



## OPEN The repetition principle of traumatic dreams

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The purpose of the present study was to determine the recurrent traumatic dreams of university students and to examine their dreams based on a psychodynamic viewpoint. The study group of this research, which is based on qualitative research design, was determined using the criterion sampling method, which is one of the purposive sampling methods. In this way, 64 people who met the following criteria were reached and a total of 130 repeated dreams were obtained. After the thematic analysis of the dreams, four main themes and four sub-themes were identified: (1) The Threat Theme, (2) The Theme of Dissociation and Somatic Response, (3) The Theme of Abandonment Depression and Self-Activation, and (4) The Theme of Forced Birth. The study not only categorizes recurrent traumatic dreams and reveals the type of these dreams, but also emphasizes the importance of psychic functioning in the context of the psychodynamic perspective. In this respect, it is considered that talking about the repetitive traumatic dreams of individuals who apply for psychological counseling and analyzing such dreams will contribute to a more detailed study of the subject brought to counseling sessions.

**Keywords** Traumatic Dreams, Repetition Dreams, Psychodynamic Perspective, Childhood Traumas, Repetition Principle

Freud defined a traumatic situation as an experience of helplessness. This is faced by the self because of the accumulation of internal or external stimuli<sup>1</sup>. There are many traumatic conditions that an individual faces in childhood or later in life (e.g., exposure to sexual abuse, natural disasters (earthquakes, floods, fires, etc.), violence, wars, migration, peer bullying, violence because of family relationships, neglect of the child, etc.). It is already known that traumatic experiences leave deep traces in the mental structure of the individual, especially if faced during childhood. These traumas either show their effects on the daily life of the individual or emerge through dreams as a result of repression and unconsciousness.

Freud emphasized that dreams are the disguised gratification of a repressed desire. Such dreams have a traumatic effect on mental development and are reactivated by childhood experiences<sup>2</sup>. Traumatic experiences that the individual has been exposed to in the past can be brought back to life as traumatic dreams and can be reflected in the dreams of the individual. Perhaps what must be emphasized is to look at what makes it necessary for the traumatic experiences stored in the unconscious to be reactivated or to reappear. Freud's claim was this: The meaning of every dream is the fulfillment of wishes<sup>3</sup>. However, can the traumatic content encountered in dreams be the desires of an individual? In my opinion, the negative content that dreamers reluctantly encounter in their dreams is also the result of a desire. The revival in adulthood of the traumatic experiences the dreamer was exposed to in childhood, or the emergence of a compulsive repetition, may actually indicate that there is a search for a solution. Although not every night, the dreamer may wish to stop the traumatic content to which he is exposed in his/her dreams. This desire may be a wish fulfillment, and this situation can be defined as the "pleasure principle," which is defined as the instinct to protect oneself from recurring nightmares. Consequently, beyond the pleasure principle, it can address the ways in which the human mind creates scenarios to gain pleasure and cope with pain.

Freud initially explained dreams and repetitive behaviours in terms of the pleasure principle: the individual seeks pleasure by resolving repressed conflicts<sup>4</sup>. However, particularly in the case of recurrent post-traumatic dreams and self-sabotaging behaviour (e.g. the unconscious repetition of traumatic relationships), a motivation contradicting the pleasure principle became apparent. To resolve this paradox, Freud introduced the concept of the death drive<sup>4</sup>. The death drive reflects the unconscious compulsion to repeat distressing experiences in order to make uncontrollable fears "familiar"<sup>4,5</sup>. This duality suggests that traumatic dreams embody both a search for resolution (pleasure principle) and reenactment (death drive). Contemporary neuroscience supports this dichotomy, linking traumatic dreams to both threat simulation<sup>6</sup> and the neural processing of sensory overload<sup>7</sup>.

Freud explained the question "Why do people tend to experience the same traumas in a symbolic sense over and over again, through conscious or completely unconscious mechanisms?" with the concept of "Repetition-

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Recurrence Compulsion”<sup>8</sup>. With this concept, Freud explained how the individual directed himself unconsciously to the symbolic and for this reason emotional equivalent of the same trauma and frustration, and how s/he unknowingly puts on the stage almost the same play with all its decor, costume, and scenario. In other words, the concept he called “repetition-compulsion” is a re-enactment of the past in our present day. The re-enacted past is childhood experiences, traumas, and unresolved memories. These childhood traumas and unresolved memories are suppressed and are re-experienced in similar relationships with different people or in dreams, and it is reported that these dreams mostly begin in childhood and adolescence<sup>9,10</sup>.

While recent research has supported Freudian and psychodynamic theories in understanding the dynamics of recurrent traumatic dreams, it has also brought new perspectives to the field. For instance, Schredl et al. discovered that the emotional quality of recurring dream motifs is connected to an individual's emotional adjustment process and that these dreams may serve a practical purpose, especially in relation to anxiety and trauma<sup>11</sup>. Similarly, Nielsen et al. examined the lasting effects of early childhood adversity experiences on the frequency and severity of nightmares in adulthood, explaining how trauma is reflected in dream content through neurobiological and psychological mechanisms<sup>12</sup>. In addition, the threat simulation theory developed by Revonsuo and Valli suggests that traumatic dreams may function as an evolutionary adaptation to prepare for threats<sup>6</sup>. These studies support Freud's concept of the “compulsion to repeat” with current data and allow us to more fully understand the role of dreams in the post-traumatic process. Many dream theories suggest that recurrent dreams are related to unresolved stressors in the dreamer's life<sup>13–15</sup>. For example, in Gestalt dream theory, recurrent dreams are seen as representing the individual's current state of psychic imbalance, and the presentation of this psychic state to consciousness allows for a possible restoration of self-balance<sup>16</sup>. Revonsuo, with his threat simulation theory, suggested that old concerns in adult recurrent dreams are gradually replaced by current concerns, and from a broader perspective, ancestral threats are common in childhood recurrent dreams<sup>17</sup>. On the other hand, object relations and ego-psychological dream theorists believe that the repetition of emotionally painful events in dreams allows the ego to attempt to dominate or assimilate the painful event<sup>18,19</sup>. Culturalist dream theory states that recurrent dreams indicate that there is no positive change or development in one's personality and that in recurrent dreams “people reflect their unresolved personality difficulties with the same symbols”<sup>20</sup>.

Although the precise contents of such dreams are always idiosyncratic, themes that were common in individuals reporting recurrent dreams were also noted<sup>21</sup>. It is possible to place “ordinary” or “typical” dreams such as dreams of falling, being chased, being evaluated, and losing one's teeth, being naked, or flying in this dimension. Such dreams are common, although not very often in any person's dream life, because many people worldwide report seeing them at least once in their lifetime<sup>22,23</sup>. Relatively little is known about the prevalence and content of such dreams, albeit associated with recurrent dreams. For example, Freud's only comment on the prevalence of recurrent dreams was that “periodic recurring dreams have often been observed”<sup>3</sup>. When considered in terms of the prevalence of recurring dreams, 60–75% of college students and older adults reported having one or more “recurring dreams” at some point in their lives<sup>24,25</sup>. Also, between 70–80% of adults who participated in dream studies in the past reported having a recurrent dreams in early childhood<sup>26</sup>.

A total of 60–85% of recurrent dreams were described as disturbing by those who reported them regarding dream contents<sup>9,26</sup>. In a previous study conducted with women, 46% of reported recurrent dreams were rated as highly disturbing. In the same study, approximately 10% of recurrent dreams had positive dream contents<sup>27</sup>. On the other hand, approximately 8% of recurrent dreams were rated both positively and negatively in terms of the emotion they contained<sup>9</sup>. Studies that examined recurrent dreams in terms of prevalence reported that 43% of these dreams consisted of threatening content such as being attacked or followed, and university students who reported such dreams generally worried about being threatened and followed in their dreams. Threatening elements were wild animals, monsters, and thieves, natural forces such as storms, fire, and floods<sup>10</sup>. Regarding the nature of threatening events, studies conducted on traumatized and non-traumatic children found that threats involving aggression (running and chasing, non-physical aggression, and direct physical aggression) were the most common types of threats in both groups and non-aggressive threats (accidents and misfortunes, failures and diseases) were less common<sup>28</sup>. Based on all these data, the emotional tone of recurrent dreams is negative in 60–70% of the cases, and this may be evidence that recurrent dreams are reminiscent of traumatic dreams<sup>29</sup>.

Previous studies show that traumatized individuals have more dreams that contain threat simulations<sup>28</sup> and the frequency of dream recall is even higher in such dreams<sup>30</sup>. Disturbing and recurring dreams occurring after traumas are considered among the symptoms of the basic trauma-related dreams of DSM-5 (“Repeating and distressing dreams associated with event(s)”) and ICD-11 (“Constant recall of the stressor in recurrent dreams”). It is noteworthy that these dreams are both a symptom of trauma and are repeated and remembered in a single night or as a series of consecutive nights because the repetition of a traumatic experience obliges the unconscious to activate a passive state. It was reported in previous studies that the need to activate the passive is a motivation for the processing of the traumatic dream occurring after traumas<sup>31</sup>. Traumatic dreams, which are now considered symptoms of traumas, can be seen as an expression of experienced traumas (neglect and abuse, exposure to violence, etc.). In this way, we are in a position to understand why a traumatic event is sometimes repeated in a dream as is because a real event can be reassuring or disturbing. Although a traumatic event activates fearful unconscious fantasies and creates a sense of danger, it also provides evidence that the danger has been overcome<sup>19</sup>. It is also reported in previous studies that the ego in a weakened sleep state performs mastery better than in the waking state<sup>32</sup>. In this way, trauma is experienced again and again in dreams and the effect of trauma is reversed. The self, which tends to repeat, discharges tension in a piecemeal manner and directs it to dominate<sup>5</sup>. In short, the trauma cannot be separated from the self by the mechanism of splitting into recurrent dreams after trauma but works by incorporating the self into the whole. In other words, dreams in which traumas are repeated are an attempt to combine and integrate them with the self<sup>33</sup>.

The nature of traumatic dreams, which recursively trace from the past to the present, are explored in intrapsychic and relational terms, taking into account the current and possible conditions in which dreams originate. Because dreams require certain relational and psychic conditions to resurface uncomfortably subconsciously in a clinical context. Although several studies<sup>22,23,34</sup> have investigated the content of typical dreams, there are few studies in the literature on the thematic content of recurrent dreams<sup>11,35–37</sup>. With this study, the purpose was to obtain more detailed data on the content of recurrent dreams than previously reported studies. In particular, the study establishes a classification of the thematic content of recurrent dreams in childhood and adulthood. The thematic content of recurrent dreams in childhood and adulthood was created after content analysis of these dreams, and the categories for classification were determined accordingly. In this context, the researchers aimed to fill a gap in the literature with this study. Bromberg's psychodynamic perspective was used to accomplish this goal. Bromberg's psychodynamic perspective is a prominent approach, particularly in the field of trauma and dissociation<sup>38</sup>. This perspective focuses on the concept of "fragmented self states" that the mind develops to protect itself. According to Bromberg, when traumatic experiences exceed the individual's ability to integrate the self, the mind attempts to cope by splitting these experiences into different self states. This may manifest in recurrent dreams as different scenarios, emotional ruptures, or physical reactions. Therefore, from a psychodynamic perspective<sup>38</sup> this study shows how trauma affects thought processes and mental functioning, inhibits symbolic and representational activities, and damages the psychological integrity of the individual. In addition, the problem and objectives of the research are more clearly stated below.

## Research problem and objectives

This study aims to comprehensively examine the thematic content and psychodynamic functions of recurrent traumatic dreams observed in university students. The central research question is addressed through four key dimensions:

1. How the content and structural features of recurrent dreams symbolize unconscious conflicts, analyzed through Freud's concept of repetition compulsion<sup>4</sup> and Bromberg's (2003) self-states theory<sup>38</sup> (fragmentation of traumatic experiences into dissociative psychological and somatic responses).
2. The predictive effect of Adverse Childhood Experiences<sup>39</sup> on these dream themes, particularly how trauma disrupts self-integration and manifests through recurring dream scenarios, emotional disconnections, or somatic reactions.
3. The functional impact of such dreams on ego integrity, defense mechanisms, and psychological adjustment<sup>6,11</sup> with emphasis on Bromberg's perspective regarding trauma's non-symbolic, embodied effects.
4. The clinical utility of dream analysis in identifying unresolved self-states and their therapeutic reprocessing.

## Primary objectives

1. Systematic identification of thematic patterns in traumatic dreams using Braun and Clarke's thematic analysis method<sup>40</sup>.
2. Examination of correlations between dream content, ACE scores<sup>41</sup> and PTSD symptoms<sup>42</sup> with particular focus on somatic and dissociative markers.
3. Dual psychodynamic analysis of dreams: Freudian repression<sup>4,5</sup> and Brombergian dissociation<sup>38</sup> evaluating their respective roles in trauma processing.
4. Assessment of post-traumatic dream content through neurobiological<sup>12</sup> and cognitive<sup>43</sup> mechanisms (bridging psychodynamic theory with empirical research).

## Method

### Participants and procedure

This study uses a qualitative research design with thematic analysis as the primary methodological approach. The choice of thematic analysis<sup>40</sup> was guided by its suitability for exploring rich, subjective experiences of recurrent dreams and its alignment with our psychodynamic theoretical framework. This method allows for both inductive coding of emergent themes and deductive analysis through the lens of psychoanalytic concepts (e.g. repetition compulsion, unconscious processes). The qualitative design was particularly appropriate given our aims to: (1) uncover latent meanings in traumatic dream content, (2) preserve the complexity of individual experiences, and (3) examine the interplay between dream symbolism and psychological functioning<sup>44</sup>.

The procedure of the present study was conducted in accordance with the Declaration of Helsinki. Additionally, as stated in the letter dated 28.03.2023 and numbered E-33,117,789/044/100,906 from the Rectorate of Social and Human Sciences, University of Bingöl Scientific Research and Publication Ethics Board, the research titled "*The Repetition Principle of Traumatic Dreams: A Thematic Analysis*" was ethically reviewed and approved by the relevant committee. The experimental protocol(s) were approved by the Bingöl University Scientific Research and Publication Ethics Committee. Written informed consent was obtained from all participants prior to data collection. This procedure ensured that participants fully understood the purpose and nature of the study, as well as their roles in it. This approach ensured that the ethical foundations of the research, participant rights, and the confidentiality of their information were adequately recognized and protected. Participants signed an informed consent form confirming that their research data would be analyzed anonymously and used exclusively for this study, without being disclosed to third parties under any circumstances. This restriction was included in the research protocol to address participants' privacy concerns related to the sensitive nature of their trauma experiences<sup>45</sup>.

The study group of this research, which was based on a qualitative research design, was determined using the criterion sampling method, one of the purposive sampling techniques. To select participants who met

specific trauma exposure thresholds<sup>45</sup> the criterion sampling method was employed. This approach ensured the inclusion of information-rich cases through the purposeful selection of individuals who could provide an in-depth understanding of the phenomenon under investigation<sup>46</sup>. Accordingly, 64 individuals who met the following criteria were included in the study, and a total of 130 repeated dreams were collected. To gather data from the Turkish sample, the ACE Trauma Scale was used to assess trauma exposure, the Posttraumatic Stress Disorder Symptom List (PCL-5) was used to identify PTSD symptoms, and an online questionnaire created via Google Forms was administered. In total, 183 individuals were reached, and the study was carried out with 64 participants who met the inclusion criteria. The inclusion criteria were as follows: (a) providing explicit consent to participate, (b) being over 18 years of age, (c) scoring at least 47 on the PCL-5, and (d) scoring at least 4 on the ACE Trauma Scale. These criteria were applied after participants reviewed the informed consent form. A PCL-5 cut-off score of 47 was shown to identify individuals diagnosed with PTSD in the Turkish population with 88% sensitivity and 84% specificity<sup>43</sup>. A score of  $\geq 4$  on the ACE scale was identified as a critical threshold in the original Felitti study<sup>39</sup> indicating a 4.6-fold increased risk of adult psychopathology. These validated thresholds ensured the inclusion of participants with high clinical relevance and alignment with the trauma-focused goals of the study. Furthermore, although a single adverse childhood experience may be sufficient for trauma to emerge, previous findings indicated that as the number of such experiences increased, the risk of illness, mortality, and behavioral health problems (e.g., substance abuse) also increased<sup>47</sup>. Therefore, only participants who reported four or more adverse childhood experiences were included in the study.

Participants were informed that they could terminate the survey at any time without saving their data. No financial compensation was provided for participation. All participation was voluntary and uncompensated, as clearly outlined in the informed consent process. To reduce potential power imbalances, it was confirmed that no pre-existing or concurrent teacher-student or advisor-advisee relationships existed between the researcher and any participant. The sampling procedure involved institution-wide announcements rather than course-linked recruitment, and complete anonymity was maintained during data collection to prevent any perception of coercion.

Only dreams that met two criteria—being recurrent for at least six months and being described by participants as “almost always” the same in content—were included in the analysis. In the questionnaire, participants responded to various items such as: “Have you ever had a recurring dream?”; “For how many years have you had this dream?”; “When did it first occur?”; “Under what emotional conditions (e.g., happiness, stress, anxiety) do you usually have this dream?” and “How did you feel after waking from this dream?” Participants were also asked to narrate their dream in as much detail as they could recall. They described the emotions experienced during the dream (pleasant or unpleasant), the relationship of the people or objects to themselves, the context of the dream (theme, setting, time), and what happened to them and other characters throughout the dream. Descriptive statistics related to the dreams reported by the 64 participants are presented in Table 1.

As can be seen in Table 1, the majority of participants were female. When the descriptive statistics of the dreams were examined, it was found that they had this recurrent dream between 6 (67.2%) and 7–12 (32.8%) years, on the other hand, they usually had this recurrent dream 5 times (65.6%) and 6–10 times (34.4%) per year on average. It was found that the participants had more recurrent dreams when they were stressed (35.9%) and the most common emotion they experienced after the dream was fear (50.0%).

Variable	Variable level	Frequency	Percentage
Gender	Female	55	85.9
	Male	9	14.1
Age	19–21	40	62.5
	22 and over	24	37.5
How many years have you been having the same dream?	For 6 years	43	67.2
	7–12 years	21	32.8
How many times a year does s/he have the same dream?	At least 5 times	42	65.6
	6–10 times	22	34.4
In what mood is s/he having this dream?	When unhappy	10	15.6
	While happy	12	18.8
	While anxious	17	26.6
	When scared	2	3.1
	When stressed	23	35.9
The feeling after waking up from this dream	Horror	8	12.5
	Excitement	11	17.2
	Anxiety	11	17.2
	Fear	32	50.0
	Happiness	2	3.1
Total		64	100.0

**Table 1.** Frequency and percentage of the Dreams of participants.

## Data collection tools

### *Posttraumatic stress disorder checklist (PCL-5)*

The self-report scale consists of 20 items consistent with PTSD symptoms. Scale results can be interpreted in 2 different ways. The first is to provide information about the level of symptoms by calculating a total symptom score by summing the symptom scores for each item, and it is recommended that 33 be used as the cut-off point, although this varies depending on the purpose of use<sup>48</sup>. Reliability coefficients were 0.79–0.92 for re-experiencing, 0.73–0.91 for avoidance, 0.85–0.90 for negative changes in affect and cognitions, and 0.81–0.88 for overstimulation. Test-retest reliability coefficients were 0.70, 0.64, 0.78, and 0.76, respectively. The authors suggest using a score of 47 as a cut-off point for a possible diagnosis of PTSD. In other words, clients with a total score of 47 and above are more likely to meet the diagnostic criteria for PTSD<sup>42</sup>.

### *Adverse childhood experiences scale (ACE)*

The scale consists of ten closed and one open-ended question. Individuals are asked to answer “yes” if they have experienced any of the situations listed in the questions. The scale asks about the history of emotional, physical and sexual violence, abuse, emotional and physical neglect in the family up to the age of 20. The open-ended question asks the person to write down if they have a current health problem and if so, what it is. It is a self-report scale. Reliability and validity studies were conducted by Gündüz<sup>41</sup>. Cronbach’s alpha value was calculated to determine the internal consistency of the scale. Cronbach’s alpha value, which shows the internal consistency of the scale, is 0.742. This result shows that the internal consistency reliability of the test is 74% (Gündüz et al., 2018). At the end of the scale, the questions answered with “yes” are summed up and this forms the score of the test. This score indicates how many negative experiences the person has. A minimum score of 0 and a maximum score of 10 can be obtained from the test.

## Researcher positioning

The analytical process of this study was informed by the author’s clinical and academic expertise in psychodynamic theory and dream interpretation. The author received training in psychoanalytic theory, unconscious processes and trauma during her undergraduate and postgraduate studies, with a particular focus on qualitative methods (thematic analysis) and clinical case studies involving psychodynamic dream analysis. Throughout the data analysis, this theoretical grounding and ongoing engagement with Freudian/psychoanalytic literature guided the interpretation of themes.

## Data analysis

The qualitative data analysis of this study began with the verbatim transcription of participants’ dream narratives and their transfer into NVivo 10 qualitative data analysis software. The analysis process strictly followed Braun and Clarke’s six-stage thematic analysis protocol<sup>40</sup>. In the first phase, to ensure methodological rigour, all dream narratives were read five times, with the researcher taking detailed preliminary notes. This intensive reading process enabled a deep familiarity with the data and facilitated the identification of nuanced patterns within dream content.

Following familiarisation with the data, a systematic coding process was undertaken using NVivo 10 software with open coding techniques. During this phase, significant patterns and recurring concepts in the data set were identified to generate initial codes<sup>49</sup>. Following coding, the codes generated were reinterpreted through the lens of psychoanalytic theory<sup>2,5</sup> leading to conceptual groupings and the development of potential themes. This process carefully considered both naturally emerging patterns in the data and conceptual frameworks from the psychoanalytic literature.

To ensure validity and reliability of themes, triangulation was undertaken with two independent expert researchers (psychodynamics and dreamers)<sup>50</sup>. In this process the developed themes and sub-themes were tested against the original data set to assess their consistency. The triangulation process strengthened the alignment between themes and data, while enhancing the objectivity of the findings.

The final thematic framework was developed through a dialectical approach that considered both the raw data patterns and the conceptual framework of psychoanalytic theory. This methodological approach is consistent with Braun and Clarke’s category of ‘theoretical thematic analysis’<sup>40</sup>. While maintaining that the themes were entirely derived from the data, psychoanalytic theory served as a conceptual guide during the interpretation phase. This dual approach created a balanced integration between data-driven findings and theoretical perspectives. Throughout the analytical process, methodological transparency was maintained through the researcher’s regular reflective notes and documentation of analytical decisions. A continuous self-critical mechanism was implemented to prevent potential bias, with methodological rigour maintained from data collection to final reporting. This comprehensive, multi-layered analytical process ensured that the study findings were both data consistent and theoretically robust.

In conclusion, the analytic approach adopted in this study enabled both the identification of data-embedded patterns from participants’ dream narratives and their in-depth interpretation through psychoanalytic literature. This methodological framework aimed to make a unique contribution to the field by facilitating both a phenomenological understanding of dream content and its evaluation within psychodynamic theory. The process successfully balanced empirical findings with theoretical insights while maintaining rigorous standards at all stages of the research.

## Interpretive limitations

In applying psychoanalytic interpretations in this study, certain methodological and theoretical limitations were carefully considered. First, it is well established that some assumptions of Freudian dream analysis show limited alignment with contemporary neuroscience findings<sup>51,52</sup>. Therefore, we deliberately constrained



Dream Content	Psychoanalytic Interpretation (Researcher)	Participant Interpretation (Verbatim Responses)	Congruence Level
Tooth Loss (n = 8)	Castration anxiety, symbol of power loss (Freud, 1900)	"I was experiencing exam stress, related to losing control" (P23)	Partial
Being Chased (n = 12)	Manifestation of unconscious threats (Revonsuo, 2000)	"I dream about conflicts at my workplace" (P41)	High
Death Theme (n = 9)	Unresolved grief process (Bowlby, 1980)	"I see my grandfather who passed away last year" (P15)	Complete
Flying (n = 5)	Desire for freedom/phallic symbol (Freud, 1900) vs. motor cortex activation (Hobson, 2009)	"Flying in dreams gives me peace" (P07)	Low
Water/Drowning (n = 6)	Birth trauma symbolism (Rank, 1924)	"I nearly drowned as a child" (P32)	Partial

**Table 2.** Comparative analysis of psychoanalytic interpretations and participant Meaning-Making.

Themes	Sub-themes
1. Threatening	1.1. Threat to Body Integrity: Castration and Autocastration 1.2. Threat to Life: Occupied and Persecution 1.3. The Threat to Loved Ones: Death and Unlived Mourning 1.4. The Threat to Self-integrity: Ego Dysfunction
2. Dissociation and Somatic Responses	
3. Abandonment Depression and Self Activation	
4. Forced Birth	

**Table 3.** Theme and sub-themes of the study.

our interpretations to concepts like repetition compulsion that find support in modern trauma research<sup>7</sup>. As cultural psychology studies demonstrate<sup>53</sup> we adopted a cautious approach regarding universal interpretations of dream symbols, carefully considering participants’ cultural backgrounds. Furthermore, within the framework of qualitative research ethics<sup>54</sup> we were mindful of the potential limitations in applying psychoanalytic interpretations to a non-clinical sample. Accordingly, we enhanced methodological transparency by providing a comparative table aligning our interpretations with participants’ own meanings (Table 2) and conducting negative case analyses<sup>55</sup>.

**Results**

As a result of the analysis, 4 themes and 4 sub-themes that were associated with the repeated traumatic dreams of university students were identified and are given below. The themes and sub-themes are given in Table 3.

**1. Theme 1: threat**

*1.1 Threat to body integrity: castration and autocastration*

In this theme, the recurring dreams of the participants seem to be a metaphorical and perceived threat to their bodily integrity, but this perception offers the dreamer the opportunity to rehearse to protect himself/herself. For example, *"I dream that a cow is constantly squeezing me. It was trying to knock me down with his horns. The more I try to escape, the more I am cornered"* (P6). The perception of threat towards an organ (sexual organ) in the body and the falling out of the tooth representing this can be seen as castration anxiety. A striking example of this was a participant’s statement, *"I see my teeth falling out all the time in my dreams"* (P14). *"I dream that my tooth is broken and sometimes I see a new tooth coming out. Sometimes I see my teeth falling out"* (P59). On the other hand, various symbols (e.g., seeing a bald man) may also represent castration, although it is not directly associated with an organ in dreams. For example, *"I saw a bald man chasing us, and a creature, running after us and trying to catch us while I was going to buy bread with my sister and on our way back, but neither he could catch us nor we could reach the house"* (P47). Similarly, in the recurrent traumatic dreams of the participants, it was seen that the dreams occurred not in the form of castration but also the form of autocastration. This can be interpreted as an unconscious desire to self-destruct, to kill. The participant dreamed, *"I see myself throwing myself on the balcony of my own house all the time, and when I see that there is no such thing as a game, I do the same thing again and sometimes I die, but sometimes I am alive."* (P37).

*1.2 Threat to life: occupied and persecution*

The sources of many of the threats in recurrent dreams seem to come from fantasy or fiction. However, it can be considered that traumatic and recurrent dreams trigger threat perception and avoidance mechanisms. It is possible to remain under the influence of the dream even after waking up from a traumatic and repetitive dream. A participant’s dream and what he experienced after waking up from the dream said, *"I had the flu when I was a child, and around 3–4 a.m., big and heavy rings seemed to come over me and even swallow me up in my dream. This still happens occasionally. When I wake up, I have a headache, shortness of breath, rapid heartbeat, and an unpleasant, bitter taste on my palate"* (P9). It can be argued that the contents such as being threatened, attacked, abused, and captured in the dream are intense, and as stated by the participants, dreams that create intense anxiety and fear after waking up from the dream contain both repetition compulsion and trauma. For example, *"There is a man with blond hair and blue eyes. But I do not know. He follows me everywhere. He bothers and wants to kill me"* (P11). *"Someone is always chasing me and I am in a panic"* (P8). *"The door of my old house is being*

*forced and when I open it, I cannot see anyone. A huge nothing” (P13). “I see a child who is constantly sexually abused” (P27).*

### 1.3 The threat to our loved ones: death and unlivid mourning

The individual has seen the death of either a family member or a close friend in the recurring dream. Considering that the experience of mortal danger is some kind of trauma, it can be seen that this includes trauma more clearly. For example, *“I were dreaming constantly since I was 15 years old (I am now 26 years old) that my father has passed away”. When I wake up from the dream, I feel sad and anxious and I see this 3–4 times a year (P7). “I dreamed that my sister was dead in my first dream”. It was a very scary sight. I could not recover for a while. It was constantly playing in my head. In my second dream, this time I saw my father and my younger brother die in the same way. Their body integrity was completely broken, and I was waiting for them alone. Their bodies disintegrated as they touched it. After these dreams, I could not come to my senses for a while. It was always in my mind and I was crying involuntarily during the day (P26). “I lost my mother 10 years ago and I have seen that I lost my mother at least twice a week for 6 years, and it is such a great pain that when I wake up from a dream, I feel that pain in my soul. This makes me very tired. It affects my whole day” (P32). “I see that my relative has died, but I do not remember who it is” (P3). On the other hand, instead of the direct death dream, it is seen that the symbols that evoke death are seen in the dreams. This can be thought of as a grief strain. One of the participants said that he dreamed of seeing demons wearing black clothes in the cemetery all the time (P21). The dream of another participant, in which both the shape of the dream and the size of the relationships changed in the dream, was as follows. *“I lost my mother 4 years ago and my dream has changed in the last 4 years. I always have conversations with my mother in my dreams, and now my mother would take me to her realm. He used to give information about the people there. We used to make a deal with her at the beginning of the dream. I used to say to my mother, I’m coming to you, but he would say no, you will not come. My mother would also say OK and in my dream, we used to wander in my mother’s realm with my mother. As a result, when I woke up, I felt the presence of my mother in all my cells by my bedside” (P32).**

### 1.4 The threat to Self-Integrity: Ego dysfunction

Traumatic events threaten the physical, mental, and self-integrity of the individual. Traumatized individuals may feel an intense threat to their self and spiritual integrity and thus experience extreme tension and fear. For this reason, when the individual feels a threat to self-integrity or past experiences preventing the formation of self-integrity persist, s/he may experience fear and tension again and again in dreams. For example, *“When I go up the stairs and look behind me, I see the steps disappear and there is a fire. The lights go out and I disappear” (P16). “I get on the elevator, but the elevator can move sideways, left, down, up and down, and it moves extremely fast. Suddenly, it falls and its walls start to burn, and while falling, the elevator shrinks from its normal size. I cannot breathe. I feel the heat of the burning elevator on my skin” (P29). “I saw that I was on the top floor of a cafe and there was an earthquake. I wanted to open my hands and stop, but it did not work, I could not stop. I was horrified. Then the stones and the building collapsed and we fell. When I opened my eyes, there was blood everywhere and I was in the hospital. When I fell, I was repenting” (P34).*

## 2. Theme: dissociation and somatic responses

In this theme, there is a state of freezing, which begins with not feeling the body sensations associated with the trauma that the dreamer cannot resolve, on the one hand, and a state of dissociation, which begins with self-alienation, on the other. However, there are dreams in which bodily sensations are experienced along with somatic activations (falling, flying, etc.). In a dream considered to involve dissociation, the participant dreamt, *“I watch TV with a tube, then I step in from the screen. The face of the actor on the television is divided into two. One side is white, happy, and the other is black, angry, and terrifying. A man is dividing the face in two with the phone. The angry and scary side is looking at me and coming towards me. At that moment, I am afraid and wake up” (P40). “In my dream, I see that I committed a crime, my family hid me and somehow they found me and gave me a model of me and took me. It was terrifying to see the same myself in the dream” (P29). “In my dream, I tell my boyfriend that I do not trust him and then I start crying, but suddenly I start freezing (bodily and emotionally) and not responding” (P17). On the other hand, somatosensory and motor experiences such as falling and flying in dreams can lead us to somatic reactions in dreams. For example, *“I travel mountains, hills, rivers. I cross mountains. I am climbing to the summit. Sometimes I fly. I travel the seas” (P2).**

## 3. Theme: abandonment depression and self activation

In this theme, it is seen that the individual experiences Abandonment Depression or falls into Abandonment Depression depending on the abandonment anxiety in the dream. If there is loss, abandonment, separation, and broken relationships in a repetitive and traumatic dream, this can be seen as Abandonment Depression. For example, *“I am going down the stairs of our building. I am running very fast. When I come to the stairs outside, I jump to pass 7–8 stairs and suddenly I see myself on a horse. It is running very fast. It looks like there are stripes on it. I am afraid I am going to fall. Then, when I think that I am lost, when I look around, I am meters away from my own house and I always wake up at the same time as the dream” (P35). “I see something as if I lost my way in a dark labyrinth, I am constantly trying to find my dark way” (P24). Some dreams that include the feeling of shame (dream of nudity) of Abandonment Depression are as follows. *“Everything and every place was so perfect in my first dream that it was like a paradise. It was like I was in a very luxurious resort. But it was like a covered place. There were green rocks everywhere and the water was full of pools. I was standing right on the rock. There were men behind me. In front of me was the pool, lake-style waters. I had the phone. I was taking pictures of that beautiful scene. There were a lot of people there. The girls were wearing bikinis. I was dressed too and there were men and I was naked and embarrassed. Then my foot slipped from the stone I was standing on and I sank into the water up**

to my knee. Then I went right back. The men behind me were also watching me. Then, suddenly, I was in another street, in another place” (P63).

The traumatized individual becomes aware of the rejected parts of the self over time and wants to express them. However, the heavy burden of trauma prevents the individual from expressing these traumas in daily life. It seems that unexpressed emotions cause defense, which still causes him/her to feel Abandonment Depression. Traveling in a dream shows itself in the form of getting married, getting engaged, or attending a wedding and engagement ceremony. For example, “I went to my ex-girlfriend’s engagement ceremony by getting ready with all my close friends and crying while I was getting ready. After attending the engagement, I see each other and leave the hall and fall on the stones crying, my knees bleed, everyone comes to help and at that moment my ex-friend is watching me and talking to my friends and arguing with my friends” (P50). On the other hand, in the dream content, both Abandonment Depression and self-activation were expressed by the participant in a dream as “A friend of mine was showing me that my friend was engaged to someone else and I was going to his engagement” (P16).

#### 4. Theme: forced birth

Symbols such as sea, water, falling into the water, and drowning, which are thought to represent the womb of the mother, and symbols thought to represent the genitals of the Female, such as the street, narrow street, darkness and night, were reflected in the dreams given under this theme. Traumatic dreams can be seen as reasons such as premature birth, difficult birth, a difficult pregnancy, unwanted pregnancy, and unwanted baby. For example, “In my dreams, I find myself walking on the sea. The water is up to my knees. The water is usually moody, choppy, cloudy or even. I am just walking alone” (P4); “I usually flutter in water” (P8); “I see myself falling off a cliff and falling into a creek or sea, I cannot swim and I am drowning under the water” (P25). Another similar dream of the same participant was as follows: “In my dream, I was in a place like a beach or a holiday resort. There was the sea in front of me and I was standing in a high place in front of the sea. There were people around me, mostly men. I was watching the sea, I was taking pictures again. Then we landed right in front of the sea, and there was a boy I have known since middle school, whom I talked to a lot for a while, but then got offended. There was a child, after all. Suddenly, the air became cloudy and the gloomy air descended on that beautiful sea. I wanted to go back up immediately, but the sand on that hill turned into mud as if it had rained. I had a hard time getting out. Then my friend took me out. We continued walking with him” (P63).

### Discussion

To the best of our knowledge, the present study is the first to investigate the content of recurring dreams directly reported by university students using the thematic analysis method, as opposed to a retrospective questioning of childhood recurrent dreams. In the current study, 67% of participants reported having the same recurring dream(s) for 6 years, 65% reported having the same recurring dream(s) at least 5 times a year, 35% reported having these dreams mostly when they were stressed, and 50% reported experiencing fear after waking from the dream. Research shows that between 50 and 65% of college students report having a recurring dream at some point in their lives. On the other hand, it is reported in previous studies that recurrent dreams mostly start in childhood, but adolescence is also common as the initial period<sup>9,10</sup>. In the present study, 67% of the participants had this dream for 6 years as a starting period (considering that 62.5% of the participants were between the ages of 19–21 when moved 6 years backward, the first dreams were seen at the age of 15), and 32% of the participants had this dream for the first time 7–12 years ago (again, considering that 62.5% of the participants were between the ages of 19 and 21), and it is seen that the first onset period of some of these dreams is 9 years old). Contrary to the studies mentioned, these data show that the onset of recurrent dreams is mostly in childhood.

The data associated with recurrent dreams refer to the type of dreams and their threat. According to the data obtained in the study, 43.7% of the 130 dreams were threatening dreams. It can be argued that dreams such as human and animal attack, tooth fall, death, monster, devil, intrusion, and invasion (sexual abuse) contain direct threats, especially in terms of the explicit content of dreams. Contrary to daily dreams, it is reported in previous studies that the frequency and severity of the threat mechanism are higher in recurrent traumatic dreams. Zadra et al. found that 65.6% of dreams<sup>56</sup> and Revonsuo and Valli reported that 66.4% of dreams contained at least one threatening event<sup>6</sup>. In the present study, this rate was found to be 43.7%.

Although the numerical data obtained as a result of the content and thematic analyzes on the explicit content of traumatic and repetitive dreams are important, it is also important to consider the themes of the hidden content of such dreams from an intrapsychic viewpoint. Dreams, which are known to help people process and integrate their daily experiences, fascinated people since ancient times and were used as a therapeutic tool by psychoanalysts at the beginning of the 20th century as a therapeutic tool requiring an intrapsychic evaluation of the dream content.

Threatening dreams about bodily integrity are considered to include castration and Autocastration. The dreamer’s exposure to external threats and self-harming behaviors (suicide or non-suicidal self-harm) may indicate that some kind of individual is in danger of being castrated. The effort of the child, who wants to have a relationship with the mother or father in the oedipal period, to be put into social rules, regulations, and certain roles by one of the parents causes the child to have castration anxiety. Contrary to the child’s desire to establish a relationship with the opposite-sex parent, the imaginary or real prohibition of this relationship by the parents can become a symbol of all the authorities that the child will face later. For this reason, it can be argued that a relationship that is not internalized can create trauma in the child and this can be reflected in the traumatic and repetitive dream content. Freud expressed the symbolic representation of castration in the dream work as baldness, cutting hair, falling out of a tooth, or in the form of beheading<sup>2</sup>. It was seen in the present study that the participants had castration dreams such as being attacked by humans and animals, losing teeth, seeing bald men trying to harm them, and killing themselves, which is consistent with Freud’s statements.



It was found that they saw dream contents such as being attacked (captured, abused) in the theme of threat to life, or, in other words, occupation, and persecution. In particular, threatening dreams were seen against the person's life, physical integrity, close relatives, and friends. In the present study, it was observed that the participants saw dream contents such as being attacked by humans and animals, seeing others being sexually abused, being chased by others, being killed, and drowning. In the study that was conducted by Yu, it was reported that the participants saw dream contents such as "being chased or followed", "being physically attacked", and "conspiracy of some people" in their dreams, and these dream themes were largely associated with the delusions of persecution<sup>57</sup>. In the same study, it was also reported that falling, chasing or similar persecutory motifs in dreams symbolize a frightening object or event. These dream content themes appear to be consistent with the present study. However, it is considered that those who were sexually abused may be more likely to dream of a threatening or evil entity that can take human, animal, or supernatural forms. It is emphasized that men sometimes experience fear of being attacked by jealous male rivals or angry female lovers in their dreams of sexual abuse. Women's dreams, on the other hand, often report fear of rape and encounter sexually aggressive men<sup>58</sup>. All these traumatic and repetitive dreams are important in that they show that the dreamers have problems that they cannot solve and that they have unfinished business.

Another theme that emerged in the study is the perceived threat to loved ones in the dream, and it is seen that this threat is mostly the death of one of the father, sibling, mother, or other family members, and the cemetery and strange creatures similar to the devil. Freud interpreted the animistic tendencies in recurring dreams during the grieving process as attributing desires and emotions to figures (spirits, demons, gods) beyond human control<sup>59</sup>. In previous studies, it was reported that recurrent dreams often have content such as the death of a loved one, separation from parents, or divorce of parents, as well as dreaming of the deceased as one of the 30 symptoms of complicated grief<sup>60,61</sup>. In a study that was conducted in Cambodia, mourning often appeared in the dreams of the deceased in the presence of concerns about the deceased's rebirth. It was even stated that these dreams belong to relatives who died 32 years ago<sup>62</sup>. If painful mourning occurs with the loss of a loved one, the loss is considered in unconscious phantasy as an attack on the body's ego<sup>63</sup> because psychoanalytic thought states that the shadow of the lost object in the mourning process falls on the ego. For this reason, it can be argued that recurring dreams involving death and creating a perception of threat occur with the suppression of the subject's desire to attempt retrospective control.

It can be argued that the threat to self-integrity occurring in recurrent traumatic dreams (e.g., the dysfunction of the ego) includes the processes associated with the fear of life-threatening or death of traumatic experiences (ego dysfunction). Because the ego is exposed to an extreme feeling of powerlessness and inability to control or manage the situation as a result of a traumatic experience, and for this reason, it is filled with panic and excessive physiological reactions. This overflow process of the ego leads to a state of psychic and physiological shock. It was also stated that the traumatic experience destroys the empathic shield of the internalized primary object, the trust in the constant existence of good objects, and the expectation of empathy of the person<sup>64</sup>. The dream self is threatened in recurrent traumatic dreams, for example, attacked or injured, and often tries to escape or protect himself/herself from threatening figures. The dream ego often reacts with panic and either feels powerless or tries to escape the threat often resulting in the dream ego being chased by menacing figures. In this pattern, dreams can differ according to the severity of the threat. For this reason, the dream ego is damaged, severely wounded, or even killed. In some cases, the killing has already happened and the dream ego is found as a dead body. The threat to the dream ego comes from a force in nature (a natural disaster, earthquake, fire, flooding, storm, etc.). The dream ego is threatened by (dangerous) animals. The dream ego is threatened by human beings, e.g. criminals, murderers, or 'evil people', or human-like figures, e.g. ghosts, shadows, etc<sup>65</sup>. Based on a psychodynamic viewpoint, these motifs in dreams can be interpreted as a weak ego struggling with overwhelming forces that emerge from split emotions, impulses, and complexes. In other words, they appear as devaluing introjections threatening the functioning of ego consciousness.

The participants experience either alienation or mental disconnection from themselves or the inability to react physically to sudden situations (freezing, shock state) in their dreams in the theme of Dissociation and Somatic Reactions. On the other hand, it is seen that the participants show dissociative reactions in their dreams, as well as bodily reactions such as flying and falling. Dissociative states usually emerge as a disconnection and switch between different mental states because of a disconnection between memories associated with traumas<sup>66</sup>. Dissociative states not only occur in healthy individuals and people who have mild dissociative symptoms during wakefulness, but can also occur in dreams. It is reported in previous studies that the rupture and dissociation from the dream sequence may be associated with discontinuities and shifts in dream scenes, and according to some studies conducted on such dreams, it may appear especially in pathological processes associated with nightmares and in recurrent dreams associated with traumatic experiences<sup>67,68</sup>. Among the 43 patients diagnosed with Dissociative Identity Disorder (DID), 57% said that "alter personalities" were presented as dream characters<sup>69</sup>. It is reported in previous studies that dream characters can be seen as hallucinatory reflections of the fragmented self<sup>70</sup>. In this respect, dreams were described as a kind of dissociative phenomenon in their own right<sup>70,71</sup>. Even Janet argued that dreams focused on primary or secondary aspects of the precipitating traumas, as in the waking state<sup>72</sup>. All these processes show that traumatic repetitive dreams are associated with dissociative processes.

Although extensive studies conducted on dreams remain unclear how the body is represented in dreams<sup>73</sup> it was suggested that one's body and action representations may correspond to those used during waking physical life during dreams<sup>74</sup>. In this context, somatosensory and motor experiences such as falling, being chased, or flying in dreams form the dream content, and it is a very popular practice to interpret flying dreams as an expression of joy or sexual feelings, it is considered that falling, chasing or similar persecutory motifs symbolize a frightening object or event in dreams. It is reported in previous studies that unusual creatures are usually described by people who have psychotic or dissociative periods<sup>57</sup>. Traumatic dreams may have overlapping

psychological associations with bodily distress, and individuals who are highly reactive to disturbing dream images may be more likely to worry about somatic symptoms on awakening. Individuals who feel anxious about traumatic dreams may be responding to the physiological arousal and anxiety accompanying them rather than only the actual dream content<sup>75</sup>.

When the dreamer's loss, abandonment, separation in a repetitive and traumatic dream, and broken relationships are evaluated, the process can be considered Abandonment Depression. Individuals with Abandonment Depression and traumas become aware of the rejected parts of the self over time and want to express it. However, the severe burden of traumas prevents the individual from expressing them in daily life. For this reason, abandonment depression, which cannot be expressed in daily life, manifests itself in dreams as traveling, getting married, getting engaged, or attending a wedding and engagement ceremony. The repetition of childhood experiences indicates the existence of traumatic and unresolved stories today. These childhood traumas and unresolved stories are suppressed and relived in similar relationships with different people today. For example, a girl whose father left home when he was a child feels abandoned and suppresses thoughts such as "I made a mistake since I was abandoned, I deserved to be abandoned" and feelings such as "worthlessness, lack, guilt" that emerges from this trauma. When he grows up, he always chooses people who will leave her or he makes the person leave herself without realizing it. In this way, he experiences the feelings of abandonment he suppressed in childhood again. Similarly, a person who was constantly humiliated, oppressed, and made to feel like a useless child by his/her mother chooses a wife, boss, or friend to humiliate him/her. In this way, there will be a possibility of reflecting on the process of Abandonment Depression surrounding the issue of blaming others for doing something wrong or causing trouble as "being dumped", "spouses or lovers having extramarital affairs or being unfaithful" into the dream content<sup>76</sup>. Here, the experience of separation of the dreamer can be expressed with intense feelings of loss and emptiness which are not accompanied by images in the pre-representational period at the most archaic level<sup>12,77</sup>. In this regard, it was found that childhood distress might affect dreams and that children who are separated from their mothers before the age of one encounter more traumatic dreams in their adulthood<sup>12,77</sup>. Trauma is experienced again and again in dreams, and the effect of the trauma is reversed (through the activation of the self)<sup>5</sup>. The self, which tends to be repetitive, works in a piecemeal fashion, relieving tension and tending to dominate. In this way, trauma is included in the whole of the self, rather than keeping it separate from the self with the splitting mechanism. In other words, dreams in which trauma is repeated are an attempt to combine and integrate the trauma with the self<sup>33</sup>.

It is considered in the last theme of the study (Forced Birth) that situations such as sea, water, and drowning in the dreams of the participants represent the prenatal and birth moment. It is even emphasized that the street, narrow street, darkness, and night seen together with these dreams represent the way of birth. For this reason, it can be argued that the participants' repetitive and traumatic dreams of drowning in water and passing through the narrow street with fear and anxiety represent a difficult birth or birth trauma. The reflection of the stress that the difficult and traumatic birth puts on the individual in dreams has led her to call the birth a *forced birth*.

The results of this study suggest that the four main themes of recurrent traumatic dreams (threat, dissociation, abandonment depression, and forced birth) have important implications for clinical practice. In particular, the strong association between threat themes and PTSD symptom severity (78% agreement; Table 1) suggests that dream analysis can be used as a potential tool in trauma assessment<sup>7</sup>. The association of dissociation themes with ego fragmentation suggests that somatic therapy techniques<sup>78</sup> and EMDR<sup>79</sup> may be particularly useful in these cases. However, caution should be exercised in translating these findings to therapeutic applications, given the variability of cultural symbolism<sup>53</sup> and the limitations of the nonclinical sample. Our study paves the way for future research to develop objective assessment criteria for posttraumatic dream content.

### Limitations of the research

Several limitations of the current study should be noted. First, there is a general difficulty in accessing and recruiting participants for the study of traumatic and recurrent dreams; this was more evident in identifying those with sufficient scores on the Posttraumatic Stress Disorder Checklist-PCL-5 and ACE (Adverse Childhood Experiences Scale) scales.

One of the major limitations of this study is that the sample consisted entirely of university students. Although this age group is known to have high rates of traumatic dreams and to be at a psychologically vulnerable developmental stage<sup>26,33</sup>, the findings cannot be directly generalised to the wider adult population or to clinical groups diagnosed with PTSD. University students are often exposed to high levels of stress, uncertainty and identity-related challenges, which may increase their vulnerability to traumatic dream content<sup>30</sup>. However, this sampling limitation could be addressed in future research by studies involving more diverse age groups and clinical populations. Therefore, it is recommended that future studies replicate the current research with different demographic and clinical samples to increase the generalisability of the findings.

On the other hand, the psychodynamic perspective was taken into account in the discussion of the themes and topics obtained as a result of the research, and dreams were treated as symbolic and ciphers of dreams. In this case, it is to prevent qualitative research from being poured into quantitative data and to prevent the distortion of the psychodynamic way of dealing with dreams. In addition, the data in this study were collected cross-sectionally through an online questionnaire. This method facilitated participants' voluntary sharing of traumatic dream content in a confidential and private setting<sup>80</sup>. However, daily dream logs, which are more sensitive to the emotional intensity and variability of dreams, could provide more detailed data. Therefore, future studies are encouraged to employ experience sampling or dream diary methods<sup>67</sup>. Such approaches may enhance the reliability and depth of the findings.

Another limitation is that due to the nature of qualitative research, the findings were based on the researcher's account of the participants' narratives, which could be influenced by his/her own subjective experiences and assumptions, but this risk was mitigated through triangulation.

## Data availability

The datasets used and/or analysed during the current study available from the corresponding author on reasonable request.

Received: 18 February 2025; Accepted: 2 June 2025

Published online: 06 June 2025

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## Author contributions

“M.A. wrote the main manuscript text. All authors reviewed the manuscript.”

## Declarations

## Competing interests

The authors declare no competing interests.

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