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Case Report

ONEIROPHOBIA AND GENDER- A CASE STUDY

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ABSTRACT

Oneirophobia is a fear of nightmares. The present study was carried out to know the degree of Oneirophobia among 8th to 10th Government high school students. The response was taken from 2743 students (Male: 1589 Female: 1154). The study found that 25.29% of male students expressed the phobia and it is 23.65% in the case of females. Comparatively, high percentage of male students has Oneirophobia than female. Some of the useful treatment methods are Homeopathy, Exposure based therapy, Cognitive therapy and Relaxation techniques.

INTRODUCTION

Nightmares are currently defined in both the Diagnostic and Statistical Manual of Psychiatric Disorders, Fourth Edition, Text Revision (DSM-IV-TR) and the International Classification of Sleep Disorders, Second Edition (ICSD-2). Differences between the dreams of men and women have been a topic of interest. Dreaming is what occurs when the mature brain is adequately activated, disconnected from external stimuli and without self-reflection. Once instigated, dreaming actively draws on memory schemas, general knowledge and episodic information to produce simulations of the world (Domhoff, 2003) (Foulkes, 1985).

The present study was carried out to know the degree of Oneirophobia among male and female students of 8th to 10th class students.

Symptoms

Anxiety, neuroticism, and global symptom reporting, schizophrenia -spectrum symptoms, heightened risk for suicide; dissociative phenomena; health behavioral problems and sleep disturbances are some of the symptoms associated with the nightmares. Nightmares accompany several chronic health problems, including migraine, bronchitis/asthma, chronic obstructive airways disorder, cardiac disease, and substance abuse (Nielsen and Levin, 2009).

Causes

Freud (1900) considered dreams to be the royal road to the unconscious as it is in dreams that the ego's defenses are lowered so that some of the repressed material comes through to awareness, albeit in distorted form. Dreams perform important functions for the unconscious mind and serve as valuable clues to how the unconscious mind operates. Freud distinguished between the manifest content of a dream (what the dreamer remembers) and the latent content, the symbolic meaning of the dream (i.e., the underlying wish). The manifest content is often based on the events of the day.

The process whereby the underlying wish is translated into the manifest content is called dreamwork. The purpose of dreamwork is to transform the forbidden wish into a non-threatening form, thus reducing anxiety and allowing us to continue sleeping. Dream work involves the process of condensation, displacement, and secondary elaboration (https://www. simplypsychology.org). A broad range of traumatic events may trigger nightmares: combat exposure, motor vehicle accidents, natural disasters, crime victimization, and rape (Nielsen and Levin, 2009).

Nir and Tononi, 2010 showed that the human brain, disconnected from the environment, can generate an entire world of conscious experiences by itself. Content analysis and developmental studies have promoted understanding of dream phenomenology. In parallel, brain lesion studies, functional

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imaging and neurophysiology have advanced current knowledge of the neural basis of dreaming. The neurophysiology of REM sleep, and in particular recent insights into its regional activity patterns, offers a useful starting point for relating dream phenomenology to underlying brain activity. Viewing dreams as a powerful form of imagination can help explain many of their unique features, such as sudden transitions, uncertainty about people and places, poor subsequent recall and disconnection from the environment, and offers testable predictions for future studies.

Based on recent research in cognitive neuroscience, sleep physiology, fear conditioning. and emotional-memory regulation. Levin and Nielsen, (2009) proposed (L multilevel l1eurocognitive model that unites waking and sleeping as a conceptual framework for understanding a wide spectrum of disturbed dreaming. They propose that normal dreaming serves a fear-extinction function and that nightmares reflect failures in emotion regulation. Further, they had suggested that the nightmares occur as a result of two processes that we term affect load-a consequence of (laity variations in emotional pressures-and affect distress-a disposition to experience events with high level of negative emotional reactivity.

Cohen and Zadra (2015) investigated laypeople's causal beliefs about their worst nightmare experience and examined whether these beliefs varied as a function of participants' gender, age of nightmare occurrence, and recurrence of the nightmare itself. The results showed that: 1) The three most frequently reported explanations for people's worst nightmare were difficult interpersonal relationships, attributions of unknown or nonexistent causality, and mediums of entertainment; 2) Women were more likely than men to attribute their worst nightmare to factors related to interpersonal relationships 3) Some attributions varied depending on whether the worst nightmare had occurred during childhood, adolescence, or adulthood; and 4) Worst nightmares that were recurrent in nature were more likely to be attributed to phobias and negative emotions than non-recurrent worst nightmares. Interestingly, many of the lay beliefs endorsed in the present study were in line with empirical and theoretical studies on the aetiology of nightmares.

METHODOLOGY

A total of 2743 students, studying 8th to 10th in Government high schools was participated, out of them 1589 are male and 1154 were female. The details are shown in Tables 1 and 2. Students were assembled in a classroom of the respective schools and asked them to give their response to a single question-"Do you have a fear of dreams ?" The purpose of the study and the details regarding the phobia were explained in their mother tongue. The data were analyzed using statistical analysis. Percent variation was observed and presented under results and discussion.

Table 1 School Wise, Class Wise and Gender Wise Student's Strength

Classes →	8th			9th			10th		
Schools	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ponnekallu	52	40	92	36	42	78	49	40	89
Takkellapadu	27	37	64	25	22	47	24	23	47
Venigalla	33	52	85	31	37	68	48	55	103
Koppuravuru	40	36	76	39	28	67	30	23	53
SK	104	75	179	106	54	160	118	70	188
SJRR	80	53	133	78	47	125	48	45	93
SKS	55	45	100	46	48	94	67	51	118
P	75	17	92	62	21	83	57	20	77
KSR	26	26	52	62	17	79	30	26	56
SCMP	54	39	93	40	36	76	47	29	76
Total	546	420	966	525	352	877	518	382	900

Table 2 School Wise and Gender Wise Student, with Oneirophobia

Classes →	8th		9th		10th	
Schools	Male	Female	Male	Female	Male	Female
Ponnekallu	8	5	12	12	20	18
Takkellapadu	12	5	3	6	4	5
Venigalla	12	14	9	17	10	10
Koppuravuru	21	10	10	3	4	1
SK	23	21	27	13	31	22
SJRR	14	14	9	10	11	12
SKS	11	10	7	10	21	6
P	30	6	24	6	17	2
KSR	6	7	12	4	3	6
SCMP	14	10	6	0	11	8
Total	151	102	119	81	132	90

RESULTS AND DISCUSSION

A percent variation of the male and female students, those suffering from Oneirophobia was shown in table 3 and figures 1 and 2.

Male

8th class

Highest percent of P school students (32.61) were marked the Oneirophobia (Figure 1A), followed by Koppuravuru (27.63%), Takkellapadu (18.75%). The lowest percent was noticed with Ponnekallu (8.70%).

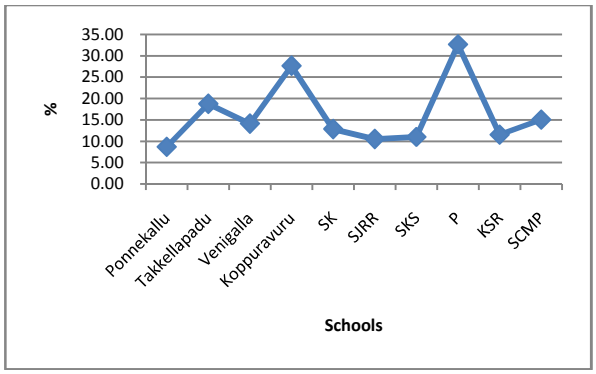

Figure 1A-8th Male Students with Oneirophobia

9th Class

28.92% of P school students had expressed the Oneirophobia (Figure 1B), followed by SK school students (16.88%) and Ponnekallu (15.38%). Comparatively, the problem is low in Takkellapadu (6.38%).

Table 3 Percentage of Male and Female Students with Oneirophobia

Classes →	8th		9th		10th	
Schools	Male	Female	Male	Female	Male	Female
Ponnekallu	8.70	5.43	15.38	15.38	22.47	20.22
Takkellapadu	18.75	7.81	6.38	12.77	8.51	10.64
Venigalla	14.12	16.47	13.24	25.00	9.71	9.71
Koppuravuru	27.63	13.16	14.93	4.48	7.55	1.89
SK	12.85	11.73	16.88	8.13	16.49	11.70
SJRR	10.53	10.53	7.20	8.00	11.83	12.90
SKS	11.00	10.00	7.45	10.64	17.80	5.08
P	32.61	6.52	28.92	7.23	22.08	2.60
KSR	11.54	13.46	15.19	5.06	5.36	10.71
SCMP	15.05	10.75	7.89	0.00	14.47	10.53

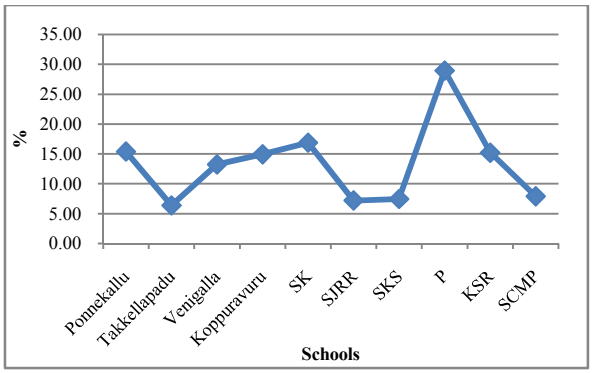

Figure 1B-9th Male Students with Oneirophobia

10th Class

Highest percent of Ponnekallu students (22.47) were marked the Oneirophobia (Figure 1C), followed by P (22.08%) and SKS (17.80%). The problem was low in KSR (5.36%).

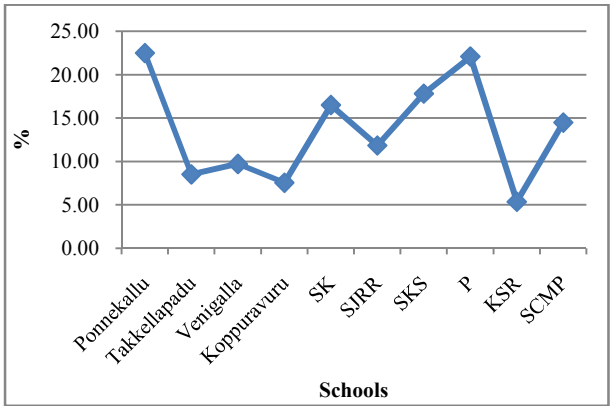

Figure 1C 10th Male Students with Oneirophobia

Female

8th Class

16.47% of Venigalla students were pointed Oneirophobia (Figure 2A), followed by KSR (13.46%) and Koppuravuru (13.16%). The lowest percent was observed with Ponnekallu (5.43%).

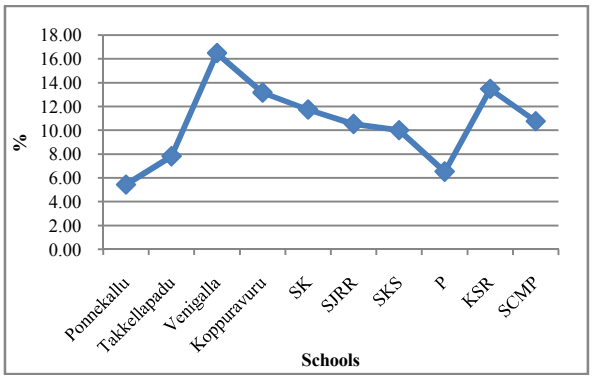

Figure 2 A-8th Female Students with Oneirophobia

9th Class

Highest percent of Venigalla (25.00) school students had Oneirophobia (Figure 2B), followed by Ponnekallu (15.38%) and Takkellapadu (12.77%). No student was opted the phobia from SCMP.

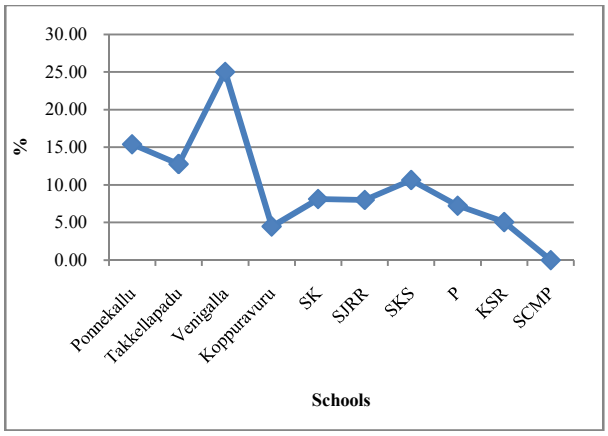

Figure 2B- 9th Female Students with Oneirophobia

10th Class

20.22% of Ponnekallu students were suffering from Oneirophobia (Figure 2C), followed by SJRR (12.90%) and SK (11.70%). The lowest percent was noticed with Koppuravuru school students (1.89).

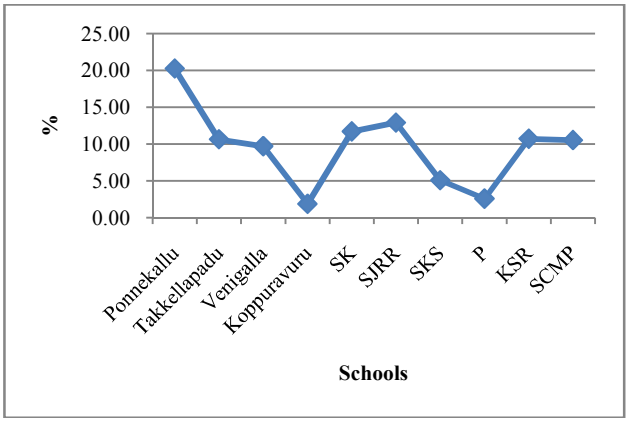

Figure 2C 10th Female Students with Oneirophobia

Comparative study

Male (8th to 10th)

Comparison of Oneirophobia among 8th to 10th class male students was shown in table 3 and figure 3). Among the male students, high percent of P, 8th students (32.61%) had Oneirophobia followed by P (28.92%) of 9th students, and Koppuravuru (27.63%) of 8th students. The lowest percent was observed with KSR, 10th class students (5.36%).

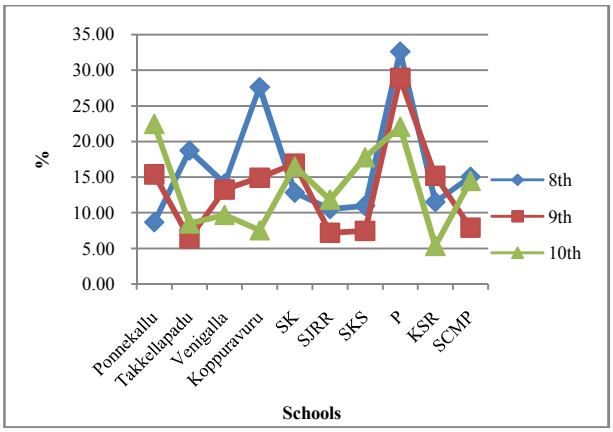

Figure 3 8th to 10th class male students with Oneirophobia

Female (8th to 10th)

In the case of female students, high percent of Venigalla students (25.00) had an Oneirophobia (Table 3 and Figure 4), followed by Ponnekallu (20.22%), Venigalla (16.47%). The lowest percent was observed with Koppuravuru 10th class students (1.89%).

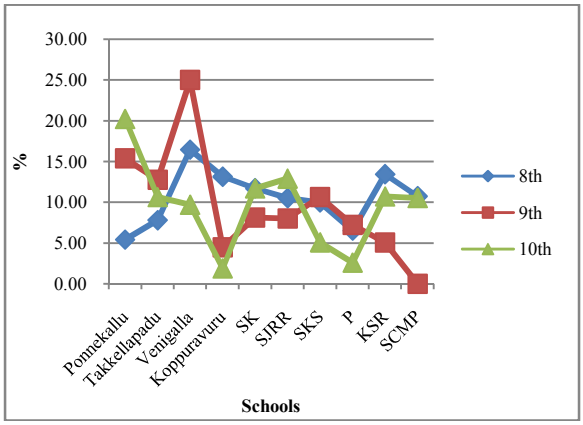

Figure 4 8th to 10th class Female students with Oneirophobia

Comparison of Oneirophobia between Male and Female

Comparison of Oneirophobia among 8th to 10th class male and female students was shown in table 4 and figure 5). Highest percent of P (28.17) male had expressed Oneirophobia, followed by Koppuravuru (17.86%) and Ponnekallu (15.44%). The lowest percent was observed with SJRR (9.69%). In the case of female students, highest percent of Venigalla (16.02) had chosen, followed by Ponnekallu (13.51%) and SK (10.63%). The lowest percentage was observed with P (5.56%). in the form of increased hostility, aggression and anxiety.

Table 4 Comparison of Oneirophobia between Male and Female Students (%)

Schools	Male	Female
Ponnekallu	15.44	13.51
Takkellapadu	12.03	10.13
Venigalla	12.11	16.02
Koppuravuru	17.86	7.14
SK	15.37	10.63
SJRR	9.69	10.26
SKS	12.50	8.33
P	28.17	5.56
KSR	11.23	9.09
SCMP	12.65	7.35

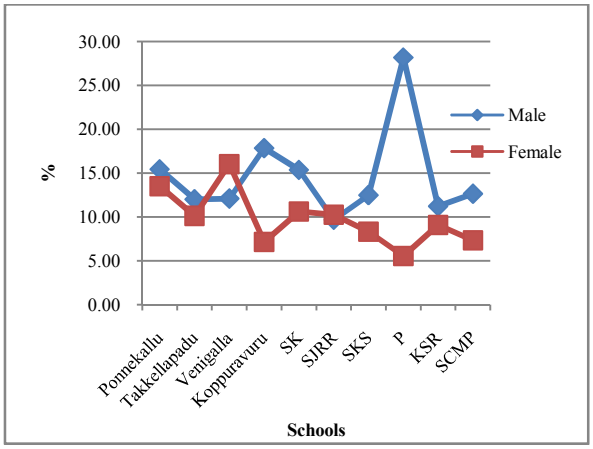

Figure 5 Oneirophobia among 8th to 10th class male and female students

Handlin and Levin (1995) studied on Dreams of Traditional and Nontraditional Women. The results found that the traditional women appear to be less distressed than the other groups of women on most dream measures such as hostility, aggression, negative emotion, and positive dream outcome. Perhaps the nontraditional women in the present study who are making unconventional choices are consolidating a new sense of self. As a result, their dreams may reflect this difficult psychological work

Schredl et al., (2004) investigated with the stability of the rank order of the dream themes and of gender differences in the content of dreams. They opined that the question of the meaning of these themes or the relationship between typical dream contents and waking life experiences, however, has not yet been answered and is open to future research.

Domohoff (2005) reported gender similarities and differences in dream content. He focused mainly on the dreams of American men and women because very little is known about gender patterns in other societies. The results showed that the only meant to provide a normative basis for comparisons with dream journals from individual men and women, or with dream reports from men and women in other cultures. At the most general level, the findings are supportive of the idea that there is a "continuity" between the content of dreams and waking life because they are in many ways what we might expect based on what is known about the autobiographical memories, interests, and living situations of men and women in waking life.

Schredl and Reinhard (2008) had reported gender differences in dream recall. They suggest that the smaller gender difference in childhood might indicate that there is a gender-specific 'dream socialization'. Patrick (2011) reported men and women dream differently. Women tend to recall their dreams more often than men and women tend to report more frequent and more intense nightmares than men. Men dream more often about other men rather than women, whereas women dream equally often about men and women. Schredl (2014) explained the gender difference in nightmare frequency. This study indicated that women tend to report nightmares more frequently than men. The study hypothesize that gender-specific socialization processes play an important role in explaining the gender differences in nightmare frequency in adolescents and young to middle-aged adults.

The present study found that Oneirophobia is slightly high in male students than female.

Treatment Methods

People who have frequent nightmares may fear falling asleep and being plunged into their worst dreams. Some nightmares are repeated every night. People who are awakened by their nightmares cannot get back to sleep, which creates artificial insomnia". Through visualization techniques, patients learn to change the scenario of one or more of their dreams and repeat the new scenario using a mental imagery technique (https://www.science daily.com)

Marcovici (2010) focused on three gender differences in dreaming, namely, dream recall frequency, sex of dream character and dream aggression. Research also finds differences in dream work therapy with men and women, with women reporting greater gains from dream work than men (Hill et al., 2003; Kolchakian & Hill, 2002; Rochlen, 2004). Lower Dream Recall Frequency (DRF) in males can be

addressed in therapy by assessing DRF in clients and teaching recall techniques to clients who have trouble remembering dreams. While an attempt has been made to provide some gender-specific tools for working with male clients given the research on "typical" male dreams, it should be emphasized that, above all, the needs of the individual client—male or female-should be assessed and addressed before assuming gender-specific strategies should be employed.

Nadorff et al., (2014) studied in relation between generalized anxiety disorder (GAD) and frequency of bad dreams in older adults. Patients with GAD had significantly more bad dreams than those without, and bad dream frequency was significantly associated with depression, anxiety, worry, and poor quality of life. Data from this study suggest that practitioners should consider assessing for nightmares and bad dreams in older adults with GAD. Nightmares or bad dreams also may serve as a marker for GAD, suggesting that providers should evaluate worry and anxiety if an older adult reports having either of these symptoms. Further, our findings also suggest that treatment targeting anxiety may be associated with a reduction of disturbing dreams. Thus, anxiety may also represent a potential treatment target for reducing bad dreams and nightmares.

There are certain therapies by which this phobia is treatable. The main treatment of choice for specific phobias is Cognitive-behavioral (CBT). Behavioral techniques by which survivor is exposed to feared situations (gradually or rapidly) are frequently used. In addition, the patient is taught ways of stopping the panic reaction and regaining emotional control (Abbas and Kiran, 2015).

Some of the useful methods

Exposure-based therapy- (Singh and Singh, 2016)

Cognitive therapy (CT) - (Specific phobia. http://www. med.upenn.edu).

Progressive desensitization (Specific phobia. http://www. med.upenn.edu).

Relaxation- (Specific phobia. http://www. med.upenn.edu).

Hypnosis (hypnotherapy)- (Natural treatment for phobia and anxiety. http://www.phobicss-ociety.org)

Homeopathy- **(**http:// www.phobicssociety .org).

Herbal remedies- (Natural treatment for phobia and anxiety. http:// www.phobicssociety.org).

CONCLUSION

Dreams represent the fulfillment of unconscious wishes related to egoistic (often infantile sexual) impulses (Freud, 1900). The present study made a comparison of Oneirophobia among 8th to 10th male and female students. Out of the total 1589 male students 402 students have Oneirophobia. Similarly, in the case of female students, 273 students out of 1154 expressed the phobia. Highest percent of P school male students (28.17) and Venigalla female students (16.02) had the phobia. Nightmares are not a disease, but can be a problem for the individual. Parents shall take care to rectify the phobia in children using appropriate treatment methods.

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