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Oneirophobia in High School Students, Guntur, Andhra Pradesh, India

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Abstract: *Oneirophobia, a fear of nightmares, is a type of specific phobia. Dreams represent the fulfillment of unconscious wishes related to egoistic (often infantile sexual) impulses. The present study was aimed to know the Oneirophobia among 8th to 10th studying students in rural and urban Government schools. The response was taken from 3399 students (8th:1175, 9th:1095, 10th:1129). The study found that the phobia was more in Venigalla school students (21.75%). In the urban schools the highest percentage was noticed in SK school (25.62). Homeopathy, Exposure based therapy, Cognitive therapy are some of the useful treatment methods.*

Keywords: *Oneirophobia, specific phobia, anxiety disorder, treatment, rural and urban high school students.*

I. INTRODUCTION

Oneirophobia (from Greek *όνειρο* (oneiro), meaning "dream", and *phobos*, meaning "fear") is the fear of nightmares (<https://en.wikipedia.org>). Nightmares are currently defined in both the Diagnostic and Statistical Manual of Psychiatric Disorders, Fourth Edition, Text Revision (DSM-IV-TR) and the International Classification of Sleep Disorders, Second Edition (ICSD-2). The present study was carried out to know the extent of the Oneirophobia among 8th to 10th class students, studying in rural and urban Government schools.

A. Symptoms

Nightmares are more frequent and more prevalent in humans and are associated with a diversity of symptoms: anxiety, neuroticism, and global symptom reporting, schizophrenia-spectrum symptoms; heightened risk for suicide; dissociative phenomena; health behavioral problems; and sleep disturbances. Nightmares are also linked to a diversity of psychopathological traits. They are particularly prevalent in PTSD, for which they are considered a hallmark symptom (Nielsen and Levin, 2009).

B. Causes

A broad range of traumatic events may trigger nightmares: combat exposure, motor vehicle accidents, natural disasters, crime victimization, and rape (Nielsen and Levin, 2009).

II. METHODOLOGY

A total of 3399 students was participated, out of them 1175 are studying 8th, 1095 are 9th and 1129 are 10th class. 1342 were studied in seven rural schools and 2057 in seven urban schools. Details are shown in Tables 1 and 2. Students were assembled in a classroom of the respective schools and asked them to give their response to a single question-“Do you have a fear of journey?”. The purpose of the study and the details regarding the phobia were explained in their mother tongue. The response was analyzed using statistical analysis. Percent variation was observed and presented under results and discussion.

Table 1 Class Wise Rural School Student’s Strength

School	8th School Strength	No. of students with Oneirophobia	9th School Strength	No. of students with Oneirophobia	10th School strength	No. of Students with Oneirophobia
Chinakakani	59	6	56	26	49	14
Namburu girls’	30	5	21	4	30	13
Namburu	97	28	96	20	86	12
Ponnekallu	92	14	78	23	86	22
Takkellapadu	64	15	47	8	47	0
Tadikonda girls’	49	24	57	19	49	6
Venigalla	79	26	69	26	101	20

Table 2 Class Wise Urban School Student’s Strength

School	8th School Strength	No. of students with Oneirophobia	9th School Strength	No. of students with Oneirophobia	10th School strength	No. of Students with Oneirophobia
SK	173	44	159	6	189	53
SGNKR	66	28	89	19	77	15
SJRR	130	32	93	19	93	11
SKS	100	23	94	18	116	27
P	92	4	83	11	77	5
KSR	51	13	77	16	53	9
SCMP	93	24	76	6	76	19

III. RESULTS AND DISCUSSION

A percent variation of the rural and urban students, those suffering from Oneirophobia was shown in tables 2 and 3 and figures 1 and 2 and is explained below.

A. Rural Schools

8th class

Highest percent of Tadikonda girls’ (48.98) were marked the Oneirophobia, followed by Venigalla (32.91%) and Namburu (28.87%). The lowest percent was noticed with Chinakakani (10.17).

9th Class

46.43% of Chinakakani school students had expressed the Oneirophobia, followed by Venigalla school students (37.68%) and Tadikonda girls’ (33.33%). The lowest percent was noticed with Takkellapadu (17.02).

10th Class

Highest percent of Namburu girls’ students (43.33) were marked the Oneirophobia, followed by Chinakakani (28.57%) and Ponnekallu (25.58%). No student was expressing the phobia from Takkellapadu school.

Table 3 Oneirophobia Among Rural School Students (%)

Schools	8th	9th	10th
Chinakakani	10.17	46.43	28.57
Namburu girls’	16.67	19.05	43.33
Namburu	28.87	20.83	13.95
Ponnekallu	15.22	29.49	25.58
Takkellapadu	23.44	17.02	0.00
Tadikonda girls’	48.98	33.33	12.24
Venigalla	32.91	37.68	19.80

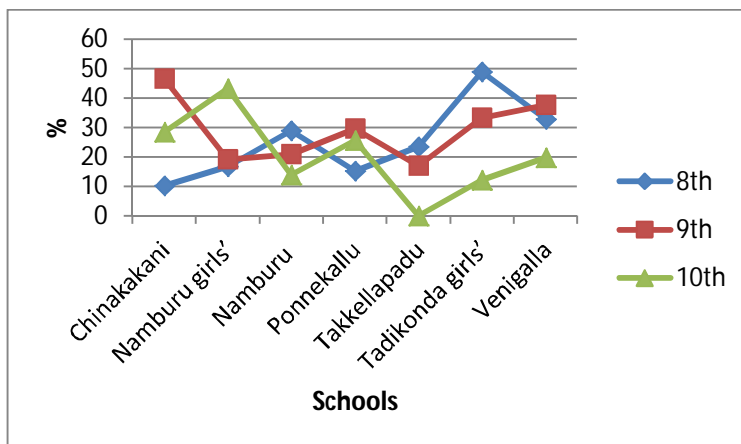


Figure 1 Percent variation of Oneirophobia in rural school students

B. Urban Schools

8th Class

42.42% of SGNKR students were pointed Oneirophobia, followed by SCMP (25.81%) and KSR (25.49%). The lowest percent was observed with P (4.35%).

9th Class

Highest percent of SGNKR (21.35) school students had Oneirophobia, followed by KSR (20.78%) and SJRR (20.43%). The lowest percent was observed in SK students (3.77%).

10th Class

28.04% of SK students were suffering from Oneirophobia, followed by SCMP (25.00%) and SKS (23.38%). The lowest percent was observed in P (6.49%).

Table 4 Oneirophobia Among Urban School Students (%)

Schools	8th	9th	10th
SK	25.43	3.77	28.04
SGNKR	42.42	21.35	19.48
SJRR	24.62	20.43	11.83
SKS	23.00	19.15	23.28
P	4.35	13.25	6.49
KSR	25.49	20.78	16.98
SCMP	25.81	7.89	25.00

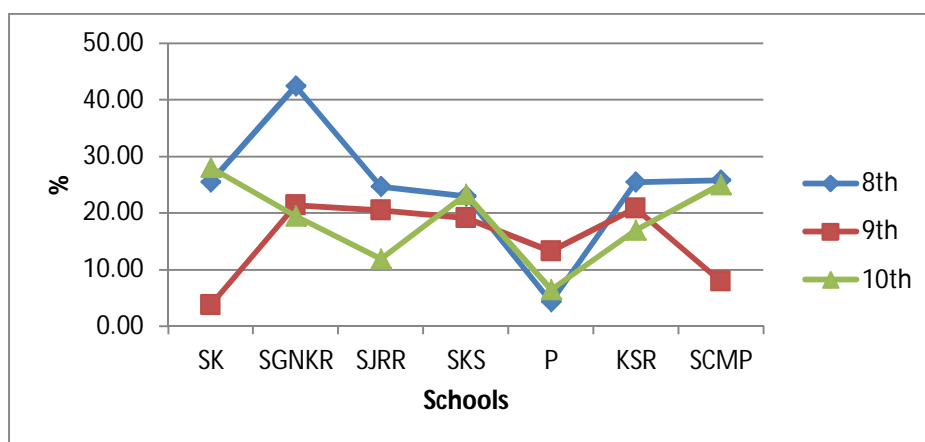


Figure 2 Percent variation of Oneirophobia in urban school students

C. Comparative study

1) *Rural Schools:* Comparison of Oneirophobia among 8th to 10th class rural and urban students was shown in table 5 and figure 3). Among the rural schools, high percent of Venigalla (21.75) had Oneirophobia followed by Namburu (18.13%) and Ponnkallu (17.82%). The lowest percent was observed with Namburu girls (6.65%).

Table 5 Comparative Study of Oneirophobia (%)

Rural Schools (%)		Urban Schools (%)	
Chinakakani	13.90	SK	25.62
Namburu girls'	6.65	SGNKR	15.42
Namburu	18.13	SJRR	15.42
Ponnkallu	17.82	SKS	16.92
Takkellapadu	6.95	P	4.98
Tadikonda girls'	14.80	KSR	9.45
Venigalla	21.75	SCMP	12.19

2) *Urban schools:* In the case of urban schools, high percent of SK students (25.62) had an Oneirophobia (Table 4 and Figure 4), followed by SKS (16.92%), SGNKR and SJRR (15.42%). The lowest percent was observed with P (4.98%).

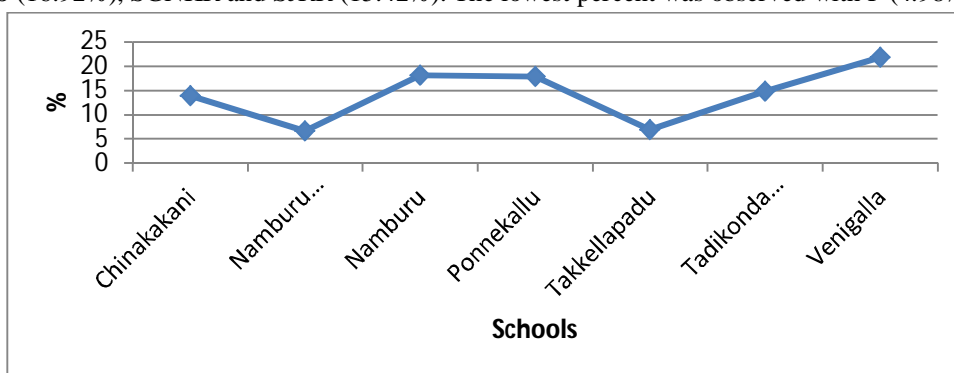


Figure 3 Comparison within the rural school students

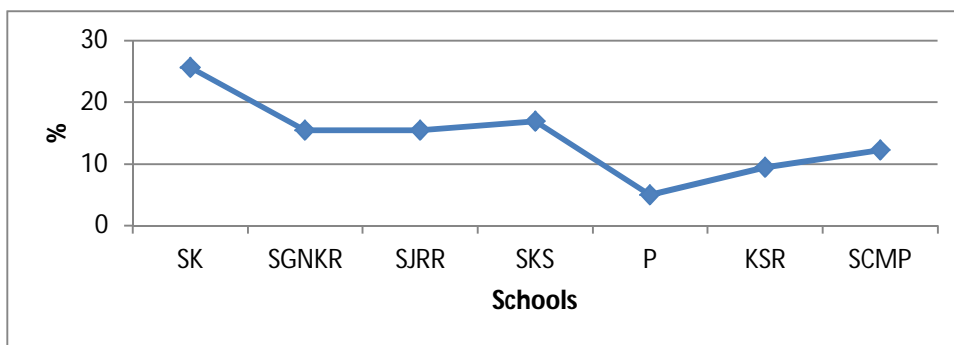


Figure 4 Comparison within the Urban school students

Freud, (1900) considered dreams to be the royal road to the unconscious as it is in dreams that the ego's defenses are lowered so that some of the repressed material comes through to awareness, albeit in distorted form. Freud distinguished between the manifest content of a dream (what the dreamer remembers) and the latent content, the symbolic meaning of the dream (i.e., the underlying wish). The manifest content is often based on the events of the day. The process whereby the underlying wish is translated into the manifest content is called dreamwork. The purpose of dreamwork is to transform the forbidden wish into a non-threatening form, thus reducing anxiety and allowing us to continue sleeping. Dreamwork involves the process of condensation, displacement, and secondary elaboration (<https://www.simplypsychology.org>). Cohen and Zadra (2015) investigated laypeople's causal beliefs about their worst nightmare experience and examined whether these beliefs varied as a function of participants' gender, age of nightmare

occurrence, and recurrence of the nightmare itself. The results showed that: 1) The three most frequently reported explanations for people's worst nightmare were difficult interpersonal relationships, attributions of unknown or nonexistent causality, and mediums of entertainment; 2) Women were more likely than men to attribute their worst nightmare to factors related to interpersonal relationships 3) Some attributions varied depending on whether the worst nightmare had occurred during childhood, adolescence, or adulthood; and 4) Worst nightmares that were recurrent in nature were more likely to be attributed to phobias and negative emotions than non-recurrent worst nightmares. Interestingly, many of the lay beliefs endorsed in the present study were in line with empirical and theoretical studies on the aetiology of nightmares. Dreaming is what occurs when the mature brain is adequately activated, disconnected from external stimuli and without self-reflection. Once instigated, dreaming actively draws on memory schemas, general knowledge and episodic information to produce simulations of the world (Domhoff, 2003) (Foulkes, 1985). Nir and Tononi, 2010 showed that the human brain, disconnected from the environment, can generate an entire world of conscious experiences by itself. Content analysis and developmental studies have promoted understanding of dream phenomenology. In parallel, brain lesion studies, functional imaging and neurophysiology have advanced current knowledge of the neural basis of dreaming. The neurophysiology of REM sleep, and in particular recent insights into its regional activity patterns, offers a useful starting point for relating dream phenomenology to underlying brain activity. Viewing dreams as a powerful form of imagination can help explain many of their unique features, such as sudden transitions, uncertainty about people and places, poor subsequent recall and disconnection from the environment, and offers testable predictions for future studies. Levin and Nielsen (2009) proposed research in cognitive neuroscience, sleep physiology, fear conditioning and emotional-memory regulation multilevel neurocognitive model that unites waking and sleeping as a conceptual framework for understanding a wide spectrum of disturbed dreaming. Normal dreaming serves a fear-extinction function and that nightmares reflect failures in emotion regulation. Further, they had suggested that the nightmares occur as a result of two processes that we term affect load-a consequence of (laity variations in emotional pressures-and affect distress-a disposition to experience events with high level of negative emotional reactivity.

D. Treatment Methods

Nightmares accompany several chronic health problems, including migraine, bronchitis/asthma, chronic obstructive airways disorder, cardiac disease, and substance abuse (Nielsen and Levin, 2009). "Nightmares are not a disease in themselves, but can be a problem for the individual who anticipates them or who is greatly distressed by their nightmares. People who have frequent nightmares may fear falling asleep -- and being plunged into their worst dreams. Some nightmares are repeated every night. People who are awakened by their nightmares cannot get back to sleep, which creates artificial insomnia". Through visualization techniques, patients learn to change the scenario of one or more of their dreams and repeat the new scenario using a mental imagery technique (<https://www.sciencedaily.com>) There are certain therapies by which this phobia is treatable. The main treatment of choice for specific phobias is Cognitive-behavioral (CBT). Behavioral techniques by which survivor is exposed to feared situations (gradually or rapidly) are frequently used. In addition, the patient is taught ways of stopping the panic reaction and regaining emotional control (Abbas and Kiran, 2015).

E. Some Of The Useful Methods

- 1) *Exposure-based therapy*- (Singh and Singh, 2016)
- 2) *Cognitive therapy (CT)*- (Specific phobia. <http://www.med.upenn.edu>).
- 3) *Progressive desensitization* (Specific phobia. <http://www.med.upenn.edu>).
- 4) *Relaxation*- (Specific phobia. <http://www.med.upenn.edu>).
- 5) *Hypnosis (Hypnotherapy)*- (Natural treatment for phobia and anxiety. <http://www.phobicssociety.org>)
- 6) *Homeopathy*- (<http://www.phobicssociety.org>).
- 7) *Herbal remedies*- (Natural treatment for phobia and anxiety. <http://www.phobicssociety.org>).

IV. CONCLUSION

Dreams perform important functions for the unconscious mind and serve as valuable clues to how the unconscious mind operates. The highest percentage of students from 8th class, Tadikonda girls' (48.98), 9th class Chinakakani (46.43) and 10th class Namburu girls' (43.33) were marked the phobia. In the case of urban schools SGNKR (8th), SGNKR (9th) and SK (10th) school students shown highest percentage, i.e., 42.42, 21.35, 28.04 respectively. It is better to start the treatment at the earliest after the identification of the phobia. Nightmares accompany several chronic health problems, including migraine, bronchitis/asthma, etc. So, sufficient care shall be taken to avoid health problems in future.



V. ACKNOWLEDGEMENT

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