

Dream Sharing and Positive Mental Health in Iranian Culture

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Despite the interest of laypeople in the subject of dreams in Iranian culture, little research has been done in this field. Dreaming is a mental and personal phenomenon, but sharing dream with others is common. This study was administered to 720 participants whose questionnaire responses were analyzed to determine if they told their dreams to others, how much do they share their dreams, whom they told their dreams, what kind of dreams were more told to others, for what purpose and finally, what is the relationship between sharing positive/negative dreams with positive mental health? Findings showed that dream sharing is common and people most shared their dreams with their close persons includes spouse, mother, and friends, respectively. Dreams were mostly shared with the purpose of understanding the meaning of dreams and people sharing both positive and negative dreams with others but sharing positive dreams, both positive and negative dreams and even not sharing dreams are related to more positive mental health than sharing negative dreams. Overall, the findings indicated that dream sharing is common and can be associated by mental health.

Keywords: dream, dream sharing, positive mental health, positive and negative dreams, Iranian culture

Despite their private nature, dreams are often shared with others. Although many studies about the effects of dream sharing in a therapeutic context have been published (Hill & Goates, 2004), the empirical investigation of dream sharing in everyday life has been only a minor topic in the field of dream research. Nevertheless, several studies (Ijams & Miller, 2000; Kuiken & Sikora, 1993; Schredl, 2000a; Vann & Alperstein, 2000) indicate that dream sharing is a common experience for most people: More than 90% of the participants reported that they shared dreams at least once. Dream sharing is quite frequent: In a large sample of psychology students, about 14.5% of the recalled dreams were shared

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(Schredl & Schawinski, 2010). In a representative sample, 27.5% of the participants stated they share their dreams quite often (Schredl, 2009a). Previous research has focused on factors that might be associated with dream sharing. The first and most basic factor is obviously dream recall frequency: If a person does not remember a dream, there is nothing to share. Several studies (Pagel & Vann, 1993; Schredl, 2000b) reported correlation coefficients ranging from $r = .40$ to $r = .65$ between dream recall frequency and the frequency of dream sharing. Also women share their dreams more often than men (Curci & Rimé, 2008); this gender difference can already be found at an early age of 8 years (Georgi et al., 2012). Extraversion, feminine sex role orientation (expressivity), and the frequency of sharing emotional experiences in general are positively related to dream sharing (Schredl & Schawinski, 2010; Schredl et al., 2015). A significant, positive correlation was found between dream sharing frequency in couples and perceived relationship intimacy (Olsen et al., 2013). An interventional study (Duffey et al., 2004) indicated that regular dream sharing increased marital intimacy and satisfaction. Sharing nightmares is the most often applied coping method; typically, it is associated with the motive of relief to share these distressing dreams (Schredl & Göritz, 2014). Studies indicate that dream sharing is a part of everyday social interaction, even in children and adolescents (Schredl et al., 2015).

In the realms of dream sharing, whom are dreams then shared with? A couple of studies have looked at this. Curci and Rimé (2008) found that study participants preferred sharing their dreams with (listed in order of prioritization): best friends, boy/girlfriend, parents, and brothers/sisters. Vann and Alperstein (2000) similarly found that dreams were shared with friends, a roommate, the significant other, family members, or others. Both of these studies were conducted among university students. Also, Olsen et al. (2013) found that dreams were shared with partner, friends, and relatives. This study was performed on couples.

An additional aspect with regard to dream sharing is the motivation for sharing them. It has been shown that sharing dreams is an integrated part of everyday life in early agricultural cultures, where dreams play an important role in shaping interaction and subsequent behavior (Tedlock, 1992). In a qualitative study by Ijams (1996), it was found that disclosing dreams with an intimate other, significantly increased the perceived intimacy of the relation with that other. This was considered to be so mainly because sharing a dream was seen as “disclosing an intimate piece of yourself” (Ijams, 1996, p. 83). In another study, dreams were primarily shared for the purpose of entertainment, second with no other reason than sharing, and lastly for therapeutic reasons (Vann & Alperstein, 2000). In most studies, the first motivation for sharing dreams has been reported to be entertainment (Olsen et al., 2013; Vann & Alperstein, 2000).

The social rules of dream sharing vary among cultures. Members of the Zuni culture do not share good dreams for fear of thwarting the potential good luck they may hold (Tedlock, 1992). In Iranian culture, dream-sharing is not always positive. Muslims believe that dreams should not be told carelessly. Edmond Doutté writes that some Muslim theologians insist that the dreamer should only tell his dream to a virtuous person (Doutté, 1909, p. 408). Ibn Sirin, the most famous of the Muslim interpreters of dreams (8th century), goes further when he warns that dreams should not be told to a woman, an ignorant person, or an enemy (Al-Akili & Ayoub, n.d.). It is also narrated from Muhammad (the Prophet of the Muslims) that bad dreams

should not be defined for others, but should be prevented from being realized by praying. Although among Iranians the importance of dreams can be easily felt in everyday life affairs, a similar trend is observed regarding the lack of systematic research about dreams and dream sharing (Mazandarani et al., 2018).

It can be concluded that the very private experiences of nocturnal dreams may feed conversations, stimulate social interactions of various kinds, and bring interactants closer to one another. However, no available research has examined whether dream sharing affects dreamer's mental health.

Previous research findings regarding the relationship between mental health and dream-related variables are inconclusive. Case material of patients undergoing psychotherapy (Schredl & Doll, 2001) and controlled studies (Hill, 1996) have shown that working with dreams can be of benefit for the person and recalled dreams can thus enhance mental health.

Mental health has traditionally been defined as the absence of psychopathology (Keyes, 2005): Individuals were seen as either mentally ill or presumed to be mentally healthy. In recent years, however, it is increasingly recognized that the absence of mental disorder is not the same as the presence of positive mental health (PMH; World Health Organization, 2001). Two theories dominate the field regarding the components of PMH: The hedonic tradition deals with positive affect (or positive emotions and moods) and high life-satisfaction, whereas the eudaimonic tradition focuses on optimal functioning of an individual in everyday life. Taking both the hedonic and the eudaimonic approaches into account, PMH can be defined as the presence of general emotional, psychological, and social well-being (Keyes et al., 2002).

Both neurobiological and cognitive psychological evidence suggests that dreams reflect the affective concerns and emotional balance of the dreamer. Moreover, there is increasing evidence for the thesis that dreams take part in the process of emotional regulation by creating narrative structures and new associations for memories with emotional and personal relevance and giving birth to a reduced emotional arousal or balanced mood state during postdreaming wakefulness. Negative emotions in dream are negative predictors of health, whereas the opposite is true of positive emotions. This effect can be explained by the effect of dreams on daily mood and well-being (Bódizs et al., 2008). These consequences can continue and even intensify when sharing dreams.

Dream sharing has not been studied in Iranian culture so far, in addition the question as to whether mental health is related to dream variable remains unsolved. The present study was to examine variables related to dream sharing (including the frequency of dream sharing, the people with whom the dream is shared, the purpose of dream sharing, and the sharing of positive and negative dreams), as well as investigate the relationship between sharing positive/negative dream and PMH. After conducting a survey on the variables related to dream sharing in the normal population of Iranian culture, the main hypothesis of the research that there is a relationship between sharing positive dreams and PMH was examined.

Method

Research Instrument

For eliciting dream frequency, a 7-point scale (coded as 0 = *never*, 1 = *less than once a month*, 2 = *about once a month*, 3 = *about 2 to 3 times a month*, 4 = *about once*

a week, 5 = several times a week, and 6 = almost every morning) was presented. High retest reliability has been shown for this scale ($r = .85$; Schredl, 2004). To obtain units of morning per week, the scale was recorded using the class means (0 → 0, 1 → .042, 2 → .083, 3 → 0.25, 4 → 1.0, 5 → 2.5, and 6 → 4, 7 → 12). A scale similar to 8-point scale was used to measure dream sharing frequency (0 = never, 1 = less than once a year, 2 = about once a year, 3 = about 2 to 4 times a year, 4 = about once a month, 5 = about 2 to 3 times a month, 6 = about once a week, and 7 = several times a week). To obtain units in frequency per month, the scales were recoded using the class means (0 → 0, 1 → .125, 2 → .25, 3 → .625, 4 → 1.0, 5 → 3.5, and 6 → 6.5; Schredl & Schawinski, 2010). Regarding dream sharing, the participants were asked whether they shared dreams with other persons in different categories (spouse, mother, father, siblings, relatives, friends, colleagues, own child, therapists, others) that whom they shared dreams most often. The tone of the dream that often shared was also elicited. These answers were categorized into positive dream, negative dreams, both of positive and negative, or none of positive and negative. Finally, participants were to indicate the purpose of sharing their dreams; “What is usually the purpose of sharing your dreams do you think? Choosing between “I want to understand what the dream means,” “I think the dreams are so awkward/funny that I share the dreams for the purpose of entertainment,” “To let the other person(s) know what is happening in my mind,” relational intimacy, stress relief, or “other.”

Positive Mental Health Scale (PMHS) was used to measure PMH. This scale, developed by Lukat et al. (2016) consists of nine items. The scale assesses the emotional aspects of well-being mostly without correlating it directly to well-being theories. The scale is developed for evaluating one holistic positive emotion notion related to mental health. The items of PMHS include Trierer Personality Inventory (Becker, 1989), Freiburg Personality Inventory (Fahrenberg et al., 1989), Mental Health Scale (Tönnies et al., 1996), The Bern Subjective Well-Being Questionnaire for Adolescents (Grob et al., 1991), and two new items developed by Lukat et al. (2016). These items belonging to PMHS are in 4-point Likert type ranging from 0 to 3 as (0) being not true and (3) being true. All items are expressed positively. A high score collected from the scale indicates high PMH. Development of the scale and validity–reliability analyses were realized through student and patient groups. Reliability of the scale was calculated using internal consistency and test–retest methods. Internal consistency–reliability coefficient was found to be ranging between the values of .84 and .93. Furthermore, value for test–retest reliability coefficient was .81. Relationships between the PMHS and other scales were investigated within the context of criterion referenced validity. As a result, PMHS and The Bern Subjective Well-Being Questionnaire for Adolescents had relationship value of r as .81, whereas Social Support Scale and PMHS had relationship value of r as .52. On the other hand, Depression, Anxiety, and Stress Scale (Lovibond & Lovibond, 1995) and PMHS were found to correlate negatively for the subscales of depression ($r = -.74$), anxiety ($r = -.51$), and stress ($r = -.56$). Adaptation of PMHS to other cultures has been carried out by Maercker et al. (2015). Reliability values were found to be .93 for German, .86 for Russian, and .90 for Chinese. In the present study, the reliability was .88 and the model fit was achieved in confirmatory factor analysis.

Procedure and Participants

Overall, 720 persons (518 women, 202 men) completed the online survey between March 29, 2020 and April 9, 2020. The mean age of the sample was 32.3 yr (range: 16 to 63 yr). The link for the study was posted on the online spaces (such as WhatsApp and Telegram) and the website dreamresearch.ir (that was designed before the start of research and only for research purposes). The participation was voluntary and unpaid. Statistical procedures were carried out with the SPSS 24 software.

Results

The mean dream recall frequency (recoded scale) for the total sample was 1.85 ± 2.13 mornings per week; the dream sharing frequency average was 2.04 ± 3.24 per month. The frequency of dream recall and dream sharing for the total sample is shown in Table 1. Most of the participants (83.8%) stated that they share their dreams (see Table 1).

The spouse (30.6%), mother (23.3%), and friends (19.9%) were the three of references that participants more shared their dream with. Other references included: siblings (10.2%), relatives (6.5%), therapists (3.1%), colleagues (2.1%), own child (1.5%), father (1.1%), others (1.9%).

The purpose of people to share their dreams are shown in Table 2. Understanding the meaning of dreams has been reported to be the most common reason for sharing dreams.

As shown in Table 3, most participants reported sharing both positive and negative dreams with others.

To investigate the relationship between sharing positive/negative dream and PMH, analysis of covariance was used and controlled age as covariate and gender as additional factor. The results can be seen in Table 4.

Analysis of covariance showed PMH differed between sharing positive/negative dream group ($F = 4.85, p = .002$); also, age and gender were not statistically significant. To examine the differences between the groups, the comparison of means was used, which is shown in Table 5.

The results of this test showed that the mean of sharing negative dreams was significantly lower than sharing positive dreams and both positive and negative

Table 1
Frequencies for Dream Recall and Dream Sharing Frequency

Category	Dream recall (%)	Category	Dream sharing (%)
Almost every morning	11.7	Several times a week	8.1
Several times a week	23.3	About once a week	12.9
About once a week	14.6	About 2–4 times per month	12.8
About 2 to 3 times a month	14	About once a month	17.4
About once a month	10.1	About 2–4 times per year	20.7
Less than once a month	21.4	About once a year	11
Never	4.9	Less than once a year	10.1
—	—	Never	7.1

Table 2
Frequencies for Purpose of Dream Sharing

Category	Purpose (%)
Entertainment	14
Seeing my mind by others	7.1
Understand the meaning of the dream	46.7
Stress relief	13.9
Relational intimacy	11.1
Other	7.2

Table 3
Frequencies for Sharing Positive and/or Negative Dream

Category	Frequency (%)
Positive dream	20.8
Negative dream	9.2
Both positive and negative	62.9
None	7.1

Table 4
ANCOVA for Positive Mental Health

Source	Sum of squares	df	Mean square	F	Sig.	Partial eta squared
Corrected model	729.762	8	91.220	4.170	.000	.045
Intercept	25,245.622	1	25,245.622	1,154.115	.000	.619
Age	122.702	1	122.702	5.181	.061	.009
Positive/negative dream (P/N)	318.622	3	106.207	4.855	.002	.020
Gender	60.465	1	60.465	2.764	.097	.004
P/N Dream × Gender	30.308	3	10.103	.462	.709	.002

Note. ANCOVA = analysis of covariance.

dreams and even no sharing. The findings showed that sharing negative dreams was associated with lower mental health than the other three groups.

Discussion

Overall, the findings indicate that dream sharing is common and can be associated by mental health.

The majority of respondents (83.8%) reported share a dream to someone and 21% of them share their dream at least once a week. This finding, consonant with past studies (Curci & Rimé, 2008; Duffey et al., 2004; Ijams & Miller, 2000; Schredl & Schawinski, 2010; Schredl et al., 2015; Vann & Alperstein, 2000), suggests that dreaming is a common theme in social interactions. The high frequency of dream sharing also involves a belief in dreams being a worthwhile subject of deliberation and discussion.

With regard to whom dreams are shared with, data showed that dreams were mostly shared with spouse, mother, and friends. The distribution of persons with whom dreams were shared—most likely close persons—is also in line with the literature (Ijams & Miller, 2000; Olsen et al., 2013; Schredl et al., 2015). Regarded to

Table 5
Mean for Sharing Positive and/or Negative Dream

P/N dream sharing group	Gender	<i>M</i>	<i>SD</i>	<i>N</i>
Non	Men	27.5625	5.16150	32
	Women	28.3750	4.17875	24
	Total	27.3393	4.81013	56
Negative dream	Men	23.8750	5.45130	16
	Women	24.5102	5.67936	49
	Total	24.3538	5.58858	65
Positive dream	Men	27.1081	6.14539	37
	Women	27.2091	4.29015	110
	Total	27.1837	4.80157	147
Both positive and negative dream	Men	25.8205	4.27022	117
	Women	26.0955	4.60179	335
	Total	26.0243	4.51524	452
Total	Men	26.0198	4.92628	202
	Women	26.2876	4.69457	518
	Total	26.2125	4.75878	720

Note. ANCOVA = analysis of covariance.

nonstudent sample and the link between relationship intimacy and dream sharing, it should come as no surprise that most shared their dreams primarily with their spouse.

Unlike previous studies (Olsen et al., 2013; Vann & Alperstein, 2000), the results showed that dreams were mostly shared with the purpose of understanding the meaning of dreams. The topic of dreams has been addressed in Iranian literature (Amin, 2005; Komaili, 2008) and in the Islamic religion (Bulkeley, 2008). Traditional practices motivate Iranian people to seek knowledge about interpretation of dreams; as such it can be observed that more than 500 books have been published about dream content and its interpretation (search performed in the National Library of Iran on 2020). In addition, considering the prominent role of Islam in Iranian culture as a way of life and the fact that Islam gives very much importance to dreams, many religious books can also be found (Majlisi, 1998; Mohaddes Noori, 2001; Nekoonam, 2007; Teflisi, 2006).

Unlike Western societies, in Eastern societies such as Iran, which is influenced by the religious traditions of Islam, the interest in dreams and their meaning is more abundant in ordinary people. Today many dream dictionaries and dream guides exist in bookshops and websites suggest that many people still engage with their dreams and want to understand their meaning. However, little empirical research exists that has investigated how people understand dream meaning in the modern world. Most participants reported sharing both positive and negative dreams with others. This finding does not support the hypothesis of dream sharing for the purpose of relieving stress and unpleasant emotions.

Findings show that sharing positive dreams and both positive and negative dreams are more related with PMH than negative dreams. More interestingly, even, not sharing dreams, it is better than sharing negative dreams for PMH. Although research has been done on the benefits of sharing dreams, such as talking and discussing dreams can help improve people's insights (Blagrove et al., 2019; Edwards et al., 2013) and raising insights is associated with higher well-being and life satisfaction (Harrington & Loffredo, 2011), but sharing negative dreams can be associated with

less mental health by creating and sustaining negative moods as well as increasing the likelihood of rumination.

Dreams affect waking life and the most frequent type of effect was the influence on daytime mood and the items of the factor “spontaneous reminiscence.” The findings of Schredl (2009b) indicated that negative dream emotions affect morning mood to a larger extent than positive dream emotions. Often, the emotions associated with a dream persist throughout the day thereby exerting their effects on mood and behavior during waking life (Kuiken & Sikora, 1993; Schredl, 2009b). Once recalled a dream is typically shared with other persons. For instance, Vann and Alperstein (2000) detailed that 98% of the 241 people they interviewed revealed advising dreams to others, especially companions and intimates. Once shared, it can possibly continue impacting daytime state of mind and conduct. Negative dreams can cause negative moods the next day, perhaps sharing negative dreams can negatively affect our perceptions and emotions by overfocusing on negative emotions and reduce our mental health. Negatively valence dreams were found to have a higher emotional impact, and to be more disagreeable, disruptive, norm-incompatible, and ego-threatening than positive dreams. In contrast, positive dreams appeared significantly more agreeable and goal-conducive than negative dreams. Valence also had a significant impact on the measure of the cognitive consequences of dreams reflecting a change in world views, in that positively valence dreams seemed to have induced a greater modification of the individual’s beliefs (Curci & Rimé, 2008).

Blagrove et al. (2019) suggested that the dream acts as a piece of fiction that can be explored by the dreamer together with other people, and can thus induce empathy about the life circumstances of the dreamer (Blagrove et al., 2019). This could be a good explanation for the high frequency of dream sharing and its association with mental health, but some of our dreams are bad, embarrassing, or sexual, and sharing them may involve a risk of lack of empathy from the audience. In addition, Iranian cultural and religious beliefs about forbidding the sharing of bad dreams with others (as described in the introduction) can lead to a lower tendency for people to share negative dreams and their relationship to less mental health.

Also, personality reasons can explain the relationship between sharing negative dreams and less mental health. Neuroticism has been shown to relate to nightmare frequency and/or distress (Schredl, 2003; Schredl et al., 2003), and negative dream content (Pesant & Zadra, 2006). On the other hand, neurosis has a positive relationship with anxiety and depression and a negative relationship with life satisfaction and psychological well-being (Liu & Lin, 2019). It is suggested that future studies examine the role of the frequency of negative dreams or nightmares, attitudes toward dreams, and personality factors.

Conclusions

To summarize, dream sharing is common and most people shared their dreams with their close persons. Dreams were mostly shared with the purpose of understanding the meaning of dreams and people sharing both positive and negative dreams with others. But, sharing positive dreams, both positive and negative dream, even not sharing dreams, has a greater impact on PMH than sharing negative dreams. Although the

phenomenon of dreams and dream sharing is a universal and inclusive experience, cultural differences must be considered in dream studies.

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