making food offerings to the ancestors at the home altar or at the temple; and meditating.

As the current article has shown, to investigate a nightmare in comparative perspective, the local conception of person (Carrithers et al. 1985; Connor 1982; de Munck 2000; Shweder and Bourne 1982) and ontological security needs to be determined. If a nightmare is construed as an attack on the self in a particular society, then an adequate explanation of nightmare must explicate the nature of the self and its protective layers—as well as the nature of the attacking forces, the local cosmology, the local ethnopsychology, the local ethnophysiology and the techniques used to restore a sense of ontological security. Many dreams act as selfscape dreams, indicating the “state of the self”; what the dreams say about the state of the self, its interpersonal relationships, the dreamer’s state of self-esteem, the self’s state of security, requires an understanding of the local conception of the self—for example, a car as a key symbol of the self in suburban Southern California (Hollan 2003), the buffalo in Toraja society (Hollan 2003), the mandala self, and its field of resonances in Cambodian culture—and the local system of oneirocriticism.

Each dream will undergo a process of “subjectification” (Hollan 1989) by which it becomes a part of the particular person’s experience and life trajectory, a process through which dream meaning is negotiated and determined—through consultation with family members, friends, elders and ritual experts, and through ritual action. The interpersonal and personal meaning of dreams, the effect of these meanings on self-esteem and the field of action, is contested and shifting. What is the dream a representation of? What does it indicate should be done? Does it represent the self or others? Does the dream mean that I am in danger? From what? From whom? The answer to these questions will depend on the system of oneirocriticism and what aspect of the oneirocriticism is invoked.

As indicated by this article, when studying nightmares, one must determine the role of nightmares in “risk assessment” [or “risk profiling” (Giddens 1984, 1991)], and whether that ontological security assessment results in the employment of “techniques of ontological security,” that is, activities aiming to reduce the degree of being at risk. Among Cambodian refugees, dream interpretation is a key method of “ontological security assessment,” and its indicated practices form key “ontological security techniques,” form what might be called “ontological security processes” (a type of “self-process”). These are not only sources of self-identity, but also sources of ontological security and ontological threat (Giddens 1984, 1991)—which are culturally informed. And Giddens’s claim that Western modernity is uniquely characterized as a “risk society,” in which “risk assessment” and “risk profiling” create a feeling of constant threat beyond that seen in other groups and other time periods, would not seem to be accurate; clearly, other groups, such as Khmer refugees, would seem likewise to constantly perform risk profiling—but in different terms and ways. These issues are extremely important in the cross-cultural study of anxiety and trauma ontology.

More generally, we would suggest that trauma and its effects in other cultures might be examined from the perspective of ontological security, with security here meant in a broad sense: physical (e.g., threat of actual physical assault), financial (e.g., ability to obtain adequate food and housing), bodily (i.e., physical health, both in the biomedical sense and in the local sense, that is, according to the local ethnophysiology) and spiritual (e.g., threat of attack by supernatural forces). This will allow a more experience-near description of trauma's effects in particular contexts, and this type of local knowledge will give insights into how to facilitate recovery from trauma. In this article, we have investigated the nightmares of Cambodian refugees and found worries about bodily security (e.g., about a disordered ethnophysiology) and supernatural security (e.g., about supernatural assault) to be extremely important in its phenomenology. No doubt other types of security concerns also play a role in nightmare meaning and generation in the Cambodian context, as when concerns about housing and finances produce anxiety, and that anxiety increases nightmares and PTSD, thereby starting and worsening some of the vicious cycles described above.

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