

New Support for the Continuity Hypothesis

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Introduction

- Examined the relationship between waking life characteristics and dream content, testing the continuity hypothesis (Hall & Nordby, 1972) and the compensatory theory (Jung, 1964) of dreaming.
- Waking life characteristics included physical & mental health, mood, and self-construal.
- Self-construal describes the way in which one interprets his/her self in relation to other people and things. Subtypes include independent, interdependent, and metapersonal.

Hypothesis

- Based on the tremendous amount of support for the continuity hypothesis of dreaming (Beck & Ward, 1961; Levitan & Winkler, 1985; Mitchell, 1923; Schredl, 2003; Smith, 1984, 1986), it was predicted that significant relationships would be observed between dream content and all waking life measures.

Method

- N = 27, university undergraduate students.
- Each participant submitted 4 dream reports over the course of 6 weeks.
- Dream content frequencies were determined via the Van de Castle method of Content Analysis.
- Various dream categories were chosen for analysis. Totals were summed for each category across all four dreams.

Method

- Physical and mental health were measured using the Medical Outcomes SF-36 Health Survey.
- Mood was measured using the POMS.
- Self-Construal was measured using the Self-Construal Scale.
- A correlation table was done between the scales and dream content.

Results

Physical Health (SF-36)

- As physical health declined, *misfortunes (injuries/illnesses)* increased in dreams.
- This finding was true for all physical health subscales (physical functioning, pain, energy) of the SF-36.
- Most significant correlation was observed between lower levels of physical functioning and *injuries/illnesses* ($r = -.80, p < .05$).
- Suggests a preoccupation during dreamtime with the physical body and its weakening or deterioration.



Results

Physical Health (SF-36)

- As physical functioning declined and role limitations due to physical health increased, reports of *body parts* increased in dreams, $r = -.40$, $r = -.54$, respectively.
- In terms of specific body parts, lower physical health was only related to mentions of the *head*.
- Those with lower levels of energy displayed a higher number of *physical movements* (e.g., walking, running) in their dreams, $r = -.53$ ($p < .05$).
- Those reporting more physical pain had more *animals* in their dreams, $r = -.45$ ($p < .05$).



Results

Mental Health (SF-36)

- Those with lower levels of mental health, as measured by emotional well-being, had more reports of *sadness* in their dreams, $r = -.42$ ($p < .05$).



Results

Mood (POMS)

- Higher levels of depression/dejection were related to more frequent reports of *sadness*, $r = .53$ ($p < .05$), as well as *anger*, $r = .41$ ($p < .05$) in dreams.
- Those higher in depression also reported more *total aggressive acts*, $r = .45$ ($p < .05$) and *aggressions with the dreamer as victim*, $r = .40$ ($p < .05$).
- Suggests a masochistic quality of dreams of the depressed, as reported by Beck & Ward (1961).



Results

Mood (POMS)

- Four of the six POMS subscales were significantly related to *body parts*, but **ONLY extremities (arms, legs, hands, etc)**.
- This is in sharp contrast to physical health, which correlated significantly with the *head*.
- These findings suggest a relationship between emotional health and extremities, although further research is clearly required.



Results

Self-Construal

- Independent individuals had significantly more *dreamer-involved friendliness*, $r = .46$ ($p < .05$), but not *total friendliness*. Reflects the independent's preoccupation with him/her self rather than others.
- Interdependent individuals had significantly more *total social interactions*, $r = .50$ ($p < .05$), which is to be expected. Surprisingly, they also reported more *total acts of aggression*, $r = .38$ ($p < .05$).
- These findings are promising and encourage investigation of the relationship between dreams and more complex psychological constructs.

Discussion

- Overall findings support the continuity hypothesis of dreaming (Hall & Nordby, 1972).
- Scores on the SF-36 Health Survey were by far the most significantly related to dream content, suggesting strong continuity between physical health and dreams.
- Although the precise nature of the physical health problems were unknown, the dream images appear to be symptomatic in nature.

Continuity vs. Compensation

- Although the majority of the findings support the continuity hypothesis, 2 findings in particular may also provide support for the compensatory theory:
 - Those with lower levels of energy displayed a higher number of *physical movements*.
 - Interdependent individuals reported more *total acts of aggression*.
- These findings can easily be interpreted as support for the compensatory theory.
- These theories may be able to exist side by side, as support has been found for both in the same sample.

Implications

- Overall findings suggest that if people took more time to consider the information held within their dreams, they would likely develop a greater awareness of their waking life, especially their physical and emotional health.
- Such an implication can be extended into clinical work. Teaching individuals to better reflect on their dreams could help clinicians increase a patient's self-awareness.
- Further research into the prodromal nature and diagnostic ability of dreams is also needed to better understand the relationship between health and dreams.

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