İSTANBUL BİLGİ UNIVERSITY

INSTITUTE OF GRADUATE PROGRAMS

CLINICAL PSYCHOLOGY MASTER'S DEGREE PROGRAM

THE ASSOCIATION OF RECURRENT DREAMS WITH PSYCHOLOGICAL SYMPTOMATOLOGY AND DISSOCIATION: MENTALIZATION AS A POTENTIAL MODERATOR

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İSTANBUL

2022

The Association of Recurrent Dreams with Psychological Symptomatology and Dissociation: Mentalization as a Potential Moderator

Tekrarlayan Rüyaların Psikolojik Semptomatoloji ve Disosiyasyonla İlişkisi: Mentalizasyonun Olası Moderatör Etkisi

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Date of Approval of Thesis: 20.07.2022
Total Page Number: 123

Keywords (Turkish)
1) Tekrarlayan Rüya
2) Psikolojik Semptomatoloji
3) Disosiyasyon
4) Mentalizasyon
5) Rüya Motifleri

Keywords (English)
1) Recurrent Dream
2) Psychological Symptomatology
3) Dissociation
4) Mentalization
5) Dream Motifs

ACKNOWLEDGEMENTS

First and foremost, I would like to thank my thesis advisor, Alev Çavdar Sideris, for her endless support not only for the current thesis but throughout my journey of becoming a psychotherapist. Her wisdom along with her unceasing motivation to teach has been and always will be a source of inspiration and an anchor that created the safe space for me to wonder and explore. I would also like to thank my jury members, Zeynep Maçkalı and Nihal Yeniad for their precious feedback and encouragements. I owe a special thank you to Selcan Kaynak for offering support when most needed.

I would like to express my gratitude for the kind and loving people I have in my life. My dear colleagues Sezgi, Öyküm, Halime, İrem, Ezgi, Çağla, Melissa and Oya have not only supported me during this thesis but helped me get through the obstacles we are faced with in the challenging journey of becoming a therapist. I would also like to express that I am so grateful to have Cansu, Buşra, Luna and Dilovan in my life, who are like a chosen family that I can forever count on. During times of despair, Damla has led me to surface and brought a breath of fresh air, which I will always be grateful for. I would also like to thank my Therapist with whom I got inspired on Recurrent Dreams.

Finally, I would like to thank my family for their endless support and love, especially my mother who has always taken the extra step to be there for me. I would like to dedicate this thesis to dear Emine who is like a second mother to me and to my grandmother who is not with us anymore. They had always listened to my dreams with enthusiasm and interpreted them favorably.

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ABSTRACT

Recurrent Dreams are experienced widely by various individuals across different populations; however, it has not received its deserving place in literature. Previous literature on recurrent dreams suggests an association with lower levels of psychological well-being, higher levels of psychological distress, and the presence of a previous psychological conflict. The current study aims to investigate the underlying dynamics of Recurrent Dreaming, therefore the association between Recurrent Dreaming, Psychological Symptomatology, Dissociation, and the possible moderating role of Mentalization is investigated. Moreover, the relationship between Recurrent Dreams and Typical Dream Motifs are examined. The Turkish versions of the scales; Brief Symptom Inventory (BSI), Dissociative Experiences Scale (DES), Mentalization Scale (MentS), Dream Motif Scale-Short Form (DMS-SF20) were administered; additionally, the recurrent dream and general dream experiences were measured through newly constructed variables. The contents of the most influential recurrent dreams reported are coded using Hall/ Van de Castle System of Content Analysis. Overall, 630 participants completed the dream related questions and 513 participants provided full valid responses to the whole survey. The current study provided comprehensive findings regarding the background characteristics of the individuals experiencing recurrent dreams in the Turkish population. The majority of the participants (71.4%) reported seeing Recurrent Dreams and the reported tone of the most influential recurrent dreams were predominantly Negative. The participants who were women, younger, single, and/or with a history of mental help were more likely to experience recurrent dreams, had a higher frequency of experiencing recurrent dreams and the level of experiencing apprehensive emotions in their most influential recurrent dream was higher. The current study provided further, comprehensive findings regarding the background characteristics of the individuals experiencing recurrent dreams in the Turkish population which are presented and discussed in detail. Specific relationships between experiencing recurrent dreaming, the study variables and content analysis are also reported. The main analysis of the current study, Ordinal

Regression Model Analysis revealed that Dissociation, Mentalization and the interaction between Psychological Symptomatology and Mentalization significantly predicted the frequency of Recurrent Dreaming. These findings are discussed, in light of the existing literature with a psychoanalytic perspective; limitations of the current study and future directions are provided.

Keywords: recurrent dreams, psychological symptomatology, dissociation, mentalization, typical dream motifs

ÖZET

Tekrarlayan Rüyalar, farklı popülasyonlardaki çeşitli bireyler tarafından geniş çapta deneyimlenmesine rağmen literatürde hak ettiği yeri alamamıştır. Geçmiş literatür; tekrarlayan rüyaların daha düşük psikolojik iyilik hali, daha yüksek psikolojik semptom seviyeleri ve daha önceki bir psikolojik çatışmanın varlığı ile bir ilişkisi olduğunu ileri sürmektedir. Güncel çalışma, Tekrarlayan Rüya görmenin altında yatan dinamikleri araştırmayı amaçlamaktadır, bu nedenle Tekrarlayan Rüya Görme ile, Psikolojik Semptomatoloji ve Disosiyasyon arasındaki ilişki ve Mentalizasyonun olası moderatör rolü araştırılmaktadır. Ayrıca Tekrarlayan Rüyalar ile Tipik Rüya Motifleri arasındaki ilişki incelenmiştir. Ölçeklerin Türkçe versiyonları; Kısa Semptom Envanteri (KSE), Disosiyatif Yaşantılar Ölçeği (DES), Zihinselleştirme Ölçeği (MentS), Rüya Motifleri Ölçeği-Kısa Form (DMS-SF20) uygulanmış, ayrıca yeni oluşturulan değişkenler aracılığıyla tekrarlayan rüya ve genel rüya deneyimleri ölçülmüştür. Bildirilen en önemli tekrarlayan rüyaların içerikleri, Hall/Van de Castle İçerik Analizi Sistemi kullanılarak kodlanmıştır. Genel olarak, 630 katılımcı çalışmaya katılmış ve rüyayla ilgili soruları tamamlamış, 513 katılımcı ise tüm ankete tam ve geçerli yanıtlar vermiştir. Bu çalışmada, Türkiye'de tekrarlayan rüyalar yaşayan bireylerin özelliklerine ilişkin kapsamlı bulgular ortaya konulmuştur. Katılımcıların çoğunun (%71.4), tekrarlayan rüyalar gördüğü, ve en çok etkilendikleri tekrarlayan rüyaların ağırlıklı olarak Negatif duygu tonunda olduğu saptanmıştır. Kadın, genç, bekar, ve/veya Ruh Sağlığı Hizmeti almış olan katılımcıların tekrarlayan rüya görme olasılığı ve sıklığı daha yüksek olup, onları en çok etkileyen tekrarlayan rüyalarında endişe odaklı duyguların yüksek seviyelerde olduğu gözlenmiştir. Tekrarlayan rüya görme, araştırma değişkenleri ve kodlanan rüya unsurları arasındaki ilişkiler daha kapsamlı rapor edilmiştir. Mevcut çalışmanın temel analizi olan Ordinal Regresyon Modeli analizi, Disosiyasyon, Mentalizasyon ve Psikolojik Semptomatoloji ile Mentalizasyon arasındaki etkileşimin, Tekrarlayan Rüya Görme sıklığını önemli ölçüde tahmin edebildiğini ortaya koymuştur. Bu bulgular, mevcut literatür ışığında, psikanalitik bir bakış açısıyla kapsamlı bir şekilde tartışılmış; mevcut

çalışmanın sınırlamaları ve gelecekteki çalışmalar için yönlendirmeler sunulmuştur.

Anahtar kelimeler: tekrarlayan rüyalar, psikolojik semptomlar, disosiyasyon, mentalizasyon, tipik rüya motifleri

INTRODUCTION

The central place dreams and dreaming has on stories, folktales, and myths reveals that dreaming is a concept that has been a focus of curiosity for centuries. Philosophers such as Plato, Socrates, and Aristotle questioned the nature of dreams and the process of dreaming; and Plato was the first philosopher who suggested a relationship between dreaming and the psychological basis of the individual (Shaw, 2016). Nevertheless, the concept of dreaming was generally looked down on, and thrusted aside by labeling it as superstition, by the academic circles. Thanks to Freud's pioneering work, The Interpretation of Dreams (1900/1997) the concept of dreaming has taken a more scientific turn and opened up new ways of exploring and understanding the concept such as the existence of the unconscious (Schneider, 2010).

Another ground-breaking work, the observation of rapid eye movement (REM) and its relationship with dreaming was introduced by Aserinsky and Kleitman (1953). This discovery caught the neuroscientific circle's interest on the topic of dreaming. As opposed to the psychoanalytic approach and its emphasis on the significance of dreams on the individual's psyche; the neuroscientific approach initially emphasized that dreams are a product of randomized neural activity that produces unrelated dream images, which causes the dream narratives to be bizarre in nature (Hobson & McCarley, 1977). Rechtschaffen (1997) introduces a strong counter argument to this approach: If dreams are composed of randomized brain activity, then having the same dream over and over again, thus the presence of recurrent dreams would not be possible. As opposed to the initial theories in neuroscience, recent neuroscientific studies tend to support psychoanalytic approach and find neuroscientific correlates of the concepts introduced by the psychoanalytic literature, and that Freud's clinical observations on his patients were indeed partially observed in the neuroscientific research (Shaw, 2016; Solms, 2018).

The main emphasis of the current study is to investigate the concept of recurrent dreams, and to explore its relationship with psychological

symptomatology, dissociation and possible moderating role of mentalization. Because the majority of recurrent dreams are negative (Brown & Donderi, 1986; Cartwright, 1979; Gauchat et al., 2015; Zadra, 1996) and that they are thought to be related with an unresolved psychological conflicts and lower levels of well-being (Brown & Donderi, 1986; Zadra et al., 1997-1998) investigation of the concept is thought to be crucial in terms of both future empirical studies and clinical therapeutic applications.

In the following sections, a detailed discussion about theories about dreaming, primarily with a psychoanalytic focus, will take place. The following chapter will cover the main subject of the current study, the empirical findings on recurrent dreams, and the last section of the first chapter will touch upon psychological concepts, dissociation and mentalization that are possibly related with recurrent dreams. The hypothesis of the current study will be included at the end of the first chapter. The next chapter will consist of the methodology of the current study. The third section will represent the results of the statistical analysis. Finally, the current study's findings will be discussed in light of the previous findings in literature.

CHAPTER 1
THEORETICAL AND EMPIRICAL BACKGROUND

1.1 THEORETICAL BACKGROUND ON DREAMS

In the current chapter, central theories on dreaming with a specific emphasis on psychoanalytic approach will be introduced. First, major approaches to dreams and dreaming in psychoanalytic theory will be presented and next, other approaches will also be introduced for a more wholistic view on the concept of recurrent dreaming.

1.1.1 Psychoanalytic Perspectives on Dreams

The dream theories of Sigmund Freud, Carl G. Jung, Wilfred R. Bion, and Thomas Ogden are considered the most relevant psychoanalytic theories for the current thesis. Their contributions regarding the experience of recurrent dreaming will be touched upon.

1.1.1.1. Sigmund Freud's Dream Theory and Interpretive Approach

In his ground-breaking work, Interpretation of Dreams (1900/1997), Sigmund Freud suggests that dreams serve two functions: fulfillment of primitive, unconscious wishes from infancy, "wish-fulfillment" (p. 34); and, preventing interruption of sleep, thus serving as a "guardian of sleep" (p. 130). As guardians of sleep, dreams keep the dreamer asleep by preventing repressed unconscious material to overpower one's psyche during sleep (Freud, 1900/1997). The unconscious wishes which are often libidinal and/or aggressive in nature, are censored through "condensation, displacement, and representation/symbolization" which is called "the dream-work" (Freud, 1900/1997, p. 169). The actual meaning of the dream, containing the unconscious material, is called the latent content; it

gets disguised and distorted, which then constitutes the manifest content (Freud, 1900/1997). It is theorized that the manifest content is preconsciously remembered and by the analytic interpretation of the manifest content, the true unconscious meaning, the latent content, can be deciphered (Freud, 1900/1997). During the therapeutic work, the dreamer is expected to free-associate (Freud, 1900/1997) so that the unconscious material rooted in early life experiences are revealed. When repressed material from the unconscious is left poorly censored or undisguised, then the guarding function of dreaming is failed and the dreamer wakes up (Freud, 1900/1997).

On his later work, Beyond the Pleasure Principle (Freud, 1920/1961), Freud explains that mental activities show a tendency to be regulated by the pleasure principle such that; individuals feel an unpleasurable tension and that they take actions with the purposes of releasing this tension either through preventing the unpleasure or through gaining pleasure. However, because other mental forces and the circumstances are not always available, the pleasure principle often gets inhibited (Freud, 1920/1961). It is further suggested that the concept of traumatic repetitive dreams observed in trauma survivors seems to be contradicting with the pleasure principle; and that it is related with the principle of repetition compulsion, in which the person unconsciously re-enacts the situation of the earlier trauma over and over again (Freud, 1920/1961). Freud (1920/1961) argues that either the dreams of trauma survivors which repeatedly bring the person back into the traumatic situation are in nature contradicting with wish-fulfillment function of dreams, or that there is a deeper and more primitive function of gaining mastery, which is not opposing but independent of his dream theory. He further emphasizes that the traumatic dreams occur to integrate the trauma into the psyche (Freud, 1920/1961).

Taking a closer look at Freud's approach on the subject of the current thesis reveals that, "anxiety-dreams" (Freud, 1900/1997, p. 46) distresses the dreamer with the most unbearable emotions of life until they wake the dreamer up. He further explains that just like an anxiety caused by another source gets attached onto a phobia; the anxiety from another source gets attached to the dream and causes distress (Freud, 1900/1997). Freud (1900/1997) emphasized that the anxiety-dream

is not in itself a problem of dreams, but it is a neurotic symptom that manifests during dreaming. Freud (1900/1997) suggests that the existence of anxiety dreams may be conflicting with the wish-fulfillment theory of dreams. However, he suggests that if painful or frightening anxiety dreams are interpreted, they too may turn out to be wish-fulfillments (Freud, 1900/1997). Anxiety dreams are thought to be related with the literature on recurrent dreams, because the majority of recurrent dreams are negative and are thought to be rooted in an unresolved psychological conflict (Brown & Donderi, 1986; Cartwright, 1979; Gauchat et al., 2015; Zadra, 1996).

1.1.1.2. Carl Gustav Jung's Dream Theory and Interpretive Approach

Jung emphasizes that a single theory to understand dream life would be reductionistic, since dreaming is a vast and exhaustive concept (Weitz, 1976). To better understand Jung's approach to dreams, one should better understand his contributions to psychoanalytic theory. Firstly, Jung's conceptualization of the unconscious differs from Freud's, in a sense that; the unconscious is not only the sum of repressed previously conscious experiences, personal unconscious, but it also comprises innate potentials of personality that may become conscious in the future (Dallett, 1973). In his conceptualization of the psyche, there are four components: "Personal consciousness, personal unconscious, the objective psyche (or collective unconscious), and collective consciousness" (Hall, 1983, p. 9). Within the personal realm of the psyche, both conscious and unconscious, it is suggested that there are four central formations: "the ego, the persona, the shadow and syzygy (animus/anima)" (Hall, 1983, p. 10). The Shadow, which deserves more emphasis in the current discussion, is conceptualized as a collection of the unwanted, socially inappropriate, denied or repressed aspects of the ego (Jung, 1964). Because Jung suggests that the psyche embodies paired opposites of ego-identity, and when one aspect of the pairs emerges, the opposing one submerges into the Shadow (Hall, 1983). Jung likens the power and dominance struggle between the ego and the shadow to battles between heroes and evil monsters such as dragons, which

represents the struggle of a mature person not to regress back to the comfortable state of childhood (Jung, 1964). It is suggested that when a person is confronted with their shadow in their dreams, an exhausting psychic work begins to integrate the shadowy part into the self (Jung, 1964).

Jung suggests that at the center of the unconscious lies the "collective unconscious" (Jung, 1974, para 555) or "objective psyche" (Jung, 1974, para, 48), which is shared by all humanity (Jung, 1974; Cann & Donderi, 1986; Hall, 1983) due to the inherent biological and psychological aspects of being human (Dallett, 1973). Jung suggests that the objective psyche is composed of the registered history of humankind; this creates a tendency to organize the experience as meaningful collections, which are called archetypes (Hall, 1983). Archetypes are likened to a magnetic field; they are not directly observable, but their presence is discerned by the effect on the objects around them (Cann & Donderi, 1986; Hall, 1983). Hall (1983) exemplifies that: "There is a universal human tendency, for example, to form an image of the mother, but each individual forms a particular mother image based on this universal human archetype" (p. 10). In a letter, Jung (1973) explains that the core of the archetypes can never manifest themselves in the consciousness, and that they can only be observed as archetypal images which are widely observed in dreams, hallucinations, delusions etc. (Jung, 1974).

Jung introduces another term called "complexes," which is conceptualized as an established network of associations that arouses strong emotions (Jung, 1974, para. 67). Rooted from archetypes, the complexes consist of emotionally charged image clusters (Hall, 1983). Jung suggests that a person's crucial dreams emerge from the depth of the collective unconscious; that they produce archetypal content that touch upon universal ideas and issues, rather than being composed solely of personal history (Jung, 1974). However, Jung suggests that the appearance of archetypal images possesses characteristic unconscious material of the person, which in the meanwhile takes the lid off the individual's personal unconscious (Jung, 1972).

He suggests there are two important mechanisms of dreams "compensation" and "prospection" (Jung, 1974, para. 493). Prospective function is explained as an

expectation or a foresight in the unconscious that creates a template of the future (Jung, 1974). Compensation function of dreams is given more emphasis and defined as "balancing and comparing different data or points of view so as to produce an adjustment or a rectification." (Jung, 1974; para. 545). It is conceptualized as a mechanism that surfaces aspects of personality, and of collective unconscious, that are not sufficiently accessible in waking consciousness (Domhoff, 2000a). Compensation function of dreams, on the other hand, comes across in three different ways (Hall, 1983). The first function is when one of the paired aspects of the ego is surfaced into the consciousness, the dream restores the balance by presenting its paired opposite (Hall, 1983; Zhu, 2013). The second function is to help the dreamer achieve individuation; rather than following and adapting to the current status quo, the dreamer gets faced with their true calling in life (Hall, 1983). The third function is that the dream can change some of the complexes that form the identity; the dream-ego which is a part of the waking-ego, may have certain experiences during dreams which may results in changes in the structure of the waking-ego (Hall, 1983).

Jungian approach focuses on specific dream elements and aims to reveal the dreamer's associations on dream images, which later brings out a meaningful narrative (Beebe et al., 2001). According to Jung, focusing on continuous patterns across different dreams and looking for signs of archetypal motifs is central; total interpretation of a single dream is not crucial since unconscious material will repeatedly and continuously reveal itself in other dreams (Beebe et al., 2001).

1.1.1.3. Wilfred R. Bion's and Thomas Ogden's Perspectives and Contributions on Psychoanalytic Dream Theory

As opposed to Freud's dream work, in which unconscious material is disguised in dreams; Bion suggests that while dreaming, the experienced conscious material is adjusted in the service of the unconscious (Ogden, 2004). According to

Bion, dreaming occurs both while sleeping and when awake, and that dreaming is the primary way of processing unconscious material (Ogden, 2004).

To better understand, we must take a closer look at Bion's contribution to the Psychoanalytic theory. Bion (1962) theorizes that "alpha-function" (p. 6) is the process in which emotional experience is transformed into "alpha-elements" (Bion, 1988, p. 6); which can be conceptualized as digested meaningful elements of emotional experience and sense data. Bion (1988) suggests that even consciousness of self is dependent on this function, since experiencing and knowing about self is a form of alpha-element. Being able to stay awake, going to sleep, dreaming, being conscious and unconscious all depend on this function since the psyche needs alpha-elements as a prerequisite of functioning (Bion, 1988). When the alpha-function fails, the unprocessed material composes the "beta-elements" (Bion, 1962, p. 6). Bion (1962) describes beta elements as raw units that can get discharged through lower-level mechanisms such as projective identification or acting outs; thus, they are not suitable for dreaming. While dreaming, the dreamer transforms the emotional experience into alpha-elements, through which they can construct a meaningful narrative (Ogden, 2004). Unlike Freud, who theorizes that people dream only while sleeping (Freud, 1900/1997), Bion suggests that dreaming takes place both during sleep and when awake (Ogden, 2004).

From the standpoint of Bion, through the therapeutic/analytic work, the central way one handles dreaming is not to make the unconscious conscious, but to make the conscious experience unconscious, so that the processing and metabolization in the internal space can take place (Ogden, 2017). Furthering the discussion of Bion, Ogden suggests that during session, the analyst and the analysand dream together when they are awake, in the form of reveries, which is a co-construction of the analyst and the analysand's, produced by the unconscious analytic third (Ogden, 2017). Through repeated and prolonged metabolization function of the therapist, the patient internalizes and acquires the capacity to do required internal work to "dream" (Ogden, 2017, p. 6)

1.1.2 Other Perspectives on Dreams and Dreaming

In addition to the developments in psychoanalytic theory, contemporary understanding of dreams is complemented by other perspectives. In this section the ones that might enhance the conceptualization of recurrent dreams, namely the Threat Simulation Theory and dream theories in Cognitive Neuroscience, will be outlined.

1.1.2.1 Threat Simulation Theory

Revonsuo (2000) emphasizes that if there is a function of dreaming, then there must be an evolutionary advantage in terms of reproduction, which may explain the high prevalence of dreaming in the human population. Revonsuo's Threat Simulation Theory suggests that, while dreaming, the individual rehearses the actual threats they face during their waking lives; and the rehearsal in their dream helps them better adapt to their environment and increase their chances of survival (Revonsuo, 2000). It is suggested that certain neurological mechanisms identify threats from the world we live in; and during sleep, the same mechanisms repeat and study them so that while awake they can be better identified and avoided (Valli & Revonsuo, 2009). Indeed, a study observing the prevalence of threats in dream reports showed that two thirds of the reports contained at least one threatening event (Revonsuo & Valli, 2000). Especially when the dreams of contemporary hunter-gatherer societies are observed, the prevalence of dreams containing threat simulation are very high (Revonsuo, 2000). However, since threat simulating mechanisms are initially shaped by the environment of ancient times; and the contemporary world is full of different kinds of threats; the threat simulation mechanism we are wired with does not necessarily complement the existing threats we are faced with (Valli & Revonsuo, 2009).

A way to test threat simulation theory, recurrent dreams are thought to be a good fit; because they are highly organized and continuously observable (Zadra et al., 2006). Thus, as opposed to previous studies examining regular everyday

dreams; Zadra and colleagues (2006) took a closer look at recurrent dreams. Interestingly, their findings highlighted that 80% of the recurrent dreams were unrealistic (such as fictional themes) or they were not likely to happen in real life (Zadra et al., 2006). Another study conducted by Revonsuo (as cited in Zadra et al., 2006) suggests that the childhood dreams include themes that are compatible with ancestral dream themes in which threats of physical harm are possible; whereas when adult dreams are observed, the ancestral themes are less frequent, which is thought to indicate that the present-day environment does not require the adults to rehearse ancestral threats in their dreams. Moreover, taking a closer look at recurrent dreams reveals that the dreamer more often fails in terms of avoiding or confronting the threats in their dreams, or that the threats in their dreams are so unrealistic or odd that the way out of the situation is often impossible (Zadra et al., 2006).

The findings from recurrent dream studies do not necessarily support the threat simulation theory. As a key contribution to the current discussion, Zadra and colleagues (2006) suggest that because of the characteristics of the time we live in, the majority of threats we are faced with involve emotional ones such as conflict in relationships, financial hardships; thus, the unrealistic content of the recurrent dreams are composed of metaphors and symbolic images to metabolize the modern emotional threats we are faced with.

1.1.2.2. Theories in Cognitive Neuroscience

Another great contribution to the sleep and dream research was the discovery of rapid eye movement (REM) by Aserinsky and Kleitman (1953) which paved the way for the cognitive neuroscientific research to gain speed. Even with the initial experiments, an association was observed between dreaming and REM sleep (Aserinsky & Kleitman, 1953). However, dreaming does not take place only during the REM phase (Shaw, 2016). Accumulating evidence indicates that the REM sleep plays an important role in flexibility in memory integration, processing of emotions, association and even creativity (Landmann et al., 2015). Recent

neuroscientific findings even point to the possibility of consciousness and other advanced brain mechanisms to be dependent on neural activation mechanisms of the brain that take place during REM sleep (Hobson, 2009).

Accumulating evidence from different fields of study related with cognitive neuroscience suggests that dreams are formed through a top-down mechanism in which a thought emerges and related dreaming mechanisms such as creation of dream images take place (Nir & Tononi, 2010). This supports the hypothesis that dreaming is an impressive type of imagination and creativity (Nir & Tononi, 2010).

1.2 RECURRENT DREAMS

The current section will firstly examine the conceptualization of recurrent dreams and will mention different approaches on why they are experienced. Secondly, the most prominent recurrent dream themes and contents will be examined. Subsequently, the demographic characteristics of the participants, such as gender, age, culture, and their relationship with recurrent dreaming will be discussed. Finally, the findings regarding the psychological symptoms and its relationship with the concept of recurrent dreaming will be discussed.

1.2.1 Conceptualization of Recurrent Dreams

Dreaming has been an essential area of interest for psychology, especially for psychoanalysis; yet the concept of recurring dreaming has not received as much attention. Because in the clinical setting the dreams are observed individually and in the research setting, singular dreams from various participants are observed; recurrent dreams are generally overlooked (Domhoff, 2000b). Recurrent dreaming could be conceptualized as a type of dreaming that reoccur over time while the theme and the content of the dream remain the same (Brown & Donderi, 1986; Gauchat et al., 2015; Zadra et al., 2006). Recurrent dreams are widely experienced, in the adult population 60-75% of adults claim that they have experienced recurrent

dreams at least once (Brown & Donderi, 1986; Cartwright, 1979; Robbins & Tanck, 1992; Zadra, 1996).

As a comprehensive point of view, Domhoff (2000b) suggests that repetition in dreams is a continuum that is covering: (1) traumatic dreams, (2) recurrent dreams, (3) recurring themes, and (4) recurring elements. At one polar end of this continuum lies the *traumatic dream* in which a traumatic lived experience is repeated over and over again in one's dream (Domhoff, 2000b, Zadra, 1996). The next spot in the continuum is taken by *recurrent dreams*, in which the dream almost exactly repeats itself, yet it is not directly linked with a previous lived experience on the surface (Domhoff, 2000b; Zadra, 1996). Next in the continuum comes the *recurring themes in dreams*, in which the theme is constant across dreams, such as being chased, flying etc. (Domhoff, 2000b; Zadra, 1996). Finally, at the other polar end there is *repetition of dream elements*; in which regular objects, individuals or activities take place in a person's dreams over a long period of time or the repeating elements are compared across different groups' or across different individuals' dreams (Domhoff, 2000b).

The recurring themes in dreams are also referred as typical dreams in literature. Typical dreams are conceptualized as dreams that are similar in nature and reported frequently and extensively by many people (Schredl et al., 2004). In a study, the most frequently reported dream themes have been identified: (1) being chased but not getting harmed, (2) sexual experiences, and (3) falling (Nielsen et al., 2003). Three distinct typical themes are most frequently experienced and emerged earlier in participant's lives; they are (1) being chased but not getting harmed, (2) falling, and (3) flying or elevating (Nielsen et al., 2003). Other studies also showed that 55 previously identified dream themes in the Typical Dream Questionnaire (Zadra & Nielsen, 1997) were indeed reported to be seen by most of the participants for at least one time in their lives (Schredl et al., 2004). In line with previous studies, their findings suggest that some dreams are typical and are almost universally experienced by different ages, genders, and societies (Nielsen et al., 2003).

Traumatic dream, included in Domhoff's (2000b) repetition of dream continuum, is considered a possible symptom of Post-Traumatic Stress Disorder (PTSD); these repetitive intrusive traumatic dreams bear the content, or the affective component of the trauma experienced by the individual. (American Psychiatric Association [APA], 2013). It is suggested that 75% of PTSD patients or trauma survivors suffer from disturbing dreams. (Kilpatrick et al., 1994, as cited in Germain et al., 2004) These dreams may be experienced as a complete replay of the traumatic event, or the dream content could be symbolically or thematically representing the danger in the traumatic experience (APA, 2013). In children, traumatic dreams could have indistinguishable dream content, while the affective tone of the dream tends to be frightening (APA, 2013). It is suggested that traumatic dreams and recurrent dreams are very similar in nature, both are rooted from a stressful life event; nevertheless, recurrent dreams do not necessarily contain fragments of the stressful situation, they contain metaphorical or symbolic representations such as unnatural beings, frightening figures, or natural disasters (Domhoff, 2000b). On a similar line, Zadra (1996) too suggests that recurrent dreams tend to represent a psychological conflict in a metaphorical way. It is hypothesized that PTSD related recurrent nightmares are an example of the activation of mechanisms for Threat Simulation; in the absence of any pressing threat, the memories of the traumatic event manifests in the dream over and over again (Revonsuo, 2000).

Nightmares are an important type of dreaming that are thought to be closely related with the concept of recurrent dreaming. Nightmares are characterized by relatively long, consecutive dream images that form a storyline; meanwhile inducing negative emotions such as anxiety or fear (APA, 2013). They almost always take place during the REM stage of sleep (APA, 2013) Post-traumatic nightmares are conceptualized as the most emotionally intense type of dreaming; and that they generally repeat the traumatic event either identically or through core components (Spoormaker, 2008). Another type of nightmare, idiopathic nightmares, on the other hand, consist of broader themes of nightmares such as being chased or losing a loved one (Spoormaker, 2008). Both post-traumatic

nightmares and idiopathic nightmares tend to be recurrent in nature (Spoormaker, 2008). Taking a closer look at the themes of recurrent nightmares reveal that being exposed to physical aggression, bizarreness of the environment, or existence of an evil entity were found to be most frequent ones (McNamara et al, 2015). Hartmann (1998) examines the dream series of trauma survivors and states that the processing of a trauma takes place in their nightmares and dreams. The majority of trauma survivors first dream about the trauma they have experienced; then the processing of the emotional counterparts takes place through representing the dominant emotions symbolically by dream imagery (Hartmann, 1998).

Different theoreticians commented on the concept of recurrent dreams and to presenting them at this point is crucial to understand the concept better. Freud perceived recurrent dreams as a form of repetition compulsion (Zadra, 1996). According to Freud, (Adams-Silvan & Silvan, 1990) repeating dreams of trauma survivors repetitively put the dreamer into the traumatic incident for the purpose of gaining mastery of the dangerous situation. Stewart comments on Freud's suggestion about achieving mastery through dreaming that, the manifest content of the dreams gradually evolves from a passive stance to an active one over time (Adams-Silvan & Silvan, 1990). Moreover, Silverberg suggests that the nature of the dream which initially was representative of the traumatic incident gradually becomes less and less harmful and the dreamer tends to feel less powerless (Adams-Silvan & Silvan 1990). Weiss (1964) suggests that recurrent dreams repeatedly emerge for the dreamer to attend, face, and resolve the central conflicts in their life. Domhoff (2000b) on a similar line suggests that along with the repetition principle, the "continuity principle" (p. 9) is operating; meaning that the concerns and emotional occupations of waking life are carried over in the dream life. When these conflicts are resolved, the recurrent dreams are expected to come to an end (Weiss, 1964; Zadra, 1996). Jung suggested that recurrent dreams are indications of psychological conflicts that are crucial for the integration of psyche (Zadra, 1996). On a more optimistic level, recurrence of certain dreams represents the persistence of an important unconscious message that is ready to be metabolized and made conscious (Clavijo Lopez, 2016).

The function of recurrent dreams has been theorized based on clinical observations, however there is a lack of empirical studies on recurrent dreams. Previously conducted studies focus on descriptive findings and possible correlations with other concepts. The following section will present the themes and contents of recurrent dreams along with the relationship between recurrent dreams and demographic variables, personality, and psychological symptomatology.

1.2.2 Themes and Contents of Recurrent Dreams

Various studies investigated the themes and content of recurrent dreams. Firstly, it is important to note that, the majority of recurrent dreams contain negative elements and when asked retrospectively, up to 90% of recurrent dreams in childhood were reported to include threatening and undesirable content (Gauchat et al., 2015). When tested on the adult samples, it has been found that up to 40% of recurrent dreams include possible harm or danger to the dreamer (Cartwright & Romanek, 1978; Robbins & Houshi, 1983 as cited in Zadra, 1996). A study conducted by Zadra (1996) reveals that being chased is the most reported recurrent dream and when compared across children's and adult's recurrent dreams, the chasers are fictional monsters or animals 86% of the time, while in adults they are humans or human-like subjects in general. A study with participants aged 11-15 supported that as in comparison to adult recurrent dreams, children had dreams which contain monsters, or dangerous animals (Gauchat et al., 2015). Other most likely themes include facing adversities regarding one's house, being alone or trapped, facing natural disasters, or losing teeth (Zadra, 1996). In 42% of adult recurrent dreams, and in 65% of child recurrent dreams, the dreamer faces a dangerous situation, in most of which they try to escape, hide or desperately watch the unfolding of events (Zadra, 1996). Through childhood, the majority of recurrent dreams contain physical threats (Cartwright, 1979; Zadra, 1996). As the individual grows older, the content of the dreams changes into issues related with incompetence and failure (Cartwright, 1979; Zadra, 1996).

Gender differences were also present in typical dream studies' findings; men more often reported seeing aggressive and sexual themes whereas women reported more often seeing a deceased person as alive, experiencing themselves as the opposite gender, and failing an exam (Schredl et al., 2004). When tested on a Chinese population, it was shown that the results of the Chinese population indeed were similar to the Western populations (Yu, 2008). An interesting contribution of Yu's (2008) study was that the themes that are most often recurring were also the most commonly seen dream themes.

It has been suggested that people with low neuroticism tend to have more archetypal material in their dreams (Cann & Donderi, 1986), recurrent dreamers, who generally score higher in neuroticism are expected to have less archetypal material in their dreams (Brown & Donderi, 1986). Brown and Donderi's (1986) study on an adult sample in which 14-day dream logs are kept by the participants, the findings indeed showed that past-recurrent dreamers had more archetypal dream content, compared to recurrent dreamers and non-recurrent dreamers; and the archetypal content least often appeared in recurrent dreamer group (Brown & Donderi, 1986). More specifically, the dreams of recurrent dreamers are found to contain lower rates of positiveness and relatedness, while they contain higher rates of aggression, anxiety and dysphoria content when compared with past-recurrent dreamers and non-recurrent dreamers (Brown & Donderi, 1986).

Cumulative dream data of participants' 14-days dream logs have studied the overlap between life events and recurrent dream contents (Zadra, et al., 1997-1998). Some recurrent dream content has been observed to be the same across individuals, i.e. tooth falling out; however these dreamers are reported to be going through different difficulties in their lives (Zadra et al., 1997-1998). Meanwhile, the people who are going through similar difficulties in their lives, i.e. financial hardship or undesired pregnancies, reported different recurrent dream content. This supports Freud's (1920 / 1961) suggestion that certain dreams are recurrent in a sense that they are experienced by everyone in a similar way; yet the interpretation for this kind of dreaming varies for different patients.

1.2.3 Demographic Differences in Recurrent Dream Studies

Cartwright's (1979) study on recurrent dreams is one of the earliest ones in literature. They emphasized that women report more recurrent dreams so that they specifically chose only women as participants (Cartwright, 1979). Their findings suggest that 46% of the recurrent dreams were reported to be highly unpleasant, and only 8% of them were rated as highly pleasant; the other options included mildly pleasant or unpleasant, neutral or mixed evenly (Cartwright, 1979).

Age of the dreamer is also thought to be an important factor when discussing recurrent dreams; as previously discussed, the recurrent dream contents of adults and children differ (Zadra, 1996). While children face possibility of physical harm in their dreams more often than adults, the adults are faced with incompetence or failures more often than children, which is thought to indicate a change with age in terms of symbolization and metaphoric expression of the current conflicts the dreamer is facing (Zadra, 1996). Meanwhile, a study focusing on the psychosocial adjustment in children of age eleven found that boys who report recurrent dreams scored higher on measures of reactive aggression compared to the boys who do not report recurrent dreams (Gauchat et al, 2009). There was not a significant difference in psychosocial adjustment measures between recurrent dreaming and non-recurrent dreaming children (Gauchat et al., 2009). When retrospective childhood recurrent dreams are compared with recent, adult recurrent dreams; there was a significant difference between the rate of presence of a threat in the reported dreams (Robbins, & Tanck, 1992).

A study focusing on the recurrent dream themes of Nigerian university students, it is indicated that even though the themes overlap with other cultures' recurrent dream themes, there could be cultural differences in terms of the nature of recurrent dream themes (Oluwole, 2019). As opposed to the predominance of negative dream themes in American, Japanese, Chinese, and Canadian undergraduates; the Nigerian undergraduates had higher prevalence of positive recurrent dream themes such as seeing friends and colleagues or succeeding (Oluwole, 2019).

1.2.4 Recurrent Dream and Psychological Symptomatology

Recurring dreams are considered to be closely related with the dreamer's difficulties and unresolved conflicts (Domhoff, 1996; Gauchat et al., 2015). Actively seeing recurrent dreams are associated with lower levels of psychological well-being (Brown & Donderi; 1986; Zadra et al., 1997-1998). The psychological well-being measures of the past-recurrent dreamer group was higher compared to recurrent dreamers, non-recurrent dreamers and even higher than the population norms, which is thought to support the hypothesis that the cessation of recurrent dreams indicates the resolution of psychological conflict (Brown & Donderi, 1986).

An important finding regarding when recurrent dreams take place reveals that it is particularly high during times of stressful life events (Zadra et al., 1997-1998). A study conducted on university students showed that before the examination period, recurrent dreamers had and recalled more recurrent dreams in the stressful period, while non-recurrent dreamers and past-recurrent dreamers did not experience or recalled more recurrent dreams (Duke & Davidson, 2002). Comparing individuals who are actively having recurrent dreams and past-recurrent dreamers; the level of anxiety, neuroticism, depression, life stress and somatic symptomatology were observed to be higher in the recurrent dreaming group (Brown & Donderi, 1986). Other studies also found that recurrent dreamers' score higher on depression and anxiety; and that in the adolescent population, the teenagers with suicidal ideation had significantly higher frequency of recurrent dreams compared to the group without suicidal ideation (Gauchat et al., 2021). Another similar study which asks the participants of aged between eighteen to twenty-one to keep 14-days logs showed that; recurrent dreamers had higher anxiety, depression, and general symptomatology scores compared to non-recurrent dreamers (Zadra et al., 1997-1998). As opposed to Brown and Donderi's (1986) study, there was no significant difference between non-recurrent dreamers and past-recurrent dreamers in terms of psychological well-being within the younger sample, who are between eighteen to twenty-one years old (Zadra et al., 1997-1998). This was hypothesized to be related with the findings that discontinuation of a recurrent

dream from childhood does not necessarily show increased psychological well-being (Zadra et al., 1997-1998).

A review of the current literature on recurrent dreaming shows that the relationship between recurrent dreaming and psychological symptomatology and certain personality characteristics are widely studied. Certain demographic characteristic related with the experience of recurrent dreaming is also broadly studied. However, the literature lacks studies aiming to investigate specific characteristics of the recurrent dreams, and with which dynamics and other concepts the recurrent dreaming is related with. The next section will present potential dynamics associated with dreaming.

1.3 PSYCHODYNAMICS ASSOCIATED WITH DREAMING

In light of the previously presented literature, it is highlighted that the presence of recurrent dreaming is associated with an unresolved psychological conflict and trauma. The empirical studies also suggest that there is a relationship between the experiencing recurrent dreams and lower levels of psychological well-being, higher levels of psychological symptomatology and stress; indicating that recurrent dreaming is associated with psychopathology. To our knowledge, there is not any previously conducted research investigating the underlying dynamics related with experiencing recurrent dreams. Meanwhile, theoretical approaches emphasize that recurrent dreams are related with symbolization and that processing of a traumatic incident.

Considering that the recurrence of the conflicts in dreams are due to failure of processing the trauma in waking life; it is thought that it could be related with dissociation. The effect of a trauma is so overwhelming and experienced as so strange that the trauma survivor cannot process it; the affect of the situation is so overpowering that it threatens the sense of me-ness, and threatens one's coherence, cohesiveness, and continuity of self (Bromberg, 2003). The traumatic experience leaves its mark; the dissociated self who cannot integrate the affective component of the incident continues to trouble the trauma survivor (Bromberg, 2003). The

mentalization capacity could shed light on the dynamics related with recurrent dreams; since the presence of mentalization is considered a resilience factor, and its absence is associated with symptomatology and dissociative tendency. To our knowledge, there are not any previous study investigating the possible association of dissociation with recurrent dreams, and mentalization with recurrent dreams. Thus, this study will focus on the possible relevance of Dissociation and Mentalization with Recurrent Dreaming. The current section will briefly cover the concepts of Dissociation and Mentalization; and the possible connections with Recurrent Dreams will be presented.

1.3.1 Dissociation

Dissociation is the mental state of being detached from the self and failing to integrate memories, emotions, thoughts, and other mental processes into consciousness (Yu et al., 2010). The extent of dissociative state may last for seconds to even days, and during which the memories of a traumatic event may be relieved through intrusions to the mind (APA, 2013). Depersonalization is defined as the experience of disconnection from one's own body, whereas derealization is the experience of disconnection from one's surroundings and reality (APA, 2013). Depersonalization and derealization are experiences that generally invade the consciousness and experienced as a dreamlike state (van Heugten-van der Kloet & Lynn, 2020). A study investigating the association of dissociation and fantasy proneness with sleep experiences showed that there is a partial relationship between them; only general sleep experiences (such as narcolepsy symptoms, vivid and uncommon dreams, and abnormal nighttime experiences) were found to be significantly positively correlated whereas lucid dreaming subscale was not significantly correlated (Giesbrecht & Merckelbach, 2006). This supports the findings of a similar study previously conducted by Watson (2001); in which there was a significant moderate to strong positive correlation between dissociation and general sleep experiences.; and it is suggested that the relationship between sleep

experiences and dissociative tendency could be explained through the easy transitioning between sleeping and waking states (Watsons, 2001).

In a study conducted on 16-21 years old adolescents to investigate the association between nightmares and dissociation due to childhood traumas showed that those who had experienced childhood trauma had higher dissociation scores (Agargun et al., 2003b); and the group who reported having nightmares was compared to the ones who do not, which showed that the nightmare experiencing group scored higher in dissociation scale (Agargun et al., 2003b). Agargun and colleagues (2003b) suggest that those who experienced trauma in childhood may be unsuccessful in terms of processing the traumatic experience and may thus be experiencing dissociation as a coping mechanism. A neuroanatomic similarity in mechanisms related with dissociative & traumatic experiences and nightmares are proposed (Agargun et al., 2003b).

Another study conducted by Agargun and colleagues (2003a) failed to replicate the findings that showed an association between traumatic experiences in childhood and experiencing nightmares in the patient population. However, the finding of the current study discussed is noteworthy; 57% of patients diagnosed with dissociative disorder were also diagnosed with nightmare disorder (Agargun et al., 2003a). The group which was diagnosed with both dissociative disorder and nightmare disorder had higher frequency of self-harm behavior, borderline personality disorder and suicide attempt within the previous year as opposed to the patients with dissociative disorder that are not diagnosed with nightmare disorder (Agargun et al., 2003a). Recurrent dreams and nightmares that are associated with traumatic events are thought to be related with dissociation, and that dissociation could take place during dreaming which could be observed through disruptions and shifts in dream scenes (Bob, 2004; Ferenczi, 1934; Hartmann, 1998; Levitan, 1980; Schonhammer, 2005, as cited in Bob & Louchakova, 2015).

1.3.2 Mentalization

Mentalization is a capacity that helps a person reflect on themselves and on others and through that, helps them perceive one's mental states, such as thoughts, intentions, affects, and wishes (Fonagy et al., 2002). The term mentalization was primarily introduced by Fonagy in 1989 (Bateman, 2010); and to some extent it is conceptually similar to the concept of Theory of Mind (Fischer-Kern & Tmej, 2019). However, mentalization is particularly related with the ability to reflect on self and others regarding intricate interpersonal relations and affective domains (Fischer-Kern & Tmej, 2019). The capacity to mentalize not only about reflecting on self and others but it also contributes a person to differentiate between internal and external reality. (Fonagy et al., 2002)

It is suggested that mentalization is not an innate capacity, but it is acquired developmentally through the sustained mirroring of a dependable other (Fonagy & Luyten, 2009). If mentalization is not adequately developed, it is suggested that it could be related with the presence of a serious psychological disorder (Fonagy et al., 1991). Children who grow up in a traumatic environment are more likely to fail in developing adequate mentalization capacity; this is thought to be possibly adaptive at the time, since understanding the mental state of an abusive caregiver would cause further distress (Bateman & Fonagy, 2006). Especially in Borderline Personality Disorder, in which the shortcomings in mentalization capacity is central, it is hypothesized that the mentalization could be hindered defensively (Fischer-Kern & Tmej, 2019). However, if a child can develop the capacity to reflect on the caregiver's mind as a state separate from their own self representation, it is protective of the child; i.e. rather than perceiving the maltreatment of the caregiver as their own unworthiness, they can perceive that it is the caregiver's inadequacy (Fonagy et al., 1998).

In light of the information discussed above, mentalization which is closely related with psychological well-being, and disruption in terms of mentalization capacity is related with psychological conflicts and trauma. Thus, mentalization could be an important capacity that helps one defend themselves against the

emergence of new conflicts or process the psychological conflicts one has faced. Thus, mentalization could be playing a moderator role in terms of the relationship between recurrent dreams and psychological symptomatology and dissociation.

1.4 THE CURRENT STUDY

To our knowledge, no previous study investigated the prevalence, characteristics, and the content of Recurrent Dreams in the Turkish population, thus the current study has an explorative aim. In the Turkish Culture, even though dreams are thought to be related with the experiences of the waking life; dreams are also believed to be containing messages or signs from the future, and even from a more Islamic point of view, they are believed to be containing messages from God (Güven & Belbağı, 2006, as cited in Evginer, 2010). Thus, studying recurrent dreams of individuals living in Turkey might provide a starting point for further cross-cultural comparisons that would shed light onto the impact of the cultural meanings attached to dreams.

The main purpose of the study is to depict the overall prevalence of recurrent dreams and to investigate the possible relationship of recurrent dreams with psychological symptomatology and dissociation and if mentalization plays a moderator role. Even though there are some studies focused on recurrent dreams, it has not gained its deserving place in the literature. Comprehensive literature review on the subject reveals that recurrent dreams are not only related with unresolved psychological conflicts and symptomatology but also possibly related with the trauma literature and dissociative experiences. Moreover, it is imperative to investigate the recurrent dreaming experiences in different cultures since the typical dreams, which are thought to be a type of recurrent dreams, are suggested to be generalizable and possibly even universal. Therefore, the current study acquires information regarding psychotherapeutic and psychiatric involvement, dream recall, telling dreams and dream recording behavior and frequency of nightmare and sleep paralysis experiences along with detailed questions regarding recurrent dream experiences.

To our knowledge, the current study is the first study investigating the relationship between recurrent dreams, psychological symptomatology and dissociation along with the possible moderating role mentalization plays that is conducted on the Turkish population. On the basis of the theoretical and empirical background presented above, the following hypotheses are formulated**:**

H1. The frequency of recurrent dreams will be positively correlated with the level of psychological symptoms.

H2. The frequency of recurrent dreams will be significantly correlated with the level of dissociative experiences.

H3. The frequency of recurrent dreams will be significantly correlated with the level of mentalization.

H4. Mentalization will moderate the association between the frequency of recurrent dreams and the level of psychological symptoms.

H5. Mentalization will moderate the association between the frequency of recurrent dreams and the level of dissociative experiences.

The current study further aims at exploring these associations as to specific recurrent dream themes (e.g., Persecution, Ego-Ideal) and specific symptom types (e.g. Depression, Anxiety). The following exploratory questions are identified:

1. Which recurrent dream themes have the strongest / weakest associations with psychological symptoms, dissociative experiences, and mentalization?
2. Which type of psychological symptoms have the strongest / weakest associations with recurrent dreams?

CHAPTER 2
METHOD

2.1 PARTICIPANTS

The sample of this study consisted of 630 participants who completed the survey. There were 117 participants who provided full valid responses for dream-related questions but failed to complete at least one of the other measures. In order not to dissipate their responses regarding dreams and recurrent dreams as well as their dream accounts, they were selectively excluded for some analyses. The demographic characteristics of the participants are presented in Table 2.1.

Of the 630 participants, 472 (75%) identified their gender as Female, as 151 (24%) as Male and 6 (1%) as Queer. The participants' ages ranged between 18-79 with a mean of 35.3 (SD = 12.9). Regarding marital status, 390 (61.9%) participants were single, 235 (37.3%) were married, and 5 (0.8%) participants chose not to specify. The education level was such that 103 (16.3%) of the participants were primary school or high school graduates, 368 (58.4%) were Bachelor's degree graduates, 152 (24.2%) were Master's Degree or Doctorate Graduates, indicating a highly educated sample as more than 80% of the participants had at least a bachelor's degree.

The participants' sector of occupation distributed such that: Healthcare and Education each consisted of more than 10%, and the rest of the other occupations, Law and Security, Business & Administration, Social & Personal Services, Trading, and Engineering each had a distribution that varied between 4% to 6%. Almost 10% of the participants worked in other sectors, 34.1% of the participants were not working, and 4.6% chose not to specify. Regarding the level of income, 134 (21.3%) of the participants had low income, 292 (46.3%) participants had middle income, and 184 (29.2%) of the participants had high income.

Table 2.1

Demographic Characteristics of Participants

		N	%
Gender	Female	472	74.9
	Male	151	24.0
	Queer	6	1.0
Education Level	Primary School / High School Graduate	103	16.3
	Bachelor's Degree Graduate	368	58.4
	Master's Degree / Doctorate Graduate	152	24.1
	Not Specified	7	1.1
Level of Income	Low Income	134	21.3
	Middle Income	292	46.3
	High Income	184	29.2
	Not Specified	20	3.2
Sector of Occupation	Education	89	14.1
	Healthcare	86	13.7
	Law & Security	37	5.9
	Business & Administration	28	4.4
	Social & Personal Services	35	5.6
	Trading	26	4.1
	Engineering	25	4.0
	Other	60	9.5
	Not Applicable	215	34.1
	Not Specified	29	4.6
Marital Status	Single	390	61.9
	Married	235	37.3
	Not Specified	5	0.8
Relationship Status	In a Relationship	379	60.2
	Not in a Relationship	233	37.0
	Not Specified	18	2.9

The participants' history of mental health help seeking behavior was also asked; 320 (50.8%) of them reported to have attended either psychotherapy or received psychiatric help whereas 301 (47.8%) did not attend either psychotherapy or psychiatric help (See Table 2.2.). Taking a closer look at current or previous psychiatric help status revealed that 78 (12.4%) participants were receiving psychiatric help at the time of the study, 177 (28.1%) previously received, and 370 (58.7%) never received. Regarding psychotherapy, 108 (17.1%) participants had an ongoing therapy process at the time of the study, 64 (10.2%) had received and naturally terminated, 77 (12.2%) had received and prematurely terminated, and 375 (59.5%) had never attended psychotherapy.

Table 2. 2

Mental Health Help Seeking Behaviours of Participants

Psychotherapy Status	Currently Attending	108	17.1
	Naturally Terminated	64	10.2
	Prematurely Terminated	77	12.2
	Never Attended	375	59.5
	Not Specified	6	1.0
Psychiatric Status	Currently Receiving	78	12.4
	Previously Received	177	28.1
	Never Received	370	58.7
	Not Specified	5	0.8
History of Mental Health Help Seeking	Received Help	320	50.8
	Never Received Help	301	47.8
	Not Specified	9	1.4

Overall, the majority of the participants were female (74.9%), and the majority of them received at least bachelor's degree (82.5%), and more than half of them (60.2%) were in a relationship. Approximately half of the participants (50.8%) sought some kind of mental health help at some point in their lives.

2.2 INSTRUMENTS

In the current study; a Demographic Form, General and Recurrent Dream Form, Turkish version of the Dissociative Experiences Scale (DES; Şar et al., 1997), Turkish version of the Mentalization Scale (MentS; Kaya et al., 2021), Turkish version of the Dream Motif Scale-Short Form 20 (DMS-SF20) (Yilmaz, 2018), and the Turkish version of the Brief Symptom Inventory (BSI; Şahin & Durak, 1994) were administered.

2.2.1 Demographic Information and Mental Health Help Seeking Form

Demographic Information Form contains 11 questions, that aims to inquire information regarding the participants Age, Gender, Level of Education, Studentship Status and Occupation Status, Level of Income, Relationship Status, Marital Status, Psychotherapy and Psychiatric Help Status (see Appendix A). The question regarding Psychotherapy Status had the options of; currently attending, naturally terminated, prematurely terminated, or never attended. The question regarding Psychiatric Status had the options of; currently receiving, previously received or never received help.

2.2.2 General and Recurrent Dreaming Experiences Form

The General and Recurrent Dreaming Experiences Form was devised by the researcher to obtain information on dreaming experiences. There are two parts of the from, the first part consists of questions regarding general dream experiences. The second part focuses specifically on the most significant recurrent dreams, the participants are expected to write down this dream and reply to the following questions according to that specific recurrent dream.

In the first part of the form, information about general dreaming experiences, recurring dream frequency, approach, attitudes toward dreaming, and dream recall were asked (see Appendix B). Depending on the type of information

aimed to be acquired, the question type varied between different Likert Scales and open-ended questions. The questions regarding the frequency of experiencing certain dreaming experiences such as having dreams, nightmares, sleep paralysis, and recurrent dreams had a 5-point Likert Scale (1: *Never*, 2: *Rarely*, 3: *Once or a few times a month*, 4: *Every week*, 5: *Nearly every day*). The questions regarding recalling dreams, recording dreams, telling dreams to others, and telling dreams in therapy also had a 5-Point Likert Scale (1: *Never*, 2: *Rarely*, 3: *Sometimes*, 4: *Often*, 5: *Always*). A principal component analysis (PCA) was conducted with these items for data reduction purposes and two factors that refer to the General Dreaming Frequency and General Dream Processing were identified with loadings over .4 for each factor. The Cronbach Alpha of General Dream Frequency variable was found as .64. The item regarding Recurrent Dream Frequency was not included in this component as it was planned to be separately analyzed as the main focus of the study. The General Dream Processing variable consisted of items asking the frequencies of recording dreams, telling dreams to others, and telling dreams in therapy. The Cronbach Alpha of General Dream Processing was .55. Although the alpha for processing was marginally below the acceptable level of .6; given the low number items and high loadings on the PCA, the score was calculated and will be cautiously interpreted. The number of items that measure the level of processing should be increased in further studies for a more reliable instrument.

In the second part, the participants were asked to write their most significant recurrent dream and mention the age at which the participant first experienced this recurrent dream. The next question asked the participant to rate the emotional tone of the most influential recurrent dream (1: *Positive*, 2: *Negative*, 3: *Neutral*, 4: *Both positive and negative*). Following the emotional tone question, the participants were asked to rate the vividness of their most influential recurrent dream rated on a 9-point Likert Scale (1: *images are not vivid, unclear,* 9: *very vivid, clear*). The vividness question is adapted from Ermergen and Cavdar (2021), which was cited to be originally created by Hill and colleagues (2001). The next question asked the participants to rate the intensity of 13 emotions (Happiness, Sadness, Relief, Shame, Anxiety, Guilt, Anger, Bewilderment, Fear, Disgust, Jealousy, Contempt, Envy) on

a 7-point Likert Scale (1: *None*, 7: *Very*). This question was adapted from Ermergen and Cavdar (2021), which was cited to be an emotions checklist revised by Cavdar (2022) on the basis of Stiles (1980). Jealousy, Contempt, and Envy were removed since almost none of the participants reported to experience them, resulting in a floor effect in the score distribution. A principal component analysis was conducted to be able to group the emotions and three components were identified. Fear, Anxiety, Sadness, and Bewilderment were grouped into Apprehensive emotions (M = 4.28, SD = 1.71); Shame, Disgust, Guilt, and Anger were grouped into Moral Emotions (M = 2.14, SD = 1.35). Relief and Happiness were grouped into Positive Emotions (M = 2.74, SD = 1.89).

The content of the written dreams was coded by three independent groups of 12 Clinical Psychology Master`s students using the Hall/Van de Castle System of Content Analysis (Domhoff, 1996). The dimensions coded were Character, Aggressive Interaction, Friendly Interaction, Sexual Interaction, Activity, Success/Failure, Good-Fortune/Misfortune, Emotions, Setting, Objects and Descriptive Elements. The Character dimension covered the subjects in dreams such as a person, a group of people, an animal, a group of animal or mythical figures (Domhoff, 1996). Whether characters are dead, or alive, imaginary, original or transformed, their gender, age group and identity are asked to be coded individually (Domhoff, 1996). Secondly the social interactions taking place in dreams, aggressive, friendly, sexual, are coded; for the social interactions the ones initiating the interaction, the type and level of the intensity of interaction, the direction and the recipient of interaction are coded (Domhoff, 1996). Similarly, action codes also contain information regarding the initiator of action, type of action, the direction of action and recipient of action (Domhoff, 1996). Success/Failure dimension contains information regarding Type (either success or failure), the character and the consequence; whereas for Good-Fortune/Misfortune, even though the code categories (type, character, consequence) are same, the type of misfortune gets ranked (i.e. M2 represents falling or danger of falling, whereas M6 represents death of the character). The Emotion dimension inquires information regarding type of emotion (i.e. apprehension, happiness) and the subject who is experiencing it

(Domhoff, 1996). The setting dimension inquires information regarding location (i.e., indoor, outdoor, nature) and familiarity (i.e., familiar, unfamiliar). Object dimension acquires information regarding the setting (i.e., residential, entertainment related rooms or buildings) and objects (i.e. body parts, weapons) (Domhoff, 1996). Finally, the Descriptive Elements inquires information regarding the modifiers (i.e., color, size), temporal and negative (negative words such as *not, never*).

2.2.3 Dream Motif Scale-Short Form

The original Dream Motif Scale was developed by Yu (2012), and it consists of 100 questions regarding typical dreams to assess retrospective dream narratives and possible predispositions of the individuals. Later a short form of the scale was developed by Yu (2018) with certain subscales determining the level of Grandiosity, Persecution, Ego Ideal and Appetite-Instinct tendencies based on typical dreams. The Cronbach's alpha reliability levels were found as: .855 for Ego Ideal, .828 for Persecution, .789 for Grandiosity and .742 for Appetite-Instinct (Yu, 2018).

The scale was later tested for reliability and validity on the Turkish population by Yılmaz (2018). The Turkish version of Dream Motif Scale-Short Form (see Appendix E) consists of 20 items rated on a 5- point Likert scale (1: *Never or not certain*, 2: *Once or Twice in my life*, 3: *Thrice or more but not regularl*y, 4: *Nearly a couple of times a year but not every month*, 5: *Once or more times a month*). The Turkish version of the scale also consists of four subscales which has Cronbach Alpha levels of .80 for Appetite-Instinct, .80 for Ego-Ideal, .84 for Grandiosity, and .87 for Persecution (Yılmaz, 2018). The validity of the Turkish version of the scale was also supported (see Yılmaz, 2018). In the current study the Cronbach Alpha level for the whole scale was found as .88, indicating good reliability. The Cronbach Alpha levels of the subscales were found as the following: .64 for Appetite-Instinct, .77 for Ego Ideal, .74 for Grandiosity, and .75 for

Persecution. Cronbach Alpha level of the Appetite-Instinct subscale (α = .64) indicates acceptable reliability, while the other subscales indicate good reliability.

2.2.4 Dissociative Experiences Scale (DES)

The Dissociative Experiences Scale was originally developed by Bernstein and Putnam (1986), which consists of 28-items rated on an 11-point Likert scale (0% to 100%). The scale measures dissociation through self-report. The reliability analysis for test-retest was found to be .84 and internal reliability of split half analysis was found as .83 (Bernstein & Putnam, 1986). Later, a more detailed reliability and validity analysis of the scale was conducted by Carlson and Putnam (1993). Three subscales were developed: Amnestic dissociation, Absorption and Imaginative Involvement, and Depersonalization Derealization. (Carlson et al.1991, as cited in Carlson & Putnam, 1993).

The psychometric properties of the Turkish version of the scale (see Appendix C) were studied by Yargıc and colleagues (1995). The Cronbach alpha level of the scale is .91 which indicates very good reliability. Validity of the Turkish version was also supported (Yargıc et al., 1995). The three subscales identified in the original version was not verified in the Turkish version, therefore only the total score was taken into account. In the current study, Cronbach alpha level of the scale is found as .927 which indicates good reliability.

2.2.5 Mentalization Scale (MentS)

The scale was originally developed by Dimitrijević and colleagues (2018) to measure mentalization capacity through self-report. The scale consists of 28 items rated on a 5-point Likert Scale. The internal consistency of the whole scale was calculated; the alpha level was found as .84 for the general population (Dimitrijević et al., 2018). Dimitrijević and colleagues (2018) identified three components: Other Related Mentalization (MentS-O), Self-Related Mentalization (MentS-S) and Motivation to Mentalize (MentS-M). The reliability analyses

revealed Cronbach alpha levels as; .77 for MentS-O, .77 for MentS-M, and .76 for MentS-S.

The reliability and validity analyses of the Turkish version of the MentS scale (see Appendix D) was conducted by Kaya and colleagues (2021). The total scale has a Cronbach alpha level of .84, indicating good internal consistency (Kaya et al, 2021). Cronbach alpha levels of the subscales are .78 for Self-based mentalization (MentS-S), .80 for Other-based mentalization (MentS-O), and .79 for the Motivation to mentalize (MentS-M) (Kaya et al, 2021). The validity of the Turkish version of the scale was also supported (see Kaya et al., 2021). In the current study, Ments total scale Cronbach alpha was found as .86. The subscale reliability analysis revealed Cronbach alpha levels of; .79 for MentS-S, .75 for MentS-M, .82 for MentS-O. Overall the subscales revealed acceptable reliability, total score revealed good reliability.

2.2.6 Brief Symptom Inventory (BSI)

The scale was originally developed by Derogatis and Melisaratos (1983) as a shorter alternative for Symptom Checklist-90-Revised (SCL-90-R). It consists of 53 items rated on a 5-point Likert Scale (Derogatis & Melisaratos, 1983). There are nine symptom dimensions, and three global measures are identified: Somatization (SOM), Obsessive-compulsive (O-C), Interpersonal sensitivity (I-S), Depression (DEP), Anxiety (ANX), Hostility (HOS), Phobic anxiety (PHOB), Paranoid Ideation (PAR), Psychoticism (PSY) which constitute the nine dimensions; and Global Severity Index (GSI), Positive Symptom Distress (PSDI), Positive Symptom Total (PST) constitute the three global measures (Derogatis & Melisaratos, 1983). The GSI is calculated through division of total score by 53 (number of items), PST is calculated through counting the total number of non-zero responses, and PSDI is calculated through dividing the PST score by the number of non-zero responses (Derogatis, 1992). The reliability analysis revealed that the Cronbach alpha levels of the nine dimensions are found as following: .80 for SOM,

.83 for O-C, .74 for I-S, .85 for DEP, .81 for ANX, .78 for HOS, .77 for PHOB, .77 for PAR and .71 for PSY (Derogatis & Melisaratos, 1983).

The validity and reliability analyses of the Turkish version of the form (see Appendix F) is conducted by Şahin and Durak (1994). The total Cronbach alpha level across four studies conducted by the researchers ranged between .93 and .96. The Cronbach alpha for subscales were found as follows: .71 for Somatization, .81 for Anxiety, .72 for Hostility, .85 for Depression, .80 for Negative Self. Validity of BSI is strongly supported (Sahin & Durak, 1994). In the current study, the Cronbach alpha level of the whole scale is found as .97. Taking a closer look at the subscales revealed Cronbach alpha levels as the following: .89 for Anxiety, .80 for Somatization, .89 for Negative Self, .92 for Depression, .80 for Hostility. Overall, the reliability analysis revealed good reliability.

2.3 PROCEDURE

Shortly after the institutional ethics committee of Istanbul Bilgi University's approval, the study was announced through social media and mail groups of the researchers. Those who wanted to participate were directed to an online survey platform.

Initially, the participants were presented with an Informed Consent Form (see Appendix G) and those who wanted to proceed to the study were asked to give approval. The participants were reminded that they could discontinue at any point of the study. The participants were asked to complete the survey in the following order: the Demographic Form, the General and Recurrent Dreaming Experiences Form, Dissociative Experiences Scale (DES), Mentalization Scale (MentS), Dream Motif Scale-Short Form, and finally the Brief Symptom Inventory.

Completing the whole survey took approximately 20 minutes. Identifying information of the participants was not collected, and all the data obtained was kept confidential. In case of any questions, the participants were able to contact the researcher and a comment box was presented at the end of the survey.

2.4 DATA ANALYSIS

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) version 26. After the removal of invalid responses, and cases with missing values, internal consistency analyses were conducted. Descriptive statistics regarding the newly constructed questions about Recurrent Dreaming experiences were calculated, any significant outliers were removed. Data reduction to the newly constructed questions were applied.

Initially, the descriptive statistics of recurrent dream variables were explored. As mentioned above, emotions experienced in recurrent dreams were combined into three components. Again, as outlined above, the reported recurrent dreams were coded using the Hall/ Van de Castle System of Content Analysis (Domhoff, 1996). Then, the investigation of the relationship between variables regarding recurrent dreams and the demographic variables was conducted through a series of Spearman Correlation, Kruskal Wallis, and Chi-Square analyses. Given that the frequency of recurrent dream was measures with a single Likert type item, non-parametric tests were used for analyses including this variable. The hypotheses of the current study were initially tested using Spearman Correlation. Then, an Ordinal Regression model was constructed to further investigate the relationship of Recurrent Dream Frequency with Dissociation, Psychological Symptomatology, and Mentalization as a potential moderator.

CHAPTER 3
RESULTS

The findings of the current study will be presented in four sections. Initially, overall dream experiences will be inspected based on newly constructed variables investigating the frequency and processing of general dreaming and its relationship with recurrent dream variables will be observed. The first section will also cover the descriptive statistics of recurrent dream variables such as vividness, emotional tone, the age of seeing the most influential recurrent dream; along with the recurrent dream elements coded according to the Hall/Van de Castle System. The second section will cover the association between recurrent dream variables with demographic characteristics of the participants. The second section will also include the relationship between dream elements coded through Hall/Van de Castle System and demographic characteristics of the participants. The third section will present the findings regarding association between the recurrent dream variables and dream elements coded with Hall/Van de Castle System with; Psychological Symptomatology, Dissociation, Mentalization and Typical Dream Motifs. Finally, the fourth section will present the regression model which was constructed to observe the controlled effects of the Psychological Symptoms, Dissociation and Mentalization variables, along with to compare their predictive powers and test the possible interaction effects.

3.1 PRELIMINARY INSPECTION OF RECURRENT DREAMS

3.1.1. Dream Frequency and Processing

The descriptive statistics of overall dream experiences are presented in Table 3.1. The General and Recurrent Dreaming Experiences form included a question that asks the participants to rate the frequency of experiencing recurrent dreams on a 5-point Likert Scale from *1 (never)* to *5 (everyday)*. Mean Recurrent Dream Frequency was M = 1.94, SD = .77). The number of participants who

reported to have never seen recurrent dreams was 180 (28.6%), and those who have experienced recurrent dreams was 450 (71.4%). Among those who have seen recurrent dreams, 327 (51.9%) participants reported to have seen rarely, 105 (16.7%) reported seeing once or a few times a month, 15 (2.4%) participants reported seeing every week, and 3 (.5%) participants reported seeing recurrent dreams nearly every day.

The mean General Dream Frequency of the participants was 2.75 (*SD* = .60) and the mean General Dream Processing of the participants was 2.35 (*SD* = .78); indicating that the sample demonstrated an overall moderate level of dreaming experiences.

Table 3. 1

Descriptive Statistics of Recurrent Dream and General Dream Variables

	Min.	Max.	*M*	*SD*
Recurrent Dream Frequency	1.00	5.00	1.94	.77
General Dream Frequency	1.00	5.00	2.75	.60
General Dream Processing	1.00	4.67	2.35	.78

Spearman Correlation analysis was conducted to analyze the correlations of Recurrent Dream Frequency with General Dream Frequency and Processing. A positive significant correlation between Recurrent Dreaming Frequency and General Dream Frequency was observed, $rho(628) = .49$, $p < .01$. This association indicates that recurrent dream frequency shares approximately 25% common variance with the frequency of other dream experiences, thus has a considerable amount of unique variance. A positive significant correlation between Recurrent Dream Frequency and General Dream Processing was observed, $rho(628) = .27$, $p < .01$.

3.1.2. The Most Influential Recurrent Dream

The participants were asked to write the recurrent dream that affected them the most and 401 participants reported their dreams, thirty of whom reported more than one influential recurrent dream and the first dream in their account was selected so that each participant is represented with one dream. The number of words used in the dream accounts ranged between 1 and 155, with a mean of 19.00 (*SD* = 22.14).

The participants were asked to indicate the age at which they first saw this dream. Since most participants reported a brief range (e.g., 4-5 yrs. old), rather than an exact number, the responses were categorized. It was observed that seeing the most influential recurrent dream(s) took place: for 112 participants, 30.8%, when they were between the ages of 0-12, for the 68 participants, 18.7%, when they were 12-18 years old, for 116 participants, 31.9%, when they were 18-25 years old and for 68 participants, 18.7%, when they were 25 years old or older.

The overall emotional tone of the most influential recurrent dream was marked as Negative by 228 participants (50.7%) who experience recurrent dreams, whereas 52 participants (11.6%) marked their recurrent dreams as Positive, and 107 (23.8%) as both Positive and Negative. Last, 63 participants (14.0%) assessed the emotional tone of their recurrent dreams as Neutral.

The vividness of the influential recurrent dream, and the specific emotions the dream makes the participant feel were rated and the descriptive statistics are presented in Table 3.2. The mean vividness of the most influential recurrent dream was found to be 6.32 (*SD* = 2.48) over the maximum possible score of 9. Regarding emotions on the other hand, it was observed that Apprehensive Emotions (*M* = 4.28, *SD* = 1.71) were experienced to a higher degree as compared to Moral Emotions (*M* = 2.14, *SD* = 1.35) and Positive Emotions (*M* = 2.74, *SD* = 1.89). A within-samples mean comparison via ANOVA confirmed this difference as statistically significant, $F(2, 898) = 197.278$, $p < .001$.

Table 3. 2

Descriptive Statistics of Vividness of Recurrent Dreams, Apprehensive Emotions, Moral Emotions and Positive Emotions in the most influential Recurrent Dreams

	Min	Max	*M*	*SD*
Vividness of the I-RD	1.00	9.00	6.32	2.48
Apprehensive Emotions in I-RD	1.00	7.00	4.28	1.71
Moral Emotions in I-RD	1.00	7.00	2.14	1.35
Positive Emotions in I-RD	1.00	7.00	2.74	1.89

Note: I-RD = Influential Recurrent Dreams

As mentioned above, the contents of the dreams were coded using the Hall/Van de Castle System. In 181 of the 401 dreams, no characters were mentioned. For the dreams with characters, the number of different characters per dream ranged between 1 and 5 with a mean of 1.40 (*SD* = .75). Among the total number of character mentions (*n* = 308), 164 (53%) were single individuals, 30 of which were dead in real life; 108 (35%) were groups of people, 8 of which were dead in real life; while 27 (9%) of the characters were animals and 9 (3%) were other types of characters (i.e., imaginary, form changing). Of the recurrent dreams which contained characters with gender specifiers, 23% included at least one female, 25% included at least one male characters.

The Character identity coding revealed that the number of times the father was mentioned as a character is 23 (7%), number of times the mother was mentioned as a character was 20 (6%), and the parents together was 8 (3%), while the number of times other family members or relatives mentioned was 77 (25%). The partners were present in 8 dreams (3%), ex-partners were present in 15 dreams (5%), and finally 135 (44%) of the character identities belongs to the others group (i.e., strangers, occupation, prominent figure)

The Social interactions domain consists of Aggressive Interactions, Friendly Interactions, and Sexual Interactions. Starting with aggressive interactions, the number of recurrent dreams that mention at least one aggressive interaction was 90 (22.4%), the total number of aggressive interactions mentioned was 113.

Dreamer was the aggressor in 16 (14%) of all aggressive interactions, whereas the dreamer was the victim of aggression in 69 (61%) of all aggressive interactions mentioned. Among the aggressive interactions where the dreamer is the aggressor, 2 of them were self-directed and 4 of them were mutual. Continuing on to the friendly interactions, the number of recurrent dreams that mention at least one friendly interaction was 47 (12%), and total number of friendly interactions mentioned was 55. The dreamer befriends others in 32 (58%) of the total friendly interactions mentioned, and the dreamer gets befriended 22 (40%) of the total friendly interactions mentioned. Lastly, the total number of sexual interactions mentioned was only 3. In 2 of these dreams, the dreamer either gets involved or attempts to get involved in a mutual sexual intercourse. The dreamer is not participating in the last sexual interaction mentioned.

The Success-Failure related events were reported at least once in 76 (19%) of the recurrent dreams, and a total of 85 of them were reported. Of the 85 total reported success and failure events, 59 of them were failures of the dreamer, 20 of them were success of the dreamer, 4 of them were failure of others, 2 of them were success of the others. Overall, the majority of them (69%) consisted of failures of the dreamer.

The good-fortune and misfortune domain consisted good-fortune events rated by a single code, and misfortune events rated by levels of severity, (i.e, M1 is frustration, M3 is threat, M6 is death). Good fortune and misfortune events happening to the dreamer were reported in at least 142 of the dreams. The total number of good fortune and misfortune events reported regarding the dreamer was 149. Only 7 (5%) of them were good fortune related events, 66 (44%) of them were frustration (i.e, being lost or late), 29 (19%) of them were about the dreamer falling or almost falling, 23 (15%) of them are related with a kind of threat, 9 (6%) of them are related with the dreamer losing a possession or it is getting damaged, 11 (7%) of them are related with illness or injury of the dreamer, and 5 (3%) of them are related with death of the dreamer.

The Emotion domain consisted of 5 types of emotions; anger, apprehension, confusion, happiness, and sadness. The dreamer explicitly mentions the experience

or the autonomic description of at least one emotion in 76 (19%) of the dreams. The total number of emotions experienced by the dreamer was 88. Most of these mentions (n = 55, 63%) indicated an apprehensive emotion, distantly followed by happiness (n = 15, 17%) and sadness (n = 12, 14%). Anger was identified in only 2 (2%) dreams, and confusion in 4 (5%) dreams.

The Setting domain consists of 4 location options: Indoor, Outdoor, No Setting and Ambiguous. There was no setting specified in approximately half of the dreams (n = 196, 49%) and in 14 dreams more than 1 setting was mentioned. Of the 219 mentions, 94 (43%) of the dreams took place in the outdoors and 94 (43%) dreams took place in indoor location, while for 31 (14%) of the dreams the setting was ambiguous. The Familiarity of the setting was also rated, and although 204 of the dreams received 218 codes, 89 (41%) of them were rated to be questionable as to familiarity. For the remaining, familiar (n = 59, 27%) and unfamiliar (n = 54, 25%) settings were almost equally mentioned. For 6 (3%) settings, the dreamer mentioned that an originally familiar location was seen in a distorted form and in 10 (4%) dreams, the setting was identified through its geographical location.

Descriptive elements of recurrent dreams were also coded. The number of dreams that mentioned colors was 22 (5.5%), and 9 of the dreams had chromatic colors while 13 dreams had achromatic colors. The recurrent dreams with size specifiers were 35 (9%), 32 of them included specifiers related with largeness, 3 of them were related with smallness. The number of recurrent dreams with age specifiers (person or objects being new/young vs. old) was only 6 (1.5%); one of the dreams mentioned being new/young, and 5 mentioned being old. The density (full/crowded vs. empty) was also rated, and the total number of dreams with density specifier was 11 (3%); references to crowdedness/fullness (n = 5) and emptiness (n = 6) were almost equal. Regarding velocity, total number of dreams with fastness specifiers (n = 7) and slowness specifiers (n = 3) was 10 (2.5%). There was a single dream with linearity-related specifier, and it was described as flat/straight. The words describing intensity was also counted, 66 (17%) of the dreams had intensity specifiers. Number of dreams with strong intensity (i.e. very, loud) was 56, and number of dreams with weak intensity (i.e. quite, little bit) was

10. Another descriptive element in the coding system was evaluation, comprising remarks of the dreamer to the aesthetic and moral evaluations. The number of dreams with at least one pleasing or morally correct evaluation are 14 and the number of dreams with at least one unpleasant or morally incorrect evaluation are 15. The temporal specifiers mentioned in dream narratives were also counted, 39 (10%) dreams specified time. Finally, the use of negating words (i.e. not, never, il-logical, in-capable) are identified. The number of dreams that contained one negating word was 77 (20%) and more than one was 68 (17%) adding up to a total of 145 dreams (36%) and 288 words.

In addition to Hall / Van de Castle system of content analysis (Domhoff, 1996), the researchers also rated (1) Generality/Specificity of dreams, (2) What repeats across recurrent dreams (i.e., theme, character, setting), (3) What changes across dreams (i.e., character, activity), and (4) Awareness Specifiers (i.e., Awareness in dream, continuous dream). Out of 401 recurrent dreams, 178 (44%) were coded as general, indicating that the dream account included a broad description of a theme or activity; 223 (56%) of them were coded as specific, indicating that the account mentioned a specific happening in detail. Taking a closer look on what repeats across recurrent dreams: 125 (31%) dreams were exactly repeating, and in 141 (35%) dreams themes and/or characters and setting was repeating with slight changes in other components, while in 53 dreams (13%) just the theme was repeating. For the remaining dreams 78 (19%), just the activity, the character, the setting or a combination of these were repeating regardless of the theme. Out of 58 identified changes occurring across the recurrence process of the dream, 19 of them was the consequence of the dream, 18 of them were the setting, 14 of them were characters, and the rest of them were distributed across theme, setting, activity and point of view. Out of all recurrent dreams, 10 dreamer mentions awareness in dream, 6 of the dreamers continue dreaming about the same dream, and 3 of them experiences having dream in a dream.

3.1.3 Associations among the Most Influential Recurrent Dream Characteristics with General Dream Experiences

In order to examine the association of the qualities of participants' most influential recurrent dreams, as measured by their self-reports of vividness and emotions, with their general dream experiences regarding the frequency and processing, Spearman correlation coefficients were calculated and presented in Table 3.3.

A weak positive significant correlation between Recurrent Dream Frequency and Vividness of Recurrent Dreams was observed, $rho(448) = .17$, $p < .001$, meaning that the higher levels of vividness in dreams are associated with higher frequencies of having recurrent dreams. Also, another observation regarding the type of emotions experienced in the recurrent dreams and recurrent dream frequency was revealed: Apprehensive and Moral Emotions in the most Influential Recurrent Dreams are weakly positively correlated with Frequency of experiencing Recurrent Dreams, $rho(448) = .20$, $p < .001$ and $rho(448) = .19$, $p < .001$, respectively. High levels of Apprehensive and Moral Emotions in the most Influential Recurrent Dreams are associated with higher Recurrent Dream Frequency. Whereas Positive Emotions in the most Influential Recurrent Dreams are weakly negatively correlated with the Recurrent Dream Frequency, $rho(448) = -.12$, $p = .008$; meaning that higher levels of positive emotions in the most Influential Recurrent Dreams are associated with less frequency of recurrent dreams.

Table 3. 3

Spearman Rank-Order Correlations of Recurrent Dream Variables and General Dream Variables

Variable	1	2	3	4	5	6	7
1. RD Frequency	-						
2. General Dream Frequency	.49**	-					
3. General Dream Processing	.27**	.28**	-				
4. Vividness of I-RD	.17**	.25**	.24**	-			
5. Apprehensive Emotions in I-RD	.20**	.31**	.16**	.19**	-		
6. Moral Emotions in I-RD	.19**	.17**	.07	.01	.47**	-	
7. Positive Emotions in I-RD	-.12**	-.01	.00	.19**	-.24**	-.14**	-

Note: $^{**}p < .01$: I-RD = Influential Recurrent Dream

Vividness of Recurrent Dreams is weakly positively correlated with General Dream Frequency, and General Dream Processing; *rho*(448) = .25, $p < .001$ and , *rho*(448) = .24, $p < .001$ respectively. Vividness of the most influential Recurrent Dreams is weakly positively correlated with Apprehensive and Positive Emotion in the most influential Recurrent Dreams, *rho*(448) = .19, $p < .001$, and *rho*(448) = .19, $p < .001$, consecutively. There was not a significant correlation observed with Moral Emotions in the most influential Recurrent Dreams.

Apprehensive Emotions in the most influential Recurrent Dreams positively and weakly correlated with General Dream Frequency and General Dream Processing; *rho*(448) = .31, $p < .001$ and , *rho*(448) = .16, $p = .001$, respectively. Moral Emotions in the most influential Recurrent Dreams are positively and weakly correlated with General Dream Frequency *rho*(448) = .17, $p < .001$ and, there is not any significant correlation with General Dream Processing. Positive Emotions in the most influential Recurrent Dreams do not have any significant correlation with General Dream Frequency or General Dream Processing.

There is a positive weak correlation between Apprehensive Emotions in the most influential Recurrent Dreams and Moral Emotions in the most influential Recurrent Dreams, *rho*(448) = .47, $p < .001$. There is a negative weak correlation

between Apprehensive Emotions in the most influential Recurrent Dreams and Positive Emotions in the most influential Recurrent Dreams, *rho*(448) = -.24, $p <$ .001. There is a weak negative correlation between Moral Emotions in the most influential Recurrent Dreams and Positive Emotions in the most influential Recurrent Dreams, *rho*(448) = -.14, $p < .001$.

In sum, the Vividness of the most influential recurrent dream was positively correlated with the participants' overall dream frequency and processing; and it was further observed that the recurrent dreams that made participants more feel Apprehensive or Positive were rated as more vivid. It was also observed that more frequent recurrent dreamers' most influential recurrent dreams had more apprehensive and moral emotions and less positive emotions, indicating that negatively toned dreams might tend to repeat. This observation about recurrent dream frequency and negative emotions and recurrent dream was echoed for also general dream frequency. On the other hand, higher levels of general dream processing were only associated with slightly higher apprehensive emotions, but not with moral or positive emotions.

3.2 ASSOCIATIONS OF RECURRENT DREAM CHARACTERISTICS AND DEMOGRAPHIC CHARACTERISTICS

To assess the relationship between Recurrent Dream variables and Demographic characteristics of the sample, a series of Chi-Square and Kruskal-Wallis analyses was conducted. Although these analyses are exploratory, the alpha level for significance was set to .01 instead of .05 to be conservative and reduce to probability of Type 1 error. Analyses regarding the age of the participant were conducted via t-test for mean comparisons and Spearman correlations.

First, analyses regarding *whether or not experiencing Recurrent Dream* and demographic characteristics were conducted. The relationship between whether experiencing or not experiencing Recurrent Dreams and the *Gender* of the participants was statistically significant, X^2 (1, N = 623) = 9.11, p = .003. The percentage of women experiencing recurrent dreams was 74.4%, and not

experiencing recurrent dreams was 25.6%, whereas the percentage of men experiencing recurrent dream was 61.6% and the percentage of men not experiencing recurrent dream was 38.4%; indicating that women are more likely to be experiencing recurrent dreams than men. Regarding *Age*, an independent t-test comparing the ages of the participants who were experiencing or not experiencing Recurrent Dreams also demonstrated a significant difference, $t(628) = 4.313$, $p < .001$. The mean age of the participants who were not experiencing Recurrent Dreams ($M = 38.79$, $SD = 14.431$) is significantly higher than the ones who were experiencing Recurrent Dreams ($M = 33.94$, $SD = 12.010$). There was no significant relationship observed between whether or not experiencing Recurrent Dreams and *Marital Status*, *Relationship Status, Education Level, Income Level, Working Status*, and *Studentship Status*. The only other background variable that had significant association with experiencing recurrent dreams was having gotten professional help for Mental Health issues, either psychiatric or psychotherapeutic. Among those who received professional *Mental Health Help* at some point in their lives, 76.3% reported to have experienced recurrent dreams, and 23.8% reported not experiencing recurrent dreams. Among those who did not receive Mental Health Help, 66.8% reported to have experienced recurrent dreams, 33.2% reported not to have experienced recurrent dreams. Those who have received Mental Health Help are more likely to report having recurrent dreams, X^2 $(1, N = 621) = 6.85$, $p = .009$.

Secondly, analyses regarding the *Recurrent Dream Frequency* and demographic characteristics were conducted. The Kruskal Wallis test on Recurrent Dream Frequency compared the mean ranks for *Gender* conditions, Women and Men, was significant at an alpha level of .05, $H(1, N = 623) = 9.57$, $p = .002$. Women had a mean rank of 323.51 ($M = 2.34$, $Mdn = 2.00$), had higher recurrent dream frequency as opposed to men who had a mean rank of 276.01 ($M = 2.25$, $Mdn = 2.00$). The Spearman correlation analysis revealed a negative correlation between *Age* of the participant and recurrent dream frequency, $rho(628) = -.21$, $p < .001$, being older is associated with experiencing recurrent dreams less frequently. The Kruskal Wallis test on Recurrent Dream Frequency compared the mean ranks for *Marital Status* groups, Single vs Married, there was a significant difference, $H(1, N$

= 625) = 14.62, $p < .001$. Single group had a mean rank of 332.56 (M = 2.39, *Mdn* = 2.00), had a higher frequency of recurrent dreams than the married group which had a mean rank of 280.54 (M = 2.21, *Mdn* = 2.00). There was no significant relationship between Recurrent Dream Frequency and *Education Level, Income Level, Relationship Status, Working Status*, and *Studentship Status*. Again, the background variable associated with Recurrent Dream Frequency was *Mental Health Help history*. The mean ranks for *Mental Health Help*, those who received and did not receive mental health help, were compared and the difference was significant, $H(1, N = 621) = 13.51$, $p < .001$. The group which received mental health help had a mean rank of 334.4 (M = 2.38, *Mdn* = 2.00), had higher recurrent dream frequency compared to the group consisting of participants who had never received mental health help, which had a mean rank of 286.1 (M = 2.26, *Mdn* = 2.00).

Next, the associations of *Age of the first Recurrent Dream* were experienced and demographic variables were examined. As the age of the first recurrent dream is by nature correlated with age of the participants, $rho(X) = .334$, $p < .001$, the remaining analyses were conducted by controlling for age. None of the demographic characteristics or background information was found to be related to the age of the first recurrent dream.

The *Vividness* of recurrent dreams were inspected as to its association with demographics. The Kruskal Wallis test on Vividness level of Recurrent Dreams was conducted to compare the mean ranks for *Gender* conditions, Women and Men, and the difference was significant at an alpha level of .05, $H(1, N = 444) = 7.50$, $p = .006$. Women had a mean rank of 230.95 (M = 6.48, *Mdn* = 7.00) and men had a mean rank of 190.61 (M = 5.66, *Mdn* = 6.00); women had more vivid recurrent dreams compared to men. The rest of the demographics, namely *Relationship Status, Marital Status, Education Level, Income Level, Age of the Participant, Working Status, Studentship status* and *Mental Health Help* history, were not significantly associated with the Vividness of the most influential recurrent dream.

The Kruskal Wallis test on *level of Apprehensive Emotions in* the most influential recurrent dream was conducted to compare the mean ranks for *Gender*

conditions, Women vs Men, and the difference was significant, $H(1, N = 444) = 21.05$, $p < .001$. Women had a mean rank of 236.86 ($M = 4.47$, $Mdn = 4.75$) and men had a mean rank of 168.29 ($M = 3.55$, $Mdn = 3.50$); women experienced higher levels of apprehensive emotions in their most influential recurrent dream than men did. Spearman correlation was conducted to assess the relationship between Level of Experiencing Apprehensive Emotions in the most influential Recurrent Dream and *Age* of the participants, there was a significant negative correlation, $rho(448) = -.27$, $p < .001$. Kruskal Wallis test on Level of Apprehensive Emotions experienced in the most influential Recurrent Dreams was conducted for *Relationship Status*, the result was not significant. However, the Kruskal Wallis test on Level of Experiencing Apprehensive Emotions in the most influential Recurrent Dream was used to compare the mean ranks for *Marital Status* groups, Single vs Married, there was a significant difference, $H(1, N = 446) = 9.51$, $p = .002$. Single group had a mean rank of 237.28 ($M = 4.5$, $Mdn = 4.75$), had a higher level of experiencing apprehensive emotions in the most influential recurrent dreams than the married group which had a mean rank of 197.88 ($M = 4.22$, $Mdn = 4.50$). The Kruskal Wallis test on Level of Apprehensive Emotions experienced in the most influential Recurrent Dream compared the mean ranks for *Mental Health Help History*, those who received and did not receive mental health help, and the difference was significant, $H(1, N = 445) = 4.5$, $p = .034$. The group which received mental health help had a mean rank of 234.73 ($M = 4.49$, $Mdn = 4.75$), had higher level of experiencing apprehensive emotions in the most influential recurrent dreams compared to the group consisting of participants who had never received mental health help, which had a mean rank of 208.76 ($M = 4.31$, $Mdn = 4.50$).

Regarding the *level of Moral Emotions* experienced in the most influential recurrent dreams, again Kruskal Wallis test and Spearman correlation analyses were conducted. Comparison of the *Gender* groups was not significant. There was a weak significant negative correlation of moral emotions with Age of the participants, $rho(448) = -.13$, $p = .005$. As in apprehensive emotions, the Relationship Status was not found to be associated with moral emotions in the most influential recurrent dream, however, the Kruskal Wallis test *on Level of Moral Emotions* experienced

in the most influential Recurrent Dream was used to compare the mean ranks for *Marital Status* groups, Single vs Married, there was a significant difference, $H(1, N = 446) = 8.36$, $p = .004$. The single group had a mean rank of 236.14 ($M = 2.24$, $Mdn = 1.75$); the single group had a higher level of experiencing Moral Emotions in the most influential Recurrent Dream than the married group which had a mean rank of 200.01 ($M = 1.93$, $Mdn = 1.25$). The Kruskal Wallis test on Level of Moral Emotions experienced in Recurrent Dream compared the mean ranks for *Mental Health Help History*, those who received and did not receive mental health help, and the difference was significant, $H(1, N = 445) = 21.26$, $p < .001$. The group which received mental health help had a mean rank of 247.9 ($M = 2.35$, $Mdn = 2.0$), had higher level of experiencing moral emotions in the most influential recurrent dreams compared to the group consisting of participants who had never received mental health help, which had a mean rank of 192.77 ($M = 1.87$, $Mdn = 1.25$).

The *Level of Positive Emotions* in the most influential recurrent dream was not significantly associated with *Gender.* Spearman correlation test was conducted to assess its relationship with *Age* of the participants and a significant positive correlation was observed, $rho(448) = .19$, $p < .001$. The Kruskal Wallis test on Level of Experiencing Positive Emotions in the most influential Recurrent Dreams was used to compare the mean ranks for *Marital Status* groups, Single vs Married, there was a significant difference, $H(1, N = 446) = 9.16$, $p = .002$. The married group which had a mean rank of 247.95 ($M = 3.16$, $Mdn = 3.00$) had higher level of experiencing positive emotions in the most influential recurrent dreams than the single group which had a mean rank of 210.35 ($M = 2.52$, $Mdn = 1.50$). Kruskal Wallis tests on Level of Positive Emotions experienced in Recurrent Dreams conducted to compare mean ranks of the *Gender* groups, *Relationship Status* groups and *Mental Health Help History* groups, revealed no significant differences.

Table 3. 4

Summary of Findings Regarding Recurrent Dream Variables and Gender, Marital Status, Age and Mental Health Help Seeking

	RD Presence / Absence	RD Frequency	Vividness of I-RD
Gender	Women more likely	Women higher frequency	Women more vivid
Marital Status	N/D	Singles higher frequency	N/D
Age	RD Present Younger	Younger age correlates with higher RD frequency	N/D
Mental Health Help Seeking	Receivers more likely	Receivers higher frequency	N/D

Note. RD = Recurrent Dream, I-RD = Influential Recurrent Dream, N/D = No statistically significant difference

The overall Emotional Tone of the most influential recurrent dream was reported by the participants was marked also as positive, negative, both or neutral and was analyzed with regard to its associations with demographic and background characteristics via Chi-Square tests. There was a significant relationship between Tone of Emotions in the most influential Recurrent Dreams and *Gender*, the $X^2(3, N = 444) = 20.31, p < .001$. Of the participants who identified as woman, 10.5% had positive Recurrent Dreams, 55% had negative Recurrent Dreams, 11% had neutral recurrent dreams and 24% had recurrent dreams that were both positive and negative in terms of tone of emotion. Of the participants who identified as man, 14% had positive, 34% had negative, 27% had neutral, 25% had recurrent dreams that were both positive and negative in terms of tone of emotion. It was noted that a higher ratio of women as compared to men described the emotional tone of their most influential dream as negative, whereas a higher ratio of men as compared to women tended to select neutral or positive. A One-way Analysis of Variance was conducted to compare the average ages of participants based on Emotional Tones

of the most influential recurrent dreams. It was found that those who rated their most influential recurrent dreams as Negative (M = 31.25, SD = 10.6) were the youngest group; followed by those who rated them as both Positive and Negative (M = 35.59, SD = 12.72), then by Neutral (M = 36.44, SD = 12.67) and finally, those who reported them as Positive (M = 39.31, SD = 12.68) were the oldest group. The difference between the groups was statistically significant, $F(3, 446) = 9.35$, $p < .001$. There was a significant relationship between *Tone of Emotions in the most influential Recurrent Dreams* and *Marital Status*; the X^2 (3, N = 446) = 10.81, p = .013. Of the participants who were single, 11% had positive Recurrent Dreams, 55.5% had negative Recurrent Dreams, 11% had neutral recurrent dreams and 23% had recurrent dreams that were both positive and negative in terms of tone of emotion. Of the participants who were married, 13.5 % had positive, 42% had negative, 20% had neutral, 25% had recurrent dreams that were both positive and negative in terms of tone of emotion. This distribution indicates that a higher percentage of single participants evaluated their most influential recurrent dream as negative and a lower percentage as neutral. There was also a significant relationship between *Tone of Emotions in the most influential Recurrent Dreams* and history of *Mental Health Help* seeking behavior; X^2 (3, N = 445) = 17.70, p = .001. Of those who have never received mental health help, 10% had Positive Recurrent Dreams, 44% had Negative Recurrent Dreams, 21% had Neutral recurrent dreams and 24% had recurrent dreams that were both Positive and Negative in terms of tone of emotion. Of the participants who received mental health help, 12% had positive, 57% had negative, 8% had neutral, 23% had recurrent dreams that were both positive and negative in terms of tone of emotion. There was no significant relationship observed between Tone of Emotions Recurrent Dreams and *Studentship Status, Education Level, Working Status, Level of Income* and *Relationship Status.*

Table 3.5

Summary of Findings Regarding Emotions in Recurrent Dream and Gender, Marital Status, Age and Mental Health Help Seeking

	Emotional Tone of I-RD	Apprehensive Emotions in I-RD	Moral Emotions in I-RD	Positive Emotions in I-RD
Gender	Women more negative	Women higher levels	N/D	N/D
Marital Status	Singles more negative	Singles higher levels	Singles higher levels	Married higher levels
Age	Negative I-RD Youngest	Younger age correlates with higher levels	Younger age correlates with higher levels	Older age correlates with higher levels
Mental Health Help Seeking	Receivers more negative	Receivers higher levels	Receivers higher levels	N/D

Note. RD = Recurrent Dream, I-RD = Influential Recurrent Dream, N/D = No statistically significant difference

The associations of dream element as coded using the Hall/Van de Castle System with demographic variables were examined via Chi-square tests and non-parametric variance analyses. The number or type of characters, existence or type of interactions, success or failure themes, good fortune or misfortune did not differ across categories of *Gender*, *Relationship* and *Marital Status* or level of *Education*. *Age* was observed to be to only noteworthy demographic that was associated with the content of the most influential recurrent dream. As Age increased, the Number of Characters, *rho*(401) = -.187, $p < .001$, and the number of Aggressive Interactions, *rho*(401) = -.188, $p < .001$, significantly decreased. As to the descriptive elements in the discourse, it was further observed that the number of Negative Words (e.g., *not* a person, *never* visits) used in the description, *rho*(401)

= -.139, p = . 005, and the number of Density modifiers (e.g., crowded, empty), *rho*(401) = -.141, p = . 005, decreased by Age.

When the association of the elements of the most influential dream with *Mental Help History* was examined, it was observed that psychiatric help was not associated with any of the elements and *Psychotherapy* experience was associated only with the *Number of Characters*. The number of characters mentioned by participants who had/is having psychotherapy (M = .96, Mdn = 1) was significantly higher than the participants who never received psychotherapy (M = .62, Mdn = 0), $U(N_{therapy}= 180, N_{notherapy}= 219) = 23208.5$, $p < .001$. Of the participants, 24% of those who had/is having psychotherapy reported a dream with 2 or more characters, whereas 10% of those who never received psychotherapy did so.

In sum, the associations of the experience and frequency of recurrent dreams and demographic and background characteristics indicated that participants who were women, younger, single, and/or with a history of mental help were more likely to experience and had a higher frequency of recurrent dreams. Same characteristics of being a women, younger, single, and/or with a history of mental help were also associated with higher levels of apprehensive emotions as well as a higher likelihood to describe their most influential recurrent as negative and a lower likelihood to describe it as neutral. The level of moral emotions on the other hand, was not associated with gender, but decreased by age and was higher for participants who were single and who had a history of mental help. Then again, the level of positive emotions was higher for older and married participants. Overall, age of the participant was associated with almost all recurrent dream variables measured in this study, including the negative correlations with overall frequency and overall negativity.

3.3 ASSOCIATIONS OF RECURRENT DREAM CHARACTERISTICS WITH SYMPTOM SEVERITY, DISSOCIATION, AND MENTALIZATION

Initially, Spearman Rank-Order Correlation was used to assess the relationship between Recurrent Dream Variables and Psychological Symptoms, Dissociation, Mentalization and Typical Dream Motifs. The calculated correlations will be used for preliminary check on if the stated hypotheses are supported or failed to be supported, thus warrant the inclusion in the further analysis of model testing via Ordinal Regression, which will be reported in the next section. Out of 630 participants, 513 participants have completed all the measures; thus 117 participants were removed from further analysis. The coefficients are presented in Table 3.6.

Table 3.6

Spearman Rank-Order Correlations of Recurrent Dream Variables with Psychological Symptoms (BSI), Dissociation (DES), Mentalization (MentS) and Typical Dream Motifs (DMS)

	RD Frequency	Vividness of I-RD	Apprehensive Emotions in I-RD	Moral Emotions in I-RD	Positive Emotions in I-RD
BSI Anxiety	.153**	-.038	.269**	.270**	-.037
BSI Depression	.145**	-.017	.235**	.224**	-.032
BSI Negative Self	.141**	.021	.233**	.284**	-.044
BSI Somatization	.127**	-.012	.180**	.177**	.072
BSI Hostility	.085	-.012	.190**	.238**	.030
BSI GSI	.153**	-.015	.254**	.272**	-.026
BSI PST	.122**	-.061	.222**	.279**	.000
BSI PSDI	.170**	.053	.246**	.188**	-.023
DES Total Score	.247**	.056	.231**	.270**	.061
MentS Total Score	.090*	.225**	.125*	-.047	.003
MentS-S	-.024	.176**	-.062	-.152**	.014
MentS-O	.084	.199**	.084	-.031	.025
MentS-M	.147**	.154**	.229**	.107*	-.078
DMS Persecution	.289**	.040	.219**	.245**	-.078
DMS Grandiosity	.242**	.111*	.077	.039	.148**
DMS Appetite- Instinct	.224**	.067	.064	.051	.155**
DMS Ego Ideal	.265**	.008	.204**	.291**	-.116*
DMS Total Score	.322**	.076	.176**	.192**	.040

Note. RD = Recurrent Dream, I-RD = Influential Recurrent Dream, BSI GSI = BSI Global Severity Index, BSI PST = BSI Positive Symptom Total, BSI PSD = BSI Positive Symptom Distress Index, MentS-S = Self Related Mentalization, MentS-O = Other Related Mentalization, MentS-M = Motivation to Mentalize

*$p < .05$, **$p < .01$.

The association between Psychological Symptoms and Recurrent Dream Frequency was investigated. There was a positive weak correlation between three global indices of Brief Symptom Inventory (BSI) and Frequency of having Recurrent Dreams: for Global Severity Index (GSI), *rho*(511) = .153, *p* = .001, for Positive Symptom Total , *rho*(511) = .121, *p* = .006 and for Positive Symptom Distress , *rho*(511) = .170, *p* < .001. A closer look at the subscales reveals that there is a weak positive correlation with *r* values ranging between .127 - .152, except for the Hostility subscale. These findings indicate that the first hypothesis of the study "The frequency of Recurrent Dreams will be positively correlated with the level of psychological symptoms" receives preliminary support that warrants further exploration. This finding also suggests that Recurrent Dream Frequency is more associated with global indices of symptom levels, but not particularly related with any of the symptoms measured by Brief Symptom Inventory (BSI).

It was observed that there is a weak positive correlation between Dissociative Experiences frequency and the frequency of having Recurrent Dreams; the relationship is significant, *rho*(511) = .247, *p* < .001. It is an important finding for the current study, suggesting that the second hypothesis "The frequency of recurrent dreams will be correlated with the level of dissociative experiences." is also initially supported. This finding will be further investigated in terms of its comparative predictive power in the next section. There was also a very weak positive correlation between Mentalization capacity and the Frequency of having Recurrent Dreams, *rho*(511) = .090, *p* = .042. This finding suggests that the third hypothesis of the study "The frequency of recurrent dreams will be negatively correlated with the level of mentalization" is supported, yet given the *p* value, this association should be cautiously noted.

Taking a closer look at the association between frequency of certain types of Typical Dream Motifs (DMS subscales) and Frequency of experiencing Recurrent Dreams reveals that there is a weak positive correlation: for Persecution subscale, *rho*(511) = .289, *p* < .001, for Grandiosity subscale, *rho*(511) = .242, *p* < .001, for Appetite-Instinct subscale , *rho*(511) = .224, *p* < .001, for Ego Ideal subscale , *rho*(511) = .265, *p* < .001. Taking these findings together, the Recurrent

Dream Frequency is positively correlated with all the Typical Dream Motifs, and even though the correlation with Persecution subscale is slightly higher than the other subscales, there is not a discriminant pattern observed.

The associations of the Vividness of Recurrent Dreams with Psychological Symptoms, Dissociation, Mentalization, and Typical Dream Motifs are also investigated (see Table 3.6). There was not any significant correlation observed between Vividness of Recurrent Dreams and any of the Psychological Symptom (BSI) subscales or the global indices. There was also not any significant correlation observed between Vividness of Recurrent dreams and dissociation (DES). However, a weak positive correlation between Vividness of Recurrent Dreams and Mentalization capacity was observed, at an alpha level of .05; $rho(358) = .225$, $p < .001$, and the correlation coefficients with subscales of Mentalization ranged between .154 to .199. These observations indicate that the strongest association Mentalization has with any characteristic of recurrent dreams is with Vividness. Vividness was also weakly correlated with DMS Grandiosity, $rho(358) = .111$, $p < .05$. There was not a significant correlation between Vividness of Recurrent Dreams and any other variables discussed.

Apprehensive Emotions experienced in the most Influential Recurrent Dreams and its association with Psychological Symptoms, Dissociation, Mentalization, and Typical Dream Motifs are investigated through Spearman Rank-Order Correlation analysis. There was a positive significant correlation between Apprehensive Emotions in the most influential Recurrent Dreams and Global Indices of Brief Symptom Inventory (BSI) that measures Psychological Symptoms; BSI Global Severity Index $rho(358) = .254$, $p < .001$, BSI Positive Symptom Total $rho(358) = .222$, $p < .001$, BSI Positive Symptom Distress Index $rho(358) = .246$, $p < .001$. There is also a positive significant correlation between Apprehensive Emotions in the most influential Recurrent Dreams and all subscales of BSI, with correlation values ranging between .180 to .269. A weak positive correlation between Apprehensive Emotions in the most Influential Recurrent Dreams and Dissociative Experiences frequency is observed; $rho(358) = .231$, $p < .001$. A weak positive correlation between Apprehensive Emotions in the most Influential

Recurrent Dreams and Mentalization Capacity; *rho*(358) = .125, *p* = .017, and among the subscales of Mentalization, only MentS-M had a positive weak correlation *rho*(358) = .229, *p* < .001. Taking a closer look at the association between Apprehensive Emotions in the most Influential Recurrent Dreams and Typical Dream Motifs (DMS) total score and its subscales revealed that there is a weak positive correlation; in DMS total, *rho*(358) = .176, *p* < .01, DMS Persecution *rho*(358) = .219, *p* < .01, and DMS Ego Ideal, *rho*(358) = .204, *p* < .01. There was not any significant correlation between Apprehensive Emotions in the most Influential Recurrent Dreams and DMS Grandiosity, and DMS Appetite-Instinct.

Moral Emotions experienced in the most influential Recurrent Dreams and its association with Psychological Symptoms, Dissociation, Mentalization and Typical Dream Motifs are investigated through Spearman Rank-Order Correlation analysis. There was a positive significant correlation between Moral Emotions in the most Influential Recurrent Dreams and Global Indices of Brief Symptom Inventory (BSI) that measures Psychological Symptoms; BSI Global Severity Index *rho*(358) = .272, *p* < .001, BSI Positive Symptom Total *rho*(358) = .279, *p* < .001, BSI Positive Symptom Distress Index *rho*(358) = .188, *p* < .001. There is also a positive significant correlation between Moral Emotions in the most Influential Recurrent Dreams and all subscales of BSI ranging between correlation values of .177 to 284. It was observed that there is a weak positive correlation between Moral Emotions in the most Influential Recurrent Dreams and Dissociative Experiences; *rho*(358) = .270, *p* < .001. There was not a significant correlation between Moral Emotions in the most Influential Recurrent Dreams and Mentalization, *rho*(358) = -047, *p* = .373. Taking a closer look at Typical Dream Motifs (DMS) total score and its two subscales DMS Persecution and DMS Ego-Ideal, revealed that there was a positive weak correlation with Moral Emotions in the most Influential Recurrent Dreams; for DMS total score, *rho*(358) = .192, *p* < .001, for DMS Persecution *rho*(358) = .245, *p* < .001 and for DSM Ego-Ideal *rho*(358) = .291, *p* < .001. There was not a significant correlation between Moral Emotions in the most Influential Recurrent Dreams and DMS Appetite Instinct or DMS Grandiosity.

Positive Emotions experienced in the most Influential Recurrent Dreams and its association with Psychological Symptoms, Dissociation, Mentalization and Typical Dream Motifs are investigated through Spearman Rank-Order Correlation analysis. There was not any significant correlation observed between Positive Emotions in the most Influential Recurrent Dreams and any of the Psychological Symptoms measured by BSI subscales and any of the BSI Global Indices, $p > .05$. There was also not any significant correlation observed between Dissociation, Mentalization and Typical Dream Motifs (DMS total). There was a weak positive correlation between Positive Emotions in the most Influential Recurrent Dreams and Typical Dream Motifs subscales of DMS Grandiosity and DMS Appetite-Instinct; for the DMS Grandiosity $rho(358) = .148$, $p = .005$, and for DMS Appetite-Instinct $rho(358) = .155$, $p = .003$. There was a weak negative correlation between DMS Ego-Ideal and Positive Emotions in the most Influential Recurrent Dreams, $rho(358) = -.116$, $p = .028$.

The associations of the elements of the most influential dream as coded using the Hall/Van de Castle System with dissociation, mentalization, and symptoms were also examined via Chi-square tests and parametric variance analyses for the subsample of 325 participants who provided both an influential repetitive dream account and valid responses to the other measures. Regarding the number and type of characters, the sole associated variable was the Motivation to Mentalize. As the motivation to mentalize increased, the number of characters in the most influential repetitive dream also increased, $rho(325) = .163$, $p = .003$. It was additionally observed that the level of motivation to mentalize significantly differed across participants who reported different types of characters, $F(1, 325) = 4.430$, $p = .005$, $\eta_p^2 = .040$. Participants who reported just human characters had the highest level of motivation to mentalize ($M = 4.30$, $SD = .503$) as followed by participants who reported a character combination in which humans were also included ($M = 4.16$, $SD = .736$); whereas participants whose dream did not include any character and included only animals or imaginary characters had lower levels of motivation to mentalize ($M = 4.08$, $SD = .624$ and $M = 3.96$, $SD = .565$, respectively).

Regarding the existence, number, and type of Aggressive Interactions, no significant associations were observed for dissociation, mentalization, and symptoms. On the other hand, the themes of the participants' typical dreams as measured by Dream Motifs Scale (DMS) was associated with some elements of aggressive interactions reported in the narrative of the most influential repetitive dream. First, it was observed that the existence, but not the number, of aggressive interactions was significantly associated with the overall frequency of Persecution themes, $F(1, 325) = 7.472$, $p = .007$, $\eta_p^2 = .023$. As expected, participants whose repetitive dream involved an aggressive interaction reported a higher frequency of dreams with persecution themes ($M = 2.18$, $SD = .842$) than participants whose dreams did not involve aggression ($M = 1.90$, $SD = .761$). Next, the type of aggression was found to be significant associated with the Ego-ideal scale score of DMS, $F(1, 325) = 6.034$, $p < .011$, $\eta_p^2 = .070$. It was observed that participants who reported aggressive interactions including "physical harm and/or death" had the highest frequency of dreams with Ego-Ideal theme ($M = 2.67$, $SD = .872$), which is significantly higher than participants who did not report aggression ($M = 1.87$, $SD = .773$), $M_{diff} = .8071$, $SE = .16625$, $p < .001$. Although post-hoc pairwise comparisons were not significant due to low number of participants in some groups, it was observed that the frequency of dreams with Ego-Ideal theme for the participants who reported very common aggressive interactions of "rejection, exploitation, control" ($M = 1.81$, $SD = .506$) and "being chased, captured, confined" ($M = 1.88$, $SD = .489$) were very close to the no aggressive interaction group and notably lower than those who reported "physical harm and/or death."

In this subset of the sample, of 75 aggressive interactions 10 portrayed the dreamer as the aggressor and 65 did not; and 56 portrayed the dreamer as the victim and 19 did not. Due to the low number of participants, comparisons of these groups were conducted cautiously with non-parametric statistics and no difference was observed as regards the study variables.

Regarding the existence, number, and type of Friendly Interactions and Success or Failures no significant associations were observed for dissociation, mentalization, symptoms, or dream motifs. Similarly, Good Fortune was not

significantly associated with any of the measures, on the other hand Misfortune was observed to be the only element of the most influential repetitive dream that was associated with symptom level and type. As to the overall level of symptoms, the BSI index of Positive Symptom Distress that refers to the intensity of the subjectively experienced distress due to symptoms was significantly different for the participants who had or did not have misfortunes in their repetitive dreams, $F(1, 322) = 7.703$, $p = .006$, $\eta_p^2 = .024$. Participants who reported some type of misfortune had a higher level of symptom distress ($M = 1.77$, $SD = .590$) than participants who did not ($M = 1.59$, $SD = .536$). As to the specific type of symptoms, a significant difference was observed for the BSI subscale of Negative Self, $F(1, 325) = 8.409$, $p = .004$, $\eta_p^2 = .025$. Again, participants who reported some type of misfortune had a higher level of symptoms that indicate a negative self-perception ($M = 1.05$, $SD = .776$) than participants who did not ($M = 0.81$, $SD = .738$). When the analyses were repeated only with the misfortunes that happened to the dreamer, the main effect weakened; suggesting that these associations did not depend on the dreamer being the subject of the misfortune.

The type of misfortune that was reported on the other hand, was found to be associated only with the Ego-ideal scale of DMS, $F(4, 325) = 3.552$, $p = .007$, $\eta_p^2 = .043$. The participants who reported a misfortune of "frustration" had the highest frequency of dreams with Ego-Ideal theme ($M = 2.24$, $SD = .926$), which is significantly higher than both participants who did not report any misfortune ($M = 1.88$, $SD = .712$), $M_{diff} = .3685$, $SE = .11720$, $p = .045$, and participants who reported misfortunes of "illness, injury or death by accidental or unknown causes" ($M = 1.67$, $SD = .683$), $M_{diff} = .5717$, $SE = .16762$, $p = .022$. As also observed for the aggression the commonly reported misfortune of "falling, almost falling" had a level of Ego-Ideal score that was almost the same with no misfortune ($M = 1.88$, $SD = .780$), but the post-hoc test was not significant.

Overall, the findings suggest that as the level of each type and overall symptoms increased the frequency of recurrent dreams, as well as the apprehensive and moral emotions evoked by the most influential recurrent dreams also increased. Regarding the content, only the symptom distress level and negative self-perception

were associated with the existence of misfortune. Dissociation, on the other hand, was similarly positively correlated with the frequency of recurrent dreams, as well as the apprehensive and moral emotions; but not associated with the elements of dream content. Mentalization was the only measure associated with the vividness by which the most influential recurrent dream was recalled; yet the overall level of mentalization or self-related and other-related mentalization were not associated with other dream characteristics, except for the weak negative correlation of self-directed mentalization and moral emotions. On the other hand, higher levels of motivation to mentalize was associated with higher recurrent dream frequency, vividness, apprehensive emotions, and number of characters, especially human characters. Lastly, findings regarding typical dream characteristics indicate that the overall level of persecution themes was also reflected as an increased level of apprehensive and moral emotions as well as existence of an aggressive interaction in the most influential recurrent dream. Grandiosity and Appetite-Instinct were also expectedly associated with positive emotions. Further, the theme of Ego-Ideal was not only associated apprehensive and moral emotions, but also with the existence of an aggressive interaction that includes physical harm or death and misfortunes including frustration.

3.4 PREDICTING RECURRENT DREAMING

The Ordinal Regression Analysis was conducted using the responses of 513 participants. The current regression analysis was applied to observe the controlled effects of the variables, along with to compare their predictive powers and test for possible interaction effects. The two options on the scale for Recurrent Dream Frequency, namely 4 (*Every week*) and 5 (*Nearly Every Day*), had very low number of responses, which would make any linear analysis or linear interpretations problematic; thus the variable was transformed into an ordinal scale with 3 levels as never, rarely, frequently. The Psychological Symptomatology (BSI) subscale scores are interrelated among each other, and due to multicollinearity, it is neither statistically nor semantically meaningful to test each subscale in the current Model.

Moreover, because none of the BSI subscales revealed any differentiated relationship with Recurrent Dream frequency; the most commonly used and broadest index, Global Severity Index (GSI) was used for the current regression analysis. The predictor variables of the Ordinal Regression Model for predicting Recurrent Dream Frequency are Mentalization (MentS Total), Dissociation (DES Total), Psychological Symptomatology Global Severity Index (BSI-GSI), interaction between Mentalization and GSI, and the Interaction between Mentalization and Dissociation. The summary of the Ordinal Regression Analysis Model is presented in Table 3.7.

Table 3. 7

Model Summary of Ordinal Regression Analysis for Predicting Recurrent Dream Frequency

			95% Wald CI		Hypothesis Test		
Parameter	B	SE	Lower	Upper	Wald X^2	df.	Sig.
Threshold							
RD Frequency = 1	-.689	.172	-1.026	-.352	16.073	1	.000
RD Frequency = 2	1.764	.188	1.396	2.131	88.364	1	.000
RD Frequency = 3	3.814	.300	3.227	4.401	162.046	1	.000
Mentalization	.504	.191	.131	.878	7.004	1	.008
Dissociation	.028	.008	.012	.043	11.873	1	.001
GSI	.211	.163	-.109	.531	1.667	1	.197
Mentalization * GSI	-.711	.357	-1.411	-.012	3.976	1	.046
Mentalization* Dissociation	-.008	.016	-.040	.023	.279	1	.598

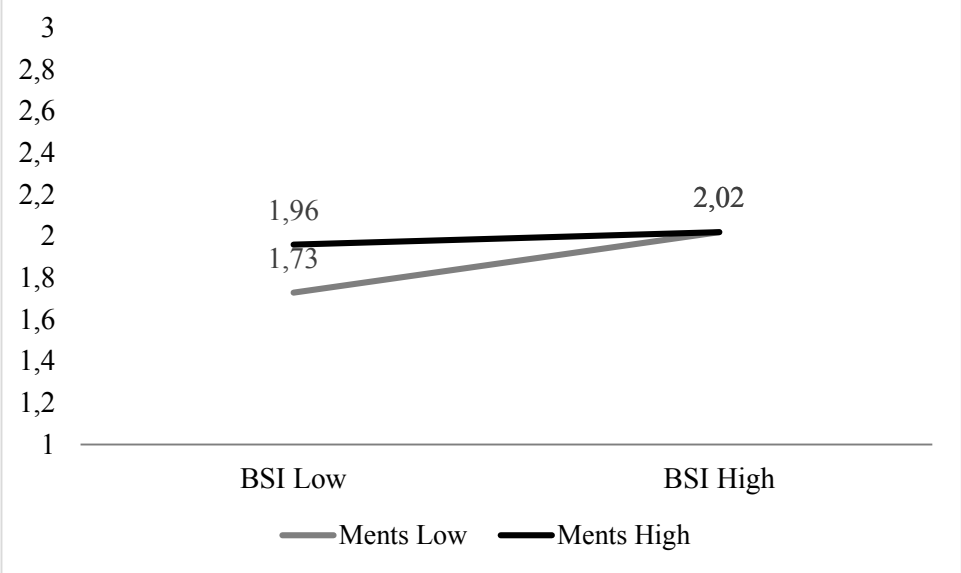
Note. RD = Recurrent Dream, GSI = Global Severity Index

The Ordinal Regression model was constructed to predict the changes in the frequency of experiencing recurrent dreams based on Dissociation, Mentalization and Psychological Symptom levels and testing for interaction effect between Mentalization total & BSI Global Severity index and Mentalization & Dissociation. The final fitted model has a significant improvement over the threshold only model,

X^2 (5) = 43.61, p < .001. It was found that Mentalization and Dissociation are significant in terms of predicting Recurrent Dream Frequency; for Mentalization Wald X^2 (1) = 7.00, p = .008, for Dissociation Wald X^2 (1) = 11.87, p = .001. However, the BSI Global Severity Index is not significant in terms of predicting Recurrent Dream Frequency, Wald X^2 (1) = 1.67, p = .197. In sum, it is predicted that 1 unit increase in MentS total will increase recurrent dream frequency by .50 (%95 CI: .13 - .88) and 1 unit increase in DES total will increase recurrent dream frequency by .03 (%95 CI: .01 - .04).

Figure 3. 1

Estimated Marginal Means of Mentalization (MentS) & Psychological Symptoms (BSI) on Frequency of Recurrent Dreams



The interaction between MentS total and BSI Global Severity Index is also on the border significant with a Wald X^2 (1) = 3.98, p = .046, on Recurrent Dream Frequency. It is predicted that 1 unit increase in interaction between MentS & BSI Global Severity Index will cause a decrease by -.71 (%95 CI: -1.41 to -.01). For those with low levels of Mentalization capacity and having low levels of symptom severity; experiencing recurrent dreams is less frequent. Having low Mentalization

capacity and high levels of Psychological symptoms is associated with higher frequency of Recurrent Dreams. Whereas those with high level of Mentalization capacity, the level of Psychological symptoms is not associated with Recurrent Dream Frequency. The interaction between MentS total and DES total was not significant in terms of predicting recurrent dream frequency Wald X^2 (1) = .28, p = .598.

Taking these findings into consideration, it is important to emphasize that while the Spearman Correlation analysis previously indicated a significant weak positive relationship between Global Severity Index and Frequency of Recurrent Dreams *rho*(511) = .153, p = .001, in the current Ordinal Regression Model, Global Severity Index is not significant in terms of predicting Recurrent Dream Frequency. While the first hypothesis of the current study "The frequency of recurrent dreams will be positively correlated with the level of psychological symptoms" is supported, the Ordinal Regression Model revealed that Dissociation and Mentalization are better predictors of Recurrent Dream Frequency. The second hypothesis of the current study. "The frequency of recurrent dreams will be positively correlated with the level of dissociative experiences" is also supported, and the current Ordinal Regression Model revealed that Dissociation is an important predictor of Recurrent Dream Frequency. The third hypothesis of the study "The frequency of recurrent dreams will be negatively correlated with the level of mentalization." Is rejected, the relationship between Recurrent Dream Frequency and level of Mentalization and Recurrent Dream Frequency is significant; however, the relationship is positively correlated. In the current Ordinal Regression model, it is also revealed that Mentalization is a significant predictor of Recurrent Dream Frequency. The fourth hypothesis of the study "Mentalization will moderate the association between the frequency of recurrent dreams and the level of Psychological Symptoms." Is also supported, there is a significant interaction between Mentalization and Psychological Symptoms in predicting Recurrent Dream Frequency. Finally, the fifth hypothesis of the study "Mentalization will moderate the association between the frequency of recurrent dreams and the level

of dissociative experiences.” Is not supported, there is not a significant interaction between Mentalization and Dissociation in predicting Recurrent Dream Frequency.

CHAPTER 4
DISCUSSION

The purpose of the current study was to investigate if there is a relationship between Recurrent Dreaming, Psychological Symptomatology and Dissociation, and to see if Mentalization plays a moderating role. In light of the literature review, findings of the current study will be discussed and whether hypotheses are met will be investigated. Because the concept of Recurrent Dreaming is not a widely studied concept, there were some exploratory analysis conducted to better understand its relationship with background characteristics of the participants, along with the newly constructed variables regarding general dreaming experiences, dreaming processing, and certain recurrent dreaming experience characteristics.

The findings of the current study will be discussed in 10 sections. Initially, the relationship between Recurrent Dreaming and Psychological Symptomatology will be discussed. The second section will take a closer look at the relationship between Recurrent Dreaming and Dissociation, while the third section will discuss the relationship between Recurrent Dreaming and Mentalization. Thereafter, the characteristics of experiencing Recurrent Dreams; such as the percentage of experiencing recurrent dreams and the distribution of emotional tone of recurrent dreams observed in the Turkish population will be discussed. In section five, the findings regarding the association between recurrent dream variables with each other and general dream variables will be discussed. In section six the association between gender, age and marital status and recurrent dreams; and in section seven, the association between mental health help seeking and recurrent dreaming will be discussed. The findings regarding typical dream motifs and recurrent dreaming will be discussed in the following section. The section nine will discuss possible clinical implications of the current findings. Finally, limitations of the current study and suggestions regarding future studies will be presented.

4.1 RECURRENT DREAMING AND PSYCHOLOGICAL SYMPTOMATOLOGY

In light of the literature suggesting that Recurrent Dreaming is associated with unresolved psychological conflict(s) and a lower psychological well-being (Brown & Donderi, 1986; Zadra et al., 1997-1998) it was firstly hypothesized that the frequency of recurrent dreams would be positively correlated with the level of psychological symptoms. Indeed, there was a weak positive significant correlation with Anxiety, Depression, Negative Self, and Somatization, along with the three global indices of BSI measuring the distress and intensity levels of psychological symptoms. This finding could be conceptualized as a possible indicator that the presence of psychological conflicts could be the underlying cause of both the psychological symptomatology and the recurrent dreams. In light of Freud's approach on recurrent dreaming who suggests that it is a repetition compulsion (Zadra, 1996) the presence and the high frequency of the recurrent dreaming could be an indication that the dreamer is trying to face and resolve the underlying psychological conflict. It is also suggested that when the person resolves these conflicts, the recurrent dreams come to an end (Weiss, 1964). From a more physiological point of view, Cartwright (1986) highlights that there is an association between dream recall and lightness of sleep due to anxiety or depression. Maybe, those who report experiencing high frequency of recurrent dreams are the ones that have higher frequency of dream recall due to their psychological symptoms and lightness of their sleep. Since the measurement techniques are based on self-report; those who experience high frequency of recurrent dreams and cannot recall them, versus those who experience lower frequency of recurrent dream and can recall them could report statistically same frequency of recurrent dreams.

Interestingly, taking a closer look on the association between type of emotions experienced in the most influential recurrent dreams and the psychological symptoms revealed that: Apprehensive Emotions (Fear, Anxiety, Sadness, and Bewilderment) and Moral Emotions (Shame, Disdain, Guilt, and

Anger) experienced in the most influential Recurrent Dreams are positively correlated with Anxiety, Depression, Negative Self, Somatization, Hostility subscales and three global indices of BSI; whereas none of the subscales or the global indices are significantly correlated with Positive Emotions (Relief and Happiness) in recurrent dreams. This may be the further indication that psychological conflicts and the triggered emotions (moral and apprehensive) regarding the conflict emerge in the influential recurrent dreams; meanwhile they may also be emerging as psychological symptoms. Therefore, the recurrent dreams that the dreamer experiences positive emotions could be serving a different purpose for the psyche and should be further investigated.

An interesting outcome was reached as a result of the Ordinal Regression Model to predict the Frequency of Recurrent Dreams. When discretely tested, Psychological Symptom severity (BSI GSI) and Frequency of Recurrent Dream revealed a positive weak correlation. However, on the Ordinal regression analysis, Psychological Symptom was not significant in terms of predicting recurrent dream frequency. Taking these findings together may suggest that the variables regarding Dissociation, Mentalization, and the interaction between explained the variance in recurrent dream frequency so that the Psychological Symptom level by itself did not explain a sufficient amount of unique variance to merit its inclusion in the model. It is crucial to highlight that even though there is not a main effect of psychological symptoms in the model, there is an interaction with Mentalization, the relationship between psychological symptomatology and frequency of recurrent dream changes according to the level of Mentalization, which supports the hypothesis 4 “Mentalization will moderate the association between the frequency of recurrent dreams and the level of psychological symptoms” of the current study. The relationship between psychological symptoms and recurrent dream frequency change according to the Mentalization level. More specifically, for the group with high mentalizing capacity, the recurrent dream frequency does not increase according to the level of psychological symptoms; however, for the group with low mentalization capacity, when the psychological symptom is low, the recurrent

dream frequency is also low, and when the psychological symptom level is high, the recurrent dream frequency is also high.

The role of mentalization will be further discussed below, but it is important to mention that there are various types of recurrent dreams with different functions. For instance, while the traumatic incident repeats over and over again in the traumatic dreams, the recurrent dreams contain a more processed and symbolic representations of the psychological conflict (Domhoff, 2000b; Zadra, 1996). A possible explanation could be that those who have higher levels of mentalization experience higher frequency of recurrent dreams regardless of the psychological symptoms they are experiencing which serves a mastery function. Meanwhile, those with low mentalization capacity could be experiencing traumatic recurrent dreams that are compulsively repeating and the high level of psychological symptoms could be increasing the frequency of those traumatic recurrent dreams. Therefore, it is imperative to make a clear distinction of the type and content of recurrent dreams so that the relationship between psychological symptoms and recurrent dreaming could be studied more efficiently in future studies. Another speculation to the current finding is that both dissociation and mentalization represent a kind of personality development capacity from a psychoanalytic perspective, which covers and goes beyond the variance of psychological symptomatology. Therefore, it is possible that rather than the manifesting psychological symptom, the underlying personality structure or developmental capacity is more central in terms of understanding the underlying dynamics of Recurrent Dreaming. Further studies could utilize level of personality organization measures to better understand its relationship with recurrent dreaming.

4.2 RECURRENT DREAMING AND DISSOCIATION

Those who experience a traumatic event may suffer from Posttraumatic Stress Disorder and may experience recurrent distressing dreams associated with the traumatic dream and may experience dissociation as symptoms (APA, 2013). A study investigating the relationship between childhood traumas, dissociation and

experiencing nightmares showed that; the nightmare sufferers had higher rates of childhood traumas, and those who suffered from nightmares had significantly higher dissociation levels (Agargun et al., 2003b). Domhoff (2000b) associates recurrent dreams and traumatic dreams and places them on a continuum. Certain studies also concluded that there is a relationship between dissociation and dreaming; it was found that a significant correlation between dissociation and general sleep experiences (i.e narcolepsy symptoms, uncommon dreaming experiences) exists, which is thought to be related with the tendency to transition between waking and sleeping states (Watson, 2001). Moreover, a relationship between dissociation, fantasy proneness and general sleep experiences was observed (Giesbrecht & Merckelbach, 2006). These findings directed us to hypothesize for the current study that the frequency of recurrent dreams would be positively correlated with the level of dissociative experiences. There was indeed a weak positive significant correlation between dissociation and frequency of recurrent dreams and dissociation was a significant predictor of recurrent dream frequency, when the other predictors were controlled. Thus, the second hypothesis of the study was supported. It was previously suggested that dissociation not only takes place during waking state but can be observed during sleep which is marked by interruption and swift changes in dream scenes (Bob, 2004; Ferenczi, 1934; Hartmann, 1998; Levitan, 1980; Schonhammer, 2005, as cited in Bob & Louchakova, 2015). Therefore, it is important to consider that the existing of an earlier trauma could be the underlying reason for the dissociative tendency and the presence of recurrent dreams. Further studies, especially the ones with cognitive neuroscientific approach could investigate if the dissociation during sleeping state is related or possibly the precondition of experiencing recurrent dreams.

There was also a positive weak correlation between dissociation and apprehensive emotions and moral emotions in the most Influential Recurrent Dreams, whereas there was not a significant correlation between dissociation and positive emotions in the most influential recurrent dreams. Possibly the presence of a trauma or a psychological conflict may be surfacing as dissociation and facilitating the emergence of apprehensive and moral emotions in the most

Influential recurrent dreams. The emergence of these emotions could pave the way for processing and integration of previously repressed aspects of the trauma. As discussed previously, the positive emotions in recurrent dreams could be serving a separate purpose for the dreamer's psyche. The emergence of positive emotions in Recurrent Dreams could be directly related with Freud's wish fulfillment theory (1900 / 1997). The function of recurrent dreams with positive emotions should be further investigated considering the possibility that there are different underlying dynamics that should be uncovered.

4.3 RECURRENT DREAMING AND MENTALIZATION

The mentalization is the capacity to reflect on self and on others' mental states (Fonagy et al., 2002), and to reflect on the intricate relationship patterns (Fischer-Kern & Tmej, 2019). Even though there is not a direct empirical finding regarding recurrent dreaming and mentalization capacity, it was suggested that failing to develop sufficient mentalization capacity is closely related with traumatic environments in childhood and (Bateman & Fonagy 2006) an indication of an interruption of a developmental ability. Thus, it was hypothesized that the frequency of recurrent dreams would be negatively correlated with the level of mentalization. The third hypothesis of the study was not supported; the results indicated a relationship in the opposite direction; there is a positive weak significant correlation between Mentalization capacity and the frequency of Recurrent dreams. An interesting finding was also observed, the vividness of the Recurrent Dreams was also positively correlated with mentalization capacity. A possible explanation to this relationship could be through Bion's (1962) alpha function and the symbolic and metaphoric nature of the recurrent dreams (Domhoff, 2000b; Zadra, 1996). Maybe, the mentalization capacity facilitates the metabolization of a traumatic experience or of psychological conflict and turn them into vivid dream images, alpha-elements, for further integration into the psyche. Hartmann's (1998) description of the steps of processing a traumatic event could shed light on the topic; it is suggested that firstly the trauma survivor dreams about the traumatic event and

gradually the dream imagery gets symbolic along with the initiation of the emotional outcomes takes place.

The fourth hypothesis of the study was: Mentalization will moderate the association between the frequency of recurrent dreams and the level of psychological symptoms. The hypothesis was confirmed, there was indeed a significant interaction between mentalization capacity and the level of psychological symptoms on frequency of recurrent dreams. As discussed in the previous paragraph, the impact of mentalization capacity was not in the expected direction, higher levels of mentalization was associated with higher frequency of recurrent dreams. A closer look on the interaction of Psychological Symptomatology and Mentalization showed that, those with low psychological symptoms and low levels of mentalization experience less recurrent dreams, and those with high symptomatology and low mentalization capacity experience more recurrent dreams. For the high mentalizers, regardless of the level of psychological symptoms, they experience recurrent dreams frequently. Maybe the low mentalizers with low psychological symptoms do not have awareness or an access about their psychological conflicts from the past in such a way to dream about it repeatedly in an organized and symbolic way. However, possibly at some point, the psychological conflict reveals themselves and then the individual gets a chance to process the psychological conflicts through both psychological symptoms and with recurrent dreams.

Finally, the last hypothesis of the study: Mentalization will moderate the association between the frequency of recurrent dreams and the level of dissociative experiences, was not supported. This could be related with the functional commonality between mentalization and dissociation, the fantasy proneness of the individual and the symbolization capacity could be so closely related that there would be not a statistically significant interaction revealed.

4.4 CHARACTERISTICS OF EXPERIENCING RECURRENT DREAMING

The percentage of people experiencing Recurrent Dreaming was found between 60-75% in the adult population in previous studies (Brown & Donderi, 1986; Cartwright, 1979; Robbins & Tanck, 1992; Zadra, 1996). The current study conducted on the Turkish population was in line with previous findings; 71% of the participants reported to have experienced Recurrent Dreaming previously. In line with the previous studies suggesting that the majority of recurrent dreams are negative (Brown & Donderi, 1986; Cartwright, 1979; Gauchat et al., 2015; Zadra, 1996), in the current study, 51% of the participants rated their recurrent dreams as negative, 24% rated their recurrent dreams as both positive and negative: only 12% was rated as positive and 14% was rated as neutral. The current studies' findings also support what was previously suggested; experiencing recurrent dreams are related with the presence of an unresolved psychological conflict (Brown & Donderi, 1986; Cartwright, 1979; Gauchat et al., 2015; Zadra, 1996). It is important to emphasize that the current study showed similar findings specifically in the Turkish population, which is further evidence that may possibly show that the experience of recurrent dreaming is similar across different cultures.

4.5 RELATIONSHIP BETWEEN RECURRENT DREAM VARIABLES WITH EACH OTHER AND GENERAL DREAM EXPERIENCE

An important finding of the current study was that Recurrent Dream Frequency had a significant on the border moderate positive correlation with General Dream Frequencies. This finding indicates that those who have a high frequency of experiencing dreams also tend to have high frequencies of recurrent dreams. This could be due to the proneness to dream, or frequency of dream recall regardless of the type of dreaming. The relationship between Recurrent dream frequency and General Dream Processing (telling dreams to others, telling dreams in psychotherapy and recording dreams) was also positively correlated. It is

possible that, importance attributed to dreams could be the underlying reason why one invests in to process their dreams and why they experience recurrent dreams and recalls them. There could be a practice effect at play too, those who try to recall and process their dreams could be getting better at recalling their recurrent dreams and could be experiencing them more often.

There was a significant positive correlation between recurrent dream frequency and apprehensive and moral emotions in the most influential recurrent dreams; and there was a significant negative correlation between recurrent dream frequency and positive emotions in the most influential recurrent dreams. This finding is substantial, and in line with the suggestion that recurrent dreams are related with psychological conflicts, and like Freud suggested, it is possibly a form of repetition compulsion (Zadra, 1996) and that the psychological conflicts emerge recurrently for the dreamer to attend and resolve them (Domhoff, 2000b). It is particularly important that while Apprehensive and Moral emotions in the most Influential Recurrent Dreams have a positive correlation with Frequency of experiencing Recurrent Dreams, Positive emotions in the most Influential Recurrent Dreams have a negative correlation with Frequency of Recurrent Dreams. There could be conceptual differences regarding the two types of dreaming experiences, those which makes the dreamer feel positive emotions and those which make them feel negative ones. The current literature seems to be focusing on the negative emotional tone of recurrent dreaming, whoever the positive emotional tone could indicate a conceptual difference.

4.6 THE ASSOCIATION OF GENDER, AGE, AND MARITAL STATUS WITH RECURRENT DREAMING

In the current study, differences in Recurrent Dream experiences were compared based on Gender. Women were significantly more likely to experience recurrent dreams than men, and the frequency of experiencing recurrent dreams was significantly higher than men. It was also found that women experienced their recurrent dreams as significantly more vivid when compared to men. Women also

experienced higher levels of apprehensive emotions in their most influential recurrent dreams as opposed to men, whereas it was not the case for moral emotions and positive emotions, there was not a significant difference observed. There was a significant difference in terms of tone of emotion in the most influential recurrent dreams; the difference comes from the finding that women tended to experience more negative toned recurrent dreams compared to men, whereas men experienced more neutral recurrent dreams. The age at which the first significant recurrent dream was seen did not differ significantly based on Gender.

The finding that women are more likely to experience recurrent dreams and that they more frequently experience them may be better understood through Threat Simulation theory. As mentioned previously, Threat Stimulation Theory indicates that the dreamer rehearses the threats they come across in their waking life through their dreams, which increases their likelihood of survival through adapting to the situation and the environment (Revonsuo, 2000). The fact that in today's society of patriarchy, women are in a more disadvantaged position compared to men. Especially in Turkey, with the increased oppression and violence against women, the number of threats women face every day is very high. It is probable that women tend to process the threats they have already faced in their waking life, and they prepare for the ones they potentially will be faced in the future through rehearsing them over and over again through recurrent dreams. This possibly also sheds light on why women experience higher levels of negative emotions in their dreams.

The literature on Emotional Intelligence shows that women tend to score higher in understanding and handling emotions, identifying other's emotions correctly and recognizing the nonverbally conveyed emotions (Day & Carroll, 2004; Mayer et al., 2000 as cited in Brody & Hall, 2008). In light of this information, the higher levels of apprehensive emotions (Fear, Anxiety, Sadness and Bewilderment) in women's dreams could be discussed. It is probable that since women are more aware of emotional cues and they are more in touch with others' and their own emotions; they may have the capacity to process psychological conflicts and the emotional components through recurrent dreams. For that matter, they may be more likely to be experiencing apprehensive emotions in the most

Influential Recurrent Dreams compared to men. The particular significant difference between men and women in apprehensive emotions could be related with the higher prevalence of depressive disorders and anxiety disorder in women compared to men (World Health Organization, 2017) since the dominant emotions in depressive and anxiety disorders overlap with apprehensive emotions discussed.

In the current study, the relationship between Marital Status and differences in Recurrent Dream experiences was investigated. It was found that single people experienced recurrent dreams more frequently, experienced higher levels of apprehensive and moral emotions in their most influential recurrent dreams. Married people on the other hand had higher levels of positive emotions in their most influential recurrent dreams. It is important to mention at this point that, married people are on average better at psychological well-being, experience lower rates of mental illness, as opposed to the single people; and that social support is important in the face of stress inducing situations (Shapiro & Keyes, 2008). Rooted from the Threat Stimulation Theory, it is possible that while the married couples depend on each other when they are faced with a threat in their lives, single people could be more likely to process previous conflicts and prepare for possible threats on their own in their dreams to better adapt to the environment they are in. The higher levels of positive emotions in married people could be related with the social support and better psychological well-being.

The current study investigated the relationship between Age and Recurrent Dream experiences. Overall, it was observed that as the individuals get older, the frequency of recurrent dreams, the level of Apprehensive and Moral emotions experienced during the most influential recurrent dreaming, the number of Characters seen in the recurrent dreams, Aggressive Interactions, uses of Negative Words (e.g. *not* a person, *never* visits), and number of Density modifiers (e.g. crowded, empty) decreased. Meanwhile, the level of experiencing Positive emotions in Recurrent Dreams increases as the individuals get older. In light of these findings, the increased age is directly related with experiencing more pleasant recurrent dreams. From the Threat Simulation perspective, it is possible to argue that as the individual gets older, the accumulated life experience enables one to

predict possible threats precisely; therefore the individual does not necessarily depend on recurrent dreams with negative tones or aggressive interactions to prepare them for future threats.

4.7 MENTAL HEALTH HELP SEEKING AND RECURRENT DREAMING

The findings of the current study suggested that those who have sought mental health help at some point in their lives tended to have experienced recurrent dreams and experience the recurrent dreams more frequently. They also experienced higher levels of apprehensive emotions and moral emotions in the influential recurrent dreams compared to the participants who have never received mental health help. These differences could be evaluated from the point of view that those who seek mental health help probably have access to their psychological conflicts, and both the presence of recurrent dreams and psychological symptoms they experience leads them to seek mental health help. Moreover, it is suggested that recurrent dreams are symbolic and metaphoric in nature (Zadra, 1996; Domhoff, 2000b) and that one of the outcomes of psychotherapy is to increase symbolic thinking ability and turn Beta-Elements into Alpha-elements (Bion, 1962). Those who have attended psychotherapy could have been inclined to think symbolically or that they may have improved those abilities throughout the process. Psychotherapy also aims to increase processing abilities and insight in terms of emotions. It is also crucial to mention at this point that both psychotherapy experience and motivation to mentalize were associated with higher number of characters in the repetitive dream; further the characters being human rather than animal or imaginary also indicated a motivation to mentalize. This could be further evidence that; those who previously had a motivation to mentalize or have acquired it through psychotherapy, tend to have a higher capacity to dream about and process the wholistic representation of the mind of a complex human in their recurrent dreams. Rather than a relatively disguised representation, the conflicts regarding individuals are possibly closer to the conscious level, therefore the dream element

can take the form of a human being. Considering that 40.5% of the sample have attended psychotherapy at some point in their lives, the higher tendency to experience recurrent dreams, higher frequency of recurrent dreams, experiencing higher levels of apprehensive and moral emotions in the influential recurrent dreams in the mental help seeking participants could all be related with attending psychotherapy.

4.8 TYPICAL DREAM MOTIFS AND RECURRENT DREAMING

Typical dreams are dreams that are similar in theme and content, while they are reported frequently and extensively by many people (Schredl et al., 2004). The current study revealed that there is a weak positive correlation between Recurrent Dream Frequency and typical dreams, measured by the Dream Motif Scale total score. Interesting relationships are observed between type of emotions experienced in Recurrent Dreams and the subscales of DMS. It was revealed that Apprehensive emotions and Moral emotions in the most influential Recurrent Dreams are both positively correlated with Persecution and Ego Ideal subscales of DMS, while there is not a significant relationship between Apprehensive Emotions and Moral Emotions in the influential Recurrent Dreams and Persecution and Ego Ideal Subscales. It is also important to highlight that there is a positive significant relationship between Positive Emotions in the influential Recurrent Dreams; and Grandiosity and Appetite-Instinct subscales. There is a significant negative correlation between Positive Emotions in the influential Recurrent Dreams and Ego ideal subscale of DMS, while there is not a significant relationship between Persecution and Positive Emotions in the influential Recurrent Dreams. Appetite-Instinct and Grandiosity related themes containing positive emotions are thought to be not related with facing and resolving a psychological conflict but conceptually related with Freud's (1900 / 1997) theory of wish-fulfillment.

It is important to highlight the relationship between the Persecution and Ego Ideal related themes in dreams with negative emotions and psychological conflicts. Moreover, when the content of the most significant dreams are coded, it was

revealed that the overall frequency of Persecution and Ego-Ideal were associated with aggression and misfortune in the repetitive dreams. It was also observed that Misfortunes in the repetitive dream indicated higher levels of Symptom Distress and Negative Self-Perception. Considering that the dreamer was the victim within the majority of aggressive interactions and the misfortunes were happening to the dreamer in the most influential recurrent dreams, it is plausible that they are associated with Persecution and Ego-Ideal themes. The association mentioned could be related with Just World Hypothesis (Lerner & Miller, 1978) which suggests that people end up with what they deserve, and that there is an order to the universe. Those who internally believe that they deserve bad things happening to them may hold expectations that the others will actually maltreat them, and that they will experience misfortunes. It is also expected that if one holds a negative view of themself and the world around them, it could lead to high levels of Symptom Distress.

4.9 CLINICAL IMPLICATIONS

Dreaming has a central place in Psychoanalytic Psychotherapies that helps the therapist catch a glimpse of the unconscious world of the patient. In light of the findings of the current study, experiencing recurrent dreams could mean several things. Firstly, it could indicate the presence of a psychological conflict and lower levels of psychological well-being. Secondly, it is also a possible indicator that the patient is ready and has the capacity to face and symbolize their psychological conflicts. The presence of recurrent dreams could also indicate dissociative tendency, which is a crucial finding for therapeutic work. The emergence of recurrent dreams throughout a therapeutic process could possibly indicate that the accumulative insight has paved the way for the patient to access the internal conflict, and at the same time present it in the therapeutic room in a symbolized and metaphoric via their recurrent dreams.

It was observed that frequency of Recurrent Dreams and Negative Emotions experienced in the most influential recurrent dreams (Apprehensive, Moral, and

overall Negative tone) are related with higher levels of psychological symptoms and dissociation. On the similar lines with psychological well-being, it is expected in the clinical setting that; Women, Younger individuals and those who are single may experience higher levels of Recurrent dreams and negative emotions in their Recurrent Dreams. More specifically, level of mentalization capacity could be helpful in terms of differentiating the experience of recurrent dreaming. In the clinical setting, it is possible to perceive high frequency of recurrent dreams as a high processing capacity for those patients with high mentalization capacity. Moreover, seeing human beings as the type of characters in dreams rather than seeing animals or imaginary characters could be perceived as an attempt of mentalization. The presence of moral emotions in recurrent dreams could also be associated with mentalization since emotions such as anxiety and sadness are possibly associated with the motivation to mentalize while emotions such as shame and guilt are negatively correlated with self-directed mentalization. Those who have the capacity to understand their own mental states tend to feel apprehensive emotions, meanwhile they are less likely to experience emotions that are possible reactions to transgression. It is important to attend to these different types of emotions experienced in recurrent dreams for the purposes of understanding which recurrent dreams serve the function of mentalization and progress.

Meanwhile, it is important to pay close attention to Positive emotions in Recurrent Dreams. It was found that the positive emotions in recurrent dreams are not related with psychological symptomatology, but they were related with Appetite-Instinct, and Grandiosity which could be an indication of a defensive maneuver. Therefore, before perceiving the presence of positive emotions in recurrent dreams as favorable, it is important to pay attention to narcissistic and/or other primitive defensive operations during recall.

4.10 LIMITATIONS AND FUTURE DIRECTIONS

As discussed previously, even though there are theories related with the concept of recurrent dreaming, there is a lack of empirical studies investigating the

underlying dynamics of experiencing recurrent dreams. Therefore, future studies should explore the concepts possibly related with recurrent dreams.

The current study inquired data about retrospective recurrent dreams, which is susceptible to forgetting and causing loss of important information. Due to the limitations of the current study, it was not possible to ask participants to keep dream logs. Moreover, due to the nature of recurrent dreaming it is not always possible to come across and record the dreams that are specifically recurrent in nature unless the data collection time is flexible and lengthy. It is also difficult to operationalize the concept of recurrent dreaming, since each recurrent dream could contain specific meaning to the specific dreamer.

The characteristics of the participants could have caused certain limitations as well. The study was conducted on a non-clinical population with predominantly high education levels. The replication of the current study on a clinical population as well as with participants from low SES group and low levels of education could reveal quite different findings. For generalizability purposes, the further studies focusing on recurrent dreams should be conducted with more diverse participants.

One of the important limitations of the current study is that a direct measurement of traumatic history was not included in the design. The scope of the current study is limited in terms of covering and investigating specific relationships with traumatic incidents and its relationship with recurrent dreams. In light of the association of dissociation and recurrent dreams revealed in the current study, a closer look at trauma history could reveal important findings in future studies.

CONCLUSION

The main objective of the current study was to investigate if there is an association of recurrent dreaming with psychological symptomatology and dissociation; and if mentalization plays a moderating role. To our knowledge, the current study is the first study conducted on the Turkish population that reveals the characteristics, prevalence and content of recurrent dreams in this sample. The findings of the study revealed that the experience of recurrent dream is related with psychological symptomatology and dissociation, and the capacity to mentalize plays a moderating role in the relationship between recurrent dreaming and psychological symptomatology.

The current study was crucial in terms of shedding light on the relationship background characteristics of the individuals who experience recurrent dreams. It was revealed that experiencing recurrent dreams is not only related with the presence of psychological conflicts, it was also possibly related with the capacity to attend to the conflicts with paves the way for symbolization and integration. It is important to mention that those who perceive or actually experience the world as a place full of threats, indeed experience more recurrent dreams and they either compulsively repeat the traumatic events they have experienced or more adaptively they metabolize and gain mastery throughout the process.

In general, the current study takes a step forward to reveal the possible underlying dynamics affecting the emergence of recurrent dreams. The current study is also comprehensive in terms of highlighting the characteristics of the individuals experiencing recurrent dreams which is expected to be a reference point for future studies on the topic conducted on the Turkish population as well as on other societies.

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APPENDICES

Appendix A: Demographic Information and Mental Health Help Seeking Form

1. Yaşınız: _____

2. Cinsiyetiniz: _____

3. Eğitim düzeyiniz (lütfen en son bitirdiğiniz eğitim kurumunu işaretleyiniz):

İlkokul / Ortaokul / Lise / Lisans / Yüksek Lisans / Doktora / Diğer _____ / Belirtmek istemiyorum

4. Öğrenci misiniz?

Evet / Hayır / Diğer _____ / Belirtmek istemiyorum

4.1. Evet ise, şu anda eğitim gördüğünüz okul:

Lise / Lisans / Lisansüstü / Doktora / Diğer _____ / Belirtmek istemiyorum

5. Şu anda çalışıyor musunuz?

Evet / Hayır / Diğer _____ / Belirtmek istemiyorum

Evet ise, mesleğiniz: _____

6. Gelir seviyenizi aşağıdaki seçeneklerden hangisi en iyi tanımlıyor?

Alt / Alt-orta / Orta / Orta-üst / Üst / Belirtmek istemiyorum

7. İlişki durumunuz:

İlişkim var / İlişkim yok/ Diğer: _____ / Belirtmek istemiyorum

8. Medeni durumunuz: _____

9. Daha önce hiç psikiyatrik yardım aldınız mı ya da almaya devam ediyor musunuz?

Evet, yardım almaya devam ediyorum
Aldım ama devam etmiyorum
Hayır
Belirtmek istemiyorum

10. Bireysel terapi, analiz ya da danışmanlık hizmeti aldınız mı ve/veya şu an alıyor musunuz?

Hiç almadım.
Şu an sürecime devam ediyorum.
Aldım, süreci yarıda bıraktım.
Aldım, sürecim bitti.

11. Şu ana kadar bulunduğunuz terapi süreci/süreçlerinin toplam süresi ne kadardır?

Lütfen belirtiniz: _____

Appendix B: Recurrent Dream and General Dream Form

1.Ne sıklıkla rüya görürsünüz?

Hiçbir zaman	Nadiren	Ayda bir ya da birkaç kez	Her hafta	Yaklaşık her gün
1	2	3	4	5

2.Ne sıklıkla gördüğünüz rüyaları uyandığınızda hatırlarsınız?

Hiçbir zaman	Nadiren	Bazen	Sık sık	Her zaman
1	2	3	4	5

3.Ne sıklıkla kabus görürsünüz?

Hiçbir zaman	Nadiren	Ayda bir ya da birkaç kez	Her hafta	Yaklaşık her gün
1	2	3	4	5

4. Ne sıklıkla Karabasan (Uyku Felci) deneyimlersiniz?

Hiçbir zaman	Nadiren	Ayda bir ya da birkaç kez	Her hafta	Yaklaşık her gün
1	2	3	4	5

5.Rüyalarınızı kaydeder misiniz?

Hiçbir zaman	Nadiren	Bazen	Sık sık	Her zaman
1	2	3	4	5

6.Rüyalarınızı başkalarına anlatır mısınız?

Hiçbir zaman	Nadiren	Bazen	Sık sık	Her zaman
1	2	3	4	5

7.Bireysel terapi, analiz ya da danışmanlık hizmeti aldıysanız ve/veya şu an alıyor iseniz rüyalarınızı sürecinizde anlatır mıydınız/mısınız?

Hiçbir zaman	Nadiren	Bazen	Sık sık	Her zaman
1	2	3	4	5

.8.Tekrarlayan rüya görür müsünüz?

Hiçbir zaman	Nadiren	Ayda bir ya da birkaç kez	Her hafta	Yaklaşık her gün
1	2	3	4	5

9. Lütfen sizi en çok etkileyen tekrarlayan rüyanızı anlatınız:

_____

10. Sizi en çok etkileyen tekrarlayan rüyanızın ilkini hangi yaşta gördüğünüzü belirtiniz: _____

12.Sizi en çok etkileyen tekrarlayan rüyanızın duygu tonunu işaretleyiniz.
Negatif / Pozitif / Nötr / Hem pozitif hem negatif

13.Bu rüyayı ne kadar canlı hatırlıyorsunuz?

İmgeler çok silik, belirsiz								İmgeler çok canlı, net
1	2	3	4	5	6	7	8	9

14. Sizi en çok etkileyen tekrarlayan rüyanızın sizde uyandırdığı duyguları lütfen belirtiniz. (1: Hiç hissetmedim; 7: Çok hissettim)

	Hiç						Çok
Mutluluk	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Üzüntü	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Rahatlama	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Utanç	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Endişe	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Suçluluk	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Öfke	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Şaşkınlık	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Korku	(1)	(2)	(3)	(4)	(5)	(6)	(7)
İğrenme	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Kıskançlık	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Küçümseme	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Haset	(1)	(2)	(3)	(4)	(5)	(6)	(7)

Appendix C: Dissociative Experiences Scale (DES)

Bu test günlük hayatınızda başınızdan geçmiş olabilecek yaşantıları konu alan 28 sorudan meydana gelmektedir. Sizde bu yaşantıların ne sıklıkta olduğunu anlamak istiyoruz. Yanıt verirken, alkol ya da ilaç etkisi altında meydana gelen yaşantıları değerlendirmeye katmayınız. Lütfen her soruda, anlatılan durumun sizdekine ne ölçüde uyduğunu 100 üzerinden değerlendiriniz ve uygun olan rakamı daire içine alınız.

Örnek:
%0 10 20 30 40 50 60 70 80 90 %100

SORULAR

1. Bazı insanlar, yolculuk yaparken yol boyunca ya da yolun bir bölümünde neler olduğunu hatırlamadıklarını birden fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

2. Bazı insanlar zaman zaman, birisini dinlerken, söylenenlerin bir kısmını ya da tamamını duymamış olduklarını birden fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

3. Bazı insanlar kimi zaman, kendilerini nasıl geldiklerini bilmedikleri bir yerde bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

4. Bazı insanlar zaman zaman kendilerini, giydiklerini hatırlamadıkları elbiseler içinde bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

5. Bazı insanlar zaman zaman eşyaları arasında, satın aldıklarını hatırlamadıkları yeni şeyler bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

6. Bazı insanlar, zaman zaman, yanlarına gelerek başka bir isimle hitabeden ya da önceden tanıştıklarında ısrar eden, tanımadıkları kişilerle karşılaşırlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

7. Bazı insanlar, zaman zaman, kendilerinin yanı başında duruyor ya da kendilerini bir şey yaparken seyrediyor ve sanki kendi kendilerine karşıdan bakıyormuş gibi bir his duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

8. Bazı insanlara, arkadaşlarını ya da aile bireylerini, zaman zaman tanımadıklarının söylendiği olur. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

9. Bazı insanlar, yaşamlarındaki kimi önemli olayları (örneğin nikah ya da mezuniyet töreni) hiç hatırlamadıklarını fark ederler. Yaşamınızdaki bazı önemli olayları hiç hatırlamama durumunun sizde ne oranda olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

10. Bazı insanlar zaman zaman, yalan söylemediklerini bildikleri bir konuda, başkaları tarafından, yalan söylemiş olmakla suçlanırlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

11. Bazı insanlar kimi zaman, aynaya baktıklarında kendilerini tanıyamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

12. Bazı insanlar kimi zaman, diğer insanların, eşyaların ve çevrelerindeki dünyanın gerçek olmadığı hissini duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

13. Bazı insanlar, kimi zaman vücutlarının kendilerine ait olmadığı hissini duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

14. Bazı insanlar, zaman zaman geçmişteki bir olayı o kadar canlı hatırlarlar ki, sanki o olayı yeniden yaşıyor gibi olurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

15. Bazı insanlar kimi zaman, olduğunu hatırladıkları şeylerin, gerçekte mi yoksa rüyada mı olduğundan emin olamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

16. Bazı insanlar zaman zaman, bildikleri bir yerde oldukları halde orayı yabancı bulur ve tanıyamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

17. Bazı insanlar, televizyon ya da film seyrederken, kimi zaman kendilerini öyküye o kadar kaptırırlar ki çevrelerinde olan bitenin farkına varamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

18. Bazı insanlar kimi zaman kendilerini, kafalarında kurdukları bir fantezi ya da hayale o kadar kaptırırlar ki, sanki bunlar gerçekten başlarından geçiyormuş gibi hissederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

19. Bazı insanlar, ağrı hissini duymamayı zaman zaman başarabildiklerini fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

20. Bazı insanlar kimi zaman, boşluğa bakıp hiçbir şey düşünmeden ve zamanın geçtiğini anlamaksızın oturduklarını fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

21. Bazı insanlar, yalnız olduklarında, zaman zaman sesli olarak kendi kendilerine konuştuklarını fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

22. Bazı insanlar kimi zaman iki ayrı durumda o kadar değişik davrandıklarını görürler ki, kendilerini neredeyse iki farklı insanmış gibi hissettikleri olur. Bu

durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

23. Bazı insanlar, normalde güçlük çektikleri bir şeyi (örneğin spor türleri, iş, sosyal ortamlar vb.) belirli durumlarda son derece kolay ve akıcı biçimde yapabildiklerini fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

24. Bazı insanlar, zaman zaman, bir şeyi yaptıklarını mı yoksa yapmayı sadece akılarından geçirmiş mi olduklarını (örneğin bir mektubu postaya attığını mı yoksa sadece atmayı düşündüğünü mü) hatırlayamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

25. Bazı insanlar kimi zaman, yaptıklarını hatırlamadıkları şeyleri yapmış olduklarını gösteren kanıtlar bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

26. Bazı insanlar, zaman zaman eşyaları arasında, kendilerinin yapmış olması gereken, fakat yaptıklarını hatırlamadıkları yazılar, çizimler ve notlar bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

27. Bazı insanlar, zaman zaman kafalarının içersinde, belli şeyleri yapmalarını isteyen ya da yaptıkları şeyler üzerine yorumda bulunan sesler duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

28. Bazı insanlar, zaman zaman, dünyaya bir sis perdesi arkasından bakıyormuş gibi hissederler, öyle ki insanlar ve eşyalar çok uzakta ve belirsiz görünürler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

Appendix D: Mentalization Scale (MentS)

Lütfen her bir maddeyi dikkatlice okuyunuz ve size en Uygun seçeneği 1 ile 5 arasında işaretleyiniz.

1	2	3	4	5
Tamamen yanlış	Çoğunlukla yanlış	Hem doğru hem yanlış	Çoğunlukla doğru	Tamamen doğru

1.Davranışlarıma yol açan nedenleri anlamayı önemserim.

2.Başkalarının kişilik özellikleri hakkında karar verirken ne söyleyip ne yaptıklarını dikkatlice gözlerim.

3. Başkalarının duygularını tanıyabilirim.

4.Çoğunlukla başkaları ve onların davranışları üzerine düşünürüm.

5.Genellikle insanları neyin rahatsız ettiğini ayırt edebilirim.

6.Başkalarının duygularını paylaşabilirim (örn. acısını/sevincini paylaşmak gibi).

7.Birisi beni sinirlendirdiğinde neden o şekilde tepki verdiğimi anlamaya çalışırım.

8.Kendimi kötü hissettiğimde üzgün mü, korkmuş mu yoksa kızgın mı olduğumdan emin olamam.*

9.Başkalarının davranışlarını anlamaya çalışarak vaktimi harcamayı sevmem.*

10.Başkalarının düşünce ve duygularını bildiğimde davranışları hakkında doğru tahminlerde bulunabilirim.

11.Çoğu kez kendime bile neden öyle bir şey yaptığımı izah edemem.*

12.Bazen bir başkasının duygularını o bana henüz bir şey söylemeden anlayabilirim.

13.Yakın olduğum insanlarla ilişkilerimde ne olup bittiğini anlamayı önemserim.

14.Kendimle ilgili hoşuma gitmeyecek bir şeyi keşfetmek istemem.*

15.Yakın olduğum insanlarla sık sık duygular hakkında konuşurum.

16.Üzüldüğümü, incindiğimi ya da korktuğumu kendime itiraf etmeyi güç bulurum.*

17.Sorunlarım hakkında düşünmekten hoşlanmam.*

18.Yakın olduğum insanların belirgin özelliklerini doğru ve ayrıntılı biçimde tarif edebilirim.

19.Tam olarak nasıl hissettiğim konusunda sıklıkla kafam karışıktır.*

20.Duygularımı ifade etmek konusunda uygun sözcükleri bulmak benim için zordur.*

21.İnsanlar bana kendilerini anladığımı ve akıllıca tavsiyeler verdiğimi söyler.

22.İnsanların neden belirli şekillerde davrandıkları hep ilgimi çekmiştir.

23.Ne hissettiğimi kolayca tanımlayabilirim.

24.İnsanlar kendi duyguları ve ihtiyaçları hakkında konuşurlarken aklım başka şeylere kayar.*

25.Hepimiz hayat şartlarına tabi olduğumuz için başkalarının niyetlerini veya isteklerini düşünmek anlamsızdır.*

Appendix E: Dream Motif Scale-Short Form (DMS-SF20)

Yönerge:
Değerli Katılımcı. Bu araştırma bilimsel bir amaç için yapılmaktadır. Kimlik bilgisi istemiyoruz. Olabildiğince samimi cevaplar vermeniz çok önemli. Aşağıdaki her
cümlede rüyayı ne sıklıkta görürsünüz. Her cümlede belirtilen rüya konusunu görme
sıklığınızı yan taraftaki anahtara göre cevaplamanız gerekiyor. Yardımlarınız için teşekkür ederiz.

Değerlendirme Skalası:
1 = asla veya emin değilsiniz; 2 = Hayatım boyunca sadece bir veya iki kez;
3 = Hayatım boyunca üç kez veya daha fazla, ama düzenli değil; 4 = yaklaşık yılda birkaç kez ama her ay değil; 5 = ayda bir kez veya daha sık.

Maddeler:
AŞAĞIDAKİ DURUMLARI RÜYANIZDA GÖRÜR MÜSÜNÜZ?
1-Fiziksel bir zarar görmeden, takip edildiğinizi ya da kovalandığınızı
2-Fiziksel olarak saldırıya uğradığınızı
3-Lezzetli yemekler yediğinizi
4-Para bulduğunuzu, piyango kazandığınızı veya zengin olduğunuzu
5-Üstün bilgiye veya zihinsel yeteneğe sahip olduğunuzu
6-Havada uçmak, yükselmek, gezinmek gibi büyülü güçlere sahip olduğunuzu
7-Bazı insanların size komplo kurduğunu
8-Zulüm ve işkence gördüğünüzü
9-Suçlandırıldığınızı ve cezalandırıldığınızı
10-Sıkıntı verdikleri ve hata yaptıkları için başkalarını suçladığınızı
11-Önemli bir kişi ya da ünlü olduğunuzu
12-Çok büyük bir evde yaşadığınızı

13-Senin hakkında casusluk yapan ya da seni araştıran bazı insanlar olduğunu
14-Başkalarının önünde başarısız olduğunuzu ya da çok kötü performans gösterdiğinizi
15-Diğer insanların başarılarınıza değer vermediğini ve görmezden geldiğini
16-Üstün statüye veya unvana sahip olduğunuzu
17-Herhangi bir şeyi titizlikle arayıp araştırdığınızı
18-Herhangi bir yerde bir şeytanla karşılaştığınızı
19-Önemli bir kişiyle ya da ünlü biriyle bir ilişki ya da iletişiminizin olduğunu
20-Çok beğendiğiniz veya karşılaşmak istediğiniz kişiyle tanıştığınızı

Appendix F: Brief Symptom Inventory (BSI)

Aşağıda, insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin **SİZDE BUGÜN DAHİL, SON BİR HAFTADIR NE KADAR VAROLDUĞUNU** yandaki bölümde uygun olan yerde işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin. Eğer fikir değiştirirseniz ilk yanıtınızı silin.

	Hiç yok	Biraz var	Orta Derecede var	Epey var	Çok fazla var
1.İçinizdeki sinirlilik ve titreme hali					
2.Baygınlık, baş dönmesi					
3.Bir başka kişinin sizin düşüncelerinizi kontrol ettiği fikri.					
4.Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu düşüncesi					
5.Olayları hatırlamada güçlük					
6.Çok kolayca kızıp öfkelenme					
7.Göğüs (kalp) bölgesinde ağrılar					
8.Meydanlık (açık) yerlerden korkma					
9.Yaşamınıza son verme düşünceleri					
10.İnsanların çoğuna güvenilmeyeceği hissi					
11.İştahta bozukluklar					
12.Hiçbir nedeni olmayan ani korkular					
13.Kontrol edemediğiniz duygu patlamaları					
14.Başka insanlarla beraberken bile yalnızlık					

hissetme					
15.İşleri bitirme konusunda kendini engellenmiş hissetme					
16.Yalnızlık hissetmek					
17.Hüzünlü, kederli hissetmek					
18.Hiçbir şeye ilgi duymamak					
19.Ağlamaklı hissetmek					
20.Kolayca incinmek, kırılmak					
21.İnsanların sizi sevmediğine, kötü davrandığına inanmak.					
22.Kendini diğerlerinden daha aşağı görme					
23.Mide bozukluğu, bulantı					
24.Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu düşüncesi					
25.Uykuya dalmada güçlük					
26.Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek					
27.Karar vermede güçlükler					
28.Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkma					
29.Nefes darlığı, nefessiz kalmak					
30.Sıcak, soğuk basmaları					
31.Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalma					
32.Kafanızın bomboş kalması					
33.Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar					

34.Günahlarınız için cezalandırılmanız gerektiği düşünceleri					
35.Gelecekle ilgili umutsuzluk duyguları					
36.Konsantrasyonda (dikkati bir şey üzerinde toplamada) güçlük, zorlanma					
37.Bedeninin bazı bölgelerinde zayıflık, güçsüzlük hissi					
38.Kendini gergin ve tedirgin hissetmek					
39.Ölme ve ölüm üzerine düşünceler					
40.Birini dövme, ona zarar verme, yaralama isteği.					
41.Bir şeyleri kırma, dökme isteği					
42.Diğerlerinin yanındayken sürekli kendini gözetleyip yanlış bir şeyler yapmamaya çalışmak					
43. Kalabalıklarda rahatsızlık duymak					
44. Bir başka insana hiç yakınlık duymamak					
45.Dehşet ve panik nöbetleri					
46.Sık sık tartışmaya girmek					
47. Yalnız bırakıldığında-kalındığında sinirlilik hissetmek					
48.Başarılarınız için diğerlerinden yeterince takdir alamamak					
49.Yerinde duramayacak kadar huzursuz hissetmek					
50.Kendini değersiz					

görmek/değersizlik duyguları					
51.Eğer izin verirseniz insanların sizi sömüreceği duygusu					
52.Suçluluk duyguları					
53.Aklınızda bir bozukluk olduğu fikri					

Appendix G: Informed Consent Form

Sayın katılımcı,

Bu araştırma; İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı tez çalışması kapsamında Dr. Öğr. Üyesi Alev Çavdar Sideris danışmanlığında, Nurkut Aksu tarafından yürütülmektedir. Bu çalışmanın amacı, tekrarlayan rüyaların psikolojik belirtiler ve beceriler ile ilişkisini araştırmaktır.

Bu çalışmaya katılım tamamen gönüllülük esasına dayalıdır. Çalışmanın amacına ulaşabilmesi adına bütün sorulara olabildiğince eksiksiz ve içtenlikle cevap vermenizi rica ediyoruz. Araştırma yaklaşık 30 dakika sürmektedir. Araştırmanın herhangi bir noktasında hiçbir gerekçe belirtmeden çalışmaya katılımınızı sonlandırabilirsiniz. Bu durumda verileriniz kaydedilmeyecek ve/veya çalışma için kullanılmayacaktır. Çalışmaya katılımın herhangi bir olumsuz etki yaratması beklenmemektedir ancak herhangi bir olumsuz etki deneyimlediğiniz takdirde araştırmacı ile iletişime geçebilirsiniz.

Çalışmanın ilk kısmında demografik bilgi soruları mevcut olup herhangi bir kişisel kimlik bilgisi istenmeyecektir. Verilen tüm yanıtlar yalnızca araştırmacılar tarafından erişilebilecek olup üçüncü kişilerle paylaşılmayacaktır. Çalışmada edinilen veriler toplu halde değerlendirilecek ve sadece bilimsel amaçla kullanılacaktır.

Araştırmaya dair herhangi bir sorunuz ya da daha fazla bilgiye ihtiyaç duymanız halinde araştırmacıya ulaşabilirsiniz.

Çalışmaya katkılarınız için teşekkür ederiz.

☐Yukarıda verilen bilgiler doğrultusunda araştırmaya katılmayı kabul ediyorum.

ETHICS BOARD APPROVAL

Ethics Board Approval is available in the printed version of this dissertation.