

## Effect of Nightmare on Sleep Disturbance and Emotional Dysregulation among University Students

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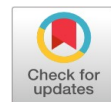
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**Abstract:** This study investigated the effect of nightmare on sleep disturbance and emotional dysregulation among University Students. The sample size comprised of 300 students which include 150 males and 150 females. Data was taken from the different departments of Government Post Graduate College for boys and University of Haripur by using the purposive sampling technique. Three instruments were used to take the responses of the participants including Nightmare Experience Scale, Sleep Quality Scale and Difficulty in Emotion Regulation. The findings revealed that there is significant role of nightmare on sleep quality and emotional dysregulation. Findings indicates that there is significant mean difference between males and females on sleep disturbance and emotional dysregulation. Results proved that Rural area participants differ significantly on Sleep Disturbance and Emotional Dysregulation as compared to urban area participants. Outcomes of this research will be helpful in finding further aspects of nightmare on these variables.

**Keywords:** Nightmare, Emotional dysregulation, Sleep disturbance

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### INTRODUCTION

Dreaming is among the maximum complex and unexplained elements of sleep. While goals might involve images of pleasure and grandeur. Even though a nightmare is a horrible dream that wakes you up, they may also be terrifying, dangerous, or very upsetting. While some people occasionally experience nightmares or horrible dreams, others experience them frequently, which can have a detrimental effect on their everyday lives and disrupt their sleep. (Nobile, 2000).

Nightmares and awful desires are common in human beings with emotional disturbance. As an example, nightmare are a center symptom in post- traumatic pressure sickness and frequent nightmares affect about 50% of patients with borderline personality disorder. Regardless of intellectual disabilities, nightmares are frequently linked to sleep problems, such as extended sleep latencies, decreased sleep quality, and excessive daytime sleepiness. Frequent dreams serve the purpose of eradicating fear, while nightmares are a reflection of emotional regulation breakdowns. Forty is the general prevalence of nightmares and sleep disruption symptoms in the psychiatric outpatient pattern. 75% (Belicki, 1992).

Lately, there was many studies in Pakistan which were carried out on topics inclusive of Nightmare, Sleep disturbance and Emotional dysregulation. The imply frequency of nightmares experienced in Pakistan in sufferers became 6.53% basis for the disturbed emotion regulation referring to nightmare. some researcher suggest that nightmares occur because of two tactics that we term have an effect on load a result of every day versions in emotional pressures and have an effect on misery a disposition to experience occasions with excessive tiers of negative emotional reactivity. Initially we should approximately night-mare, Sleep disturbance and Emotional dysregulation (Lenen. R, 2009).

A nightmare is a frightening dream about awful sensations, such as worry or panic that wakes you up. Nightmares are relatively uncommon among children, but they may occur at any age, and the occasional nightmare is normally nothing to worry about (Arlington, 2017). Sleep disturbances include disorders of initiating and keeping

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sleep (DIMS, insomnias), difficulties of excessive somnolence, concerns of sleep-wake schedule, and dysfunctions related with sleeping, sleep ranges, or partial arousals (Rene, 1996).

Difficulties know-how emotions, modulating affect, and controlling emotionally pushed behavioral impulses make contributions to emotional dysregulation. At some point of a night-mare, the dreamer may also experience a range of annoying feelings, along with anger, guilt, disappointment or depression. But, the maximum common emotions are fear and anxiety. The character generally wakes up at least as soon as throughout the dream (Bjureberg et al., 2016). According to a scientific review of over 100 studies, women suffer nightmares at a rate of around 1.5 to 1 during adolescence and the early stages of adulthood. Neither younger children nor people sixty years of age and older showed signs of a gender gap. Nightmare content material and frequency, like dreams, may range across cultures (Reinhard, 2011).

Nightmares can be induced by using many factors, which include strain or anxiety, trauma, sleep deprivation, medications and substance abuse. Depression and other intellectual fitness disorders may be connected to nightmares. Nightmares can show up alongside some clinical conditions, which include heart ailment or cancer. For a few people, studying frightening books or watching scary movies, especially earlier than bed, may be related to nightmares (Coudert, 1975). This look at attention to measure the effect of nightmare on sleep disturbance and emotional dysregulation among college students. We also measure that how nightmares effect our mood. Nightmares mirror disasters in emotion law and that nightmare occur due to a effect of day by day versions in emotional pressures.

## **METHOD**

### **Sample**

A cross sectional study was conducted among University Student. All participants from University were requested to answer the questionnaire that measure 'Nightmare, Sleep Disturbance and emotional Dysregulation'. The participation of students was voluntary. Informed consent was given to participants before the administration of questionnaire and also told about objectives of the research. The study involves students of both nuclear and joint families of age range from 20 to 30 (Early Adulthood). Sample size was 300 (150 males and 150 females). Participants are selected through purposive sampling technique.

### **Instruments**

Nightmare experienced scale developed by William E. Kelly in 2019 and have 5 items was used to measure nightmares frequency. This Scale consists of 5 responses and its reliability is 0.76. Sleep quality scale was developed by Chol Shin in 2006 and has 28 items. The scale consists of 4-points likert style scale. Internal reliability for Sleep quality Scale is 0.92. Items have reversed their scores for criteria 2 and 5 (restoration after sleep and pleasure with sleep). Difficulty in Emotional Dysregulation scales was developed by Gratz and Roemer, 2004 and has 36 items. The scale consists of 5- points likert style scale. Internal reliability for scale is between 0.72 and 0.87. Items Number 1, 2, 6, 7, 8, 10, 17, 20, 22, 24 and 34 have reverse scoring.

### **Statistical analysis**

Statistical analysis was performed using SPSS version 21. Disruptive statistics, Pearson Co-relation and independent sample t-test was computed.  $p < 0.05$  was considered statistically significant.

## **RESULTS**

Out of 300 respondents, Male and female participants are equal in number ( $f=150$ , 50%). Students belonging to urban area ( $f=153$ , 51) are higher in number than rural area participants ( $f=147$ , 49%). Similarly, participants from the nuclear family system ( $f=191$ , 63.7%) outnumber those from the joint family system ( $f=109$ , 36.3%), and participants from the middle socioeconomic status ( $f=262$ , 87.3%) outnumber those from the upper ( $f=33$ , 11) and lower socioeconomic statuses ( $f=5$ , 1.7%). The Reliability co-efficient of nightmare experience scale, sleep quality scale and difficulty in emotional dysregulation are 0.71, 0.70 and 0.81 respectively which indicate satisfactory internal consistency. Findings shows that nightmare has significant positive relationship with sleep disturbance ( $r=0.35$ ,  $p<0.01$ ) and nightmare has positive co- relation with emotional dysregulation ( $r=0.23$ ,  $p<0.01$ ). Similarly, sleep disturbance has significantly positive co-relation with emotional dysregulation. There is non-significant difference on Nightmare with  $t(298) = 0.54$ ,  $p > .05$  and Emotional Dysregulation with  $t(298) = -2.76$ ,  $p > .05$ .

The data suggest that male participants scored higher on nightmares ( $M= 11.48, P >.05$ ) than female participants ( $M= 11.25, P >.05$ ). There is a significant difference in Sleep Disturbance ( $t(298) = 2.09, p<0.01$ ). It also indicate that there is significant mean difference on sleep disturbance with  $t(2,298) = 2.09, p<0.01$  and emotional dysregulation with  $t(2,298) = -2.76, p < 0.05$ . A significant difference exists between nightmares ( $t(298) = 0.25, p <.05$ ) and sleep problems ( $t(298) = 1.32, p <.05$ ). The study discovered that rural areas have substantially greater instances of sleep disruption ( $R = 71.55, p <.05$ ) than urban areas ( $U = 69.99, p <.05$ ). The findings suggest that the nuclear family system had a higher nightmare score ( $N = 11.42, P >.05$ ) than the joint family system. The findings indicate that there is no significant difference with sleep disturbance ( $t(298) = -1.76, p >.05$ ) and emotional dysregulation ( $t(298) = -1.05, p >.05$ ). The results indicate that the nuclear family system scored greater on emotional dysregulation ( $N= 105.9, p >.05$ ) than the joint family system ( $J = 103.7, P >.05$ ).

Table 1: Frequency and Percentage of Participants (N=300)

Variables	F	%
Gender 1-Male		
2-Female	150	50
	150	50
Area		
1- Rural	147	49
2- Urban	153	51
Family system 1-Joint		
2-Nuclear	109	36.3
	191	63.7
SES		
1-Uper	33	11
1-Middle 3-Lower	262	87.3
	5	1.7

Table 2: Psychometric Properties of Study Variables (N=300)

Variables	N	M	SD	A	Range		Skewness	Kurtosis
					Potential	Actual		
NWxS	300	11.36	3.61	0.71	20-Apr	20-Apr	0.08	-0.36
SQS	300	70.76	10.25	0.7	28-112	40-105	0.09	0.12
DIEN	300	105.17	17.52	0.81	36-180	63-180	0.83	2.67

Table 3: Pearson Correlation Among Study Variables (N=300)

Variables	1	2	3
1-Nightmare	—	0.35**	0.23**
2-Sleep disturbance	—	—	0.33**
3-Emotional dysregulation	—	—	—

Table 4: Mean, Standard Deviation and  $t$  values for nightmare, Sleep Disturbance and Emotional Dysregulation among males and females participants (N=300)

Variables	Gender				$t(298)$	$p$	95%CI		Cohen's d
	Male(150)		Females(150)				LL	UL	
Nightmare	M	SD	M	SD					
	11.48	3.57	11.25	3.66	0.54	0.94	-0.59	1.04	0.06
Sleep disturbance	71.99	11.35	69.52	8.88	2.09	0.001	0.14	4.78	0.24
Emotional dysregulation	102.4	14.94	107.9	19.42	-2.76	0.113	-9.47	-1.59	0.31

Table 5: Mean, standard deviation and t-value for Sleep disturbance and emotional dysregulation among males and females participants (N=300)

Variables	Male(150)		Females(150)		t(298)	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
	Sleep disturbance	71.99	11.35	69.52			8.88	2.09	
Emotional dysregulation	102.4	14.94	107.9	19.42	-2.76	0.03	-9.47	-1.59	0.317

Table 6: Mean, Standard Deviation and t values for nightmare and Sleep Disturbance among Rural and urban area participants (N=300)

Variables	Rural(147)		Urban(153)		t(298)	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
	Nightmare	11.42	3.83	11.31			3.39	0.25	
Sleep disturbance	71.55	11.05	69.99	9.39	1.32	0.01	-0.76	3.89	0.75

Table 7: Mean, Standard Deviation and t values for nightmare, sleep disturbance and emotional dysregulation among nuclear and joint family system participants (N=300)

Variables	Nuclear(109)		Joint(191)		t(298)	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
	Nightmare	11.42	3.5	11.26			3.8	-0.36	
Sleep disturbance	71.53	9.81	69.4	10.89	-1.76	0.47	-4.54	0.28	0.2
Emotional dysregulation	105.9	17.23	103.7	18.01	-1.05	0.8	-6.35	1.92	0.12

## DISCUSSION

The main objective of this study was to find out the impact of nightmares, trouble sleeping, and emotional dysregulation on university students. For this purpose we had use three scales for the measurement of night mare sleep disturbance and emotional dysregulation. For nightmare we had used nightmare experience scale. Nightmare experienced scale was developed by William E. Kelly in 2019 and have 5 items. This Scale consists of 5 responses and its reliability is 0.76. Sleep quality scale was developed by Chol Shin in 2006 and has 28 items and its reliability is 0.92. Difficulty in Emotional Dysregulation scales was developed by Gratz and Roemer, 2004 and has 36 items and its reliability range is 0.72 to 0.87.

Previous study suggests that women suffer nightmares more frequently than males during adolescence and young adulthood (ratio of around 1.5 to 1) (Reinhard, 2011). There was no gender discrepancy among younger children or those aged 60 and older. This study also reveals that nightmare, sleep disturbance and emotional dysregulation has significant positive relation with each other which support our hypothesis.

Women are more prone than men to suffer emotional dysregulation because of their acute emotional experiences, rumination, and frequent environmental invalidation. However, boys in this research reported less access to effective emotion management tools than girls (Angelika, 2015).

There are various studies that support our hypothesis that there will be significant high level of nightmares, sleep disturbance and emotional dysregulation among students in rural area than in urban and these result also support my hypothesis and Using information from the Youth Risk Behaviour Survey (YRBS), Daly, Patterson, McCurdy, Kirk, and Michael (2018) sought to fill in the gaps by examining the relationships between risk behaviours upper and lower grade high school students living in rural regions. Comparing students in joint family systems to those in nuclear families, the former experience more nightmares, sleep disturbances, and emotional dysregulation.

The research conducted by Fahad Saqib in 2019 shows that Individuals living in the nuclear family system reported greater levels of satisfaction (87.5 % v/s 81 %;  $p < 0.001$ ), which may explain why they had less nightmares and sleep issues than those living in other family arrangements. Higher socioeconomic status (SES) and education

levels were associated with higher levels of satisfaction than lower SES and no education, respectively. However, only high SES significantly predicted joint family system satisfaction as compared to low SES in the joint family system.

## CONCLUSION

Nightmares significantly impact the sleep quality and emotional regulation of university students, contributing to a pattern of emotional dysregulation and sleep disruption. Understanding and addressing these issues through targeted interventions can help students achieve better sleep and emotional well-being, ultimately enhancing their academic performance and quality of life.

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