

Exploring the Relationship Between Perceived Stress and Dream Experiences in Young Adults

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ABSTRACT

This study investigates the relationship between perceived stress and various dream components—recall, frequency, dream content, emotional tone, and nightmare frequency among young adults aged 18 to 35. The research aims to gather demographic information, measure stress levels among male and female participants, and identify correlations between stress and dream characteristics. A sample of 200 respondents, evenly split between males and females, was analyzed using standardized scales, including the Perceived Stress Scale (PSS) and the Mannheim Dream Questionnaire (MADRE). The results reveal significant gender differences in stress levels, with females reporting higher mean stress ($M = 23.08$, $SD = 5.36$) compared to males ($M = 21.08$, $SD = 5.65$), a finding supported by strong statistical significance ($p < 0.001$). Additionally, the study finds a positive relationship between stress levels and dream frequency, with those experiencing higher stress also reporting increased dream recall and more frequent nightmares. The correlation analysis highlights significant relationships between perceived stress and dream recall frequency ($r = 0.35$, $p < 0.01$), emotional tone ($r = -0.25$, $p < 0.01$), and nightmare frequency ($r = 0.45$, $p < 0.01$), suggesting that stress influences not only how often individuals remember their dreams but also the emotional quality and content of those dreams. These findings contribute to the understanding of how stress impacts sleep and dreaming, particularly in populations that juggle academic and work responsibilities. The study underscores the importance of addressing stress to mitigate its effects on sleep and mental health. Future research could explore these relationships in more diverse populations and consider additional factors such as sleep quality and coping mechanisms.

Keywords: *Perceived Stress, Dream, Dream Recall, Dream Frequency, Emotional Tone of Dream, Nightmare Frequency*

In today's fast-paced and demanding world, young adults are increasingly balancing the dual responsibilities of education and employment. This convergence of academic and professional pressures often results in elevated stress levels, which can significantly impact their dreams. It is a dilemma that most young adults suffer from chronic stress with their day-to-day challenges, causing anxiety, depression, and external stress. Establishing efficient support networks requires an understanding of how stress affects mental health

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outcomes, including anxiety, sadness, and overall life satisfaction, and how it impacts one's dreams.

STRESS

Stress can be understood as a response to situations where we find ourselves unable to achieve the desired solutions, both physically and mentally. It arises when the demands placed on us exceed our ability to cope, leading to feelings of tension, frustration, and anxiety. This response can be triggered by various factors, including work pressure, personal issues, or unexpected challenges, making it a common experience in our daily lives.

Cohen et al. (1988) It is a measure of the degree to which situations in one's life are appraised as stressful is termed as perceived stress. It is more important to consider how much stress individuals feel they are under than the actual amount or the objective stresses in their lives. This idea considers how the person feels and thinks about the demands that are made of them as well as their ability to meet those requirements. When individuals experience stress, it can affect their ability to function effectively in their daily lives. Tasks that were once manageable may become challenging, leading to decreased productivity, difficulty concentrating, and disrupted sleep patterns. Stress can also manifest physically, resulting in symptoms like headaches, muscle tension, digestive issues, or even chronic health problems if left unaddressed.

Moreover, stress can strain interpersonal relationships, leading to conflicts or social withdrawal as individuals may struggle to effectively communicate or manage their emotions. Stress is a complex phenomenon that can arise from various sources, both external and internal, and can have significant impacts on an individual's daily life, as well as their physical and psychological well-being.

Perceived stress may be moderated by demographic factors such as age and gender, and personality characteristics. Researchers report contradictory results on age differences in stress perception: while some underline that younger adults have higher intensity of stress due to higher speed of life and a greater number of events in general, others suggest that older adults experience more losses, health and financial problems, and are more vulnerable to negative stress effects (Babakova, 2017). It has a negative effect on the wellness of individuals, but it additionally impacts overall productivity and well-being in the workplace. Stress at work occurs when the amount of work that needs to be done exceeds the capability of an individual.

A number of studies have supported the result that students reported much lower levels of life satisfaction than adults in the general population (Cummins, 2003; Connor, 2005). Life satisfaction and personal well-being are related (Connor, 2005).

DREAM

Dreams are a reflection of an individual's emotional state, thoughts, and subconscious mind. The concept encompasses several key dimensions, such as aspirations, goals, and the creative workings of the mind during sleep. The culmination of these elements results in an inner sense of purpose and fulfillment, allowing individuals to strive for the best quality of life. According to Burns (2017), dreams incorporate both intra- and inter-individual positive functioning levels, such as personal development, mastery, and relatedness with others. According to Trudel-Fitzgerald et al. (2019), dreams are a person's degree of psychological well-being and accomplishment, as well as their level of pleasure with their life.

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According to APA, dreams are not just sequences of images, ideas, emotions, and sensations that occur involuntarily in the mind during certain stages of sleep, but they also represent a state of happiness and contentment, with low levels of distress, overall good physical and mental health, and a positive outlook on life (American Psychological Association, 2018).

Puente-Martinez et al. (2018) state that the experience of dreaming is defined by a high degree of self-satisfaction, an optimistic attitude, and periodic confrontations with negative emotions including depression, frustration, and restrictions. This dreaming experience can be seen as the cognitive component of life satisfaction because it entails people evaluating their own lives and their aspirations (Moore, 2020).

Dreams encompass two crucial dimensions. The first pertains to the depth of positive emotions and the sense of happiness individuals experience during both their waking and sleeping states. This facet is often termed subjective well-being, as outlined by Diener (2000). An online survey in India found that COVID-19 reduced sleep quality, altered sleep durations, and increased nightmares and emotionally intense dreams. Positive affect was negatively correlated with sleep quality, while negative affect was positively correlated. No significant differences were found between COVID-19 patients and those with affected family members, highlighting the impact of psychological stress on sleep and emotional well-being.

REVIEW OF LITERATURE

Antunes-Alves, S., & De Koninck, J. (2012) a quantitative investigated whether frequent nightmare sufferers experience stronger negative emotions in dreams and elevated stress levels before and after sleep compared to non-frequent sufferers. Sixty participants completed various questionnaires and dream diaries, with MANOVA analysis showing significantly higher levels of fear, anxiety, and negative mood among frequent nightmare sufferers. The findings support the continuity hypothesis between waking life and dreams.

Ifitikhar, M., Tahir, K, Falak, S., & Shabbir, N. (2020) a qualitative study explored how individuals perceive the connection between their dreams and waking life, focusing on beliefs, purposes, and personal experiences of dreams. Using interpretative phenomenological analysis (IPA) on in-depth interviews with four adults, researchers identified 10 themes, including curiosity about dreams, wish fulfillment, and moral insights in dreams, offering insights into the relationship between dreaming and daily life.

Mishra, S., & Jain, P. (2024) examines the impact of various dream variables on individuals with anxiety and depressive tendencies using the MADRE Dream Questionnaire and DASS-21. Data from 120 participants were analyzed, revealing that dream tone negatively correlates with anxiety and depression, while nightmare frequency and distress show positive correlations. ANOVA results indicated that those with anxiety and depressive tendencies experience more negatively toned and intense dreams, frequent nightmares, and greater nightmare distress compared to the non-clinical population.

Schredl, M. (2000) Dreams, as visual and imaginative experiences, offer insights into subconscious thoughts and emotions, influencing behavior, decision-making, and mental health. Studies show a correlation between dream attitudes and life outlooks, and dream analysis can aid in understanding and managing mental health conditions like PTSD, ADHD, and depression.

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Suresh, N., & Srinivas, V. (2020) a qualitative study that explores dream patterns among night shift and day shift workers, revealing that night shift workers dream more frequently and have distinct dream content, including themes of danger, emotional intensity, and sexual content. The findings suggest potential impacts of night shifts on sexual health and overall well-being, warranting further research.

Giovanardi et al. (2022) a quantitative and qualitative analysis of dream data, surveyed 598 Italian adults during social isolation, revealing dreams filled with negative emotions like fear and anxiety, often reflecting themes of relationships, the environment, and COVID-19. Their findings support the continuity hypothesis, suggesting dreams play a role in processing intense emotions during stressful events.

Rajendrakumar, J., & Manjula, V. (2023) In Gottman Couple Therapy, the Dreams-within-Conflict intervention significantly increased emotional experiencing in couples, particularly among women, as shown by self-assessments and video analysis. The study found that couples moved from lower to higher levels of emotional experiencing during the intervention, confirming the therapeutic benefits of this approach.

Kennedy, K. E., Bastien, C. H., Ruby, P. M., Killgore, W. D., Wills, C. C., & Grandner, M. A. (2022). This study examined the impact of COVID-19 on nightmare content among 419 US adults, finding that increased pandemic-related stress, worsened sleep, and middle-of-the-night insomnia were associated with nightmares involving themes like confinement, failure, helplessness, and death. Logistic regression analyses highlighted that pandemic stress notably influenced the frequency and thematic content of nightmares, suggesting a potential link to emotional regulation mechanisms.

Suleman Khan (2024) a qualitative article explores the science and psychology behind dreams, from neurological processes and common themes to the phenomenon of lucid dreaming and the psychological impact of nightmares. It examines the cultural, emotional, and developmental aspects of dreams, as well as their role in memory and learning. Future directions in dream research are also highlighted, promising new insights into the mind's nocturnal landscape.

Pesant, N., & Zadra, A. (2005) A study of 85 participants found that dreams frequently influence waking life, affecting daytime mood and problem-solving. Factor analysis revealed three factors: a general effect of dreams on waking life, spontaneous reminiscence, and a social factor. Gender differences in dream influence may stem from variations in dream recall frequency. Future research should use diary methods to capture concrete dream effects.

Schredl, M., & Göritz, A. S. (2014) A study of 5,580 adolescents found that females reported higher dream recall and felt a stronger impact of dreams on their day than males.

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Dream recall was independently predicted by female gender, sleep quality, and creativity, but not by perceived stress, awakenings, or sleep duration. These findings align with adult studies and highlight the influence of gender, mood, and sleep quality on adolescent dream recall.

Solomonova E, Picard-Deland C, Rapoport IL, Pennestri M-H, Saad M, Kendzerska T, et al. (2021). A quantitative study examines how the first COVID-19 lockdown influenced dream recall, nightmare frequency, and common dream themes, linking these to stress, depression, and anxiety symptoms. Conducted via a national online survey, it explores how pandemic-related disruptions and stressors affected dream content and psychological well-being during April-May 2020.

Pesant and Zadra (2005) examined the link between dream content and negative waking affect over fixed points and a 6- to 10-year period in 28 participants, supporting the continuity hypothesis. They found that lower psychological well-being correlated with dreams containing more aggression, negative emotions, failures, and misfortunes.

Prasad, Vaidya, and Mangipudi studied during the COVID-19 lockdown and examined the impact of occupational stress and remote work on IT employees' psychological well-being, using a structured questionnaire and Ryff's 18-item scale. They found that peer relationships, role ambiguity, organizational climate, and job satisfaction significantly influenced well-being, with minor differences across gender and age groups.

METHODOLOGY

Aim:

To investigate the relationship between perceived stress and various dream components (recall, frequency, content, emotional tone, and impact on waking life) among individuals who are both working and studying.

Objective:

This study focuses on college students aged 18 to 35 years old, aiming to achieve the following;

- To gather demographic information of the sample: Age, Gender, educational qualification and occupation.
- To measure stress levels among male and female participants using standardized stress scales.
- To identify correlations and patterns between stress levels, dream recall frequency, dream content, emotional tone, and the impact of dreams on waking life.

Hypothesis:

- **H1:** The significant difference in stress levels between male and female participants.
- **H2:** Higher stress levels will be positively correlated with increased dream recall frequency.
- **H3:** There will be significant patterns between stress levels, dream recall frequency, lucid dream frequency, nightmare frequency and the emotional tone of dreams, with specific dream themes being more common among individuals with higher stress.

METHODOLOGY

Participants of the study

Data was collected using an online survey distributed via Google Forms. The survey link was shared across various social media platforms to reach a broad audience. Each participant completed the survey after reading the informed consent form and explicitly agreeing to their participation in the research.

In this study, stratified random sampling was employed to ensure equal representation of gender in the online survey responses. The participants for this study consist of 200 participants (100 males and 100 females). The population was divided into two strata based on gender: male and female. The age group specified for the study was between 18-35 years, representing young adults.

Instrument

There are two different instruments used to design to study. The responses on the scales were measured on likert type scale with different items and categories. The Demographic details involve different socioeconomic factors. Therefore, demographic information about respondents was collected on the variables of name, age, gender, email id, educational qualification and occupational work.

- **Perceived stress scale (PSS-10):** Perceived stress scale was developed by Sheldon Cohen. It consists of 10 items. The items were designed to observe how unpredictable, uncontrollable and overloaded respondents find their lives. The scale with direct queries about the participants current levels of experienced stress, aiming to provide insights into the stressors affecting the adults.
- **MADRE:** The Mannheim Dream Questionnaire (MADRE) was developed by Dr. Michael Schredl and his colleagues. Dr. Schredl. It is a comprehensive self-report measure designed to assess various aspects of dreaming, including dream recall frequency, dream content, emotional tone, and the impact of dreams on waking life.

Procedure

The sample population was established through an online survey distributed via Google Forms. With the help of stratified random sampling, the responses were collected through online surveys. The data was collected with their consent and full participation. The questionnaires were distributed to the individuals of young adults with age groups of 18-35 selected. All the individuals participated and answered the questionnaire. The data was coded and analysed. For the interpretation of results, the SPSS version 29 was used.

RESULTS AND DISCUSSION

Table 1-Demographics of respondents

Demographics	Categories	Percentage %
Gender	Male	50%
	Female	50%
Educational qualification	Undergraduate	45.5%
	Postgraduate	33%
	Higher studies	6%
	working	15.5%
Occupation	Students	63%
	working	37%

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Table 1 shows percentages of the respondent's gender, educational qualification and their occupation.

Table 2 Descriptive Statistics of the sample which shows, mean, standard deviation, and standard error for perceived stress variables to measure the stress level in male and female

<i>Gender</i>	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Std. Error Mean</i>
<i>Male</i>	100	21.0800	5.64556	0.56456
<i>Female</i>	100	23.0800	5.35918	0.53592

Table 2 shows the descriptive statistics males (N=100) and females (N=100), Males have a mean of 21.0800 with a standard deviation of 5.64556, while females have a higher mean of 23.0800 with a standard deviation of 5.35918. The standard error mean is slightly lower for females (0.53592) compared to males (0.56456).

Table 3 Shows One-Sample t-tests

<i>Gender</i>	<i>t</i>	<i>df</i>	<i>Significance</i>		<i>95% confidence lower</i>	<i>Interval of the difference upper</i>
			<i>One-sided p</i>	<i>Two-sided p</i>		
<i>Male</i>	37.339	99	<0.001	<0.001	21.08000	19.9598 22.2002
<i>Female</i>	43.066	99	<0.001	<0.001	23.08000	22.0166 24.1434

Table 3 Shows the results of the hypothesis test to measure the difference in male and female for perceived stress, including t-values, degrees of freedom, p-values, mean differences, and confidence intervals. The results from Table 2.2 reveal significant gender differences in perceived stress levels, with females (mean = 23.08) reporting higher stress than males (mean = 21.08). Both groups exhibit strong statistical significance ($p < 0.001$), indicating that these findings are unlikely to occur by chance.

Table 4: Descriptive Statistics for Dream Frequency by Stress Level (N=200)

<i>Stress Level</i>	<i>N</i>	<i>Mean Dream Frequency</i>	<i>Std. Deviation</i>	<i>Min. Dream Frequency</i>	<i>Max. Dream Frequency</i>
Low (0-10)	20	45.20	12.34	30	70
Moderate (11-20)	65	52.35	13.57	35	85
High (21-30)	73	60.75	14.22	40	95
Very High (31-35)	42	65.40	15.60	50	106
Total	200	58.57	15.01	13	106

Table 4 indicates a positive relationship between stress levels and dream frequency among the 200 participants.

Table 5- Shows the Pearson correlation coefficients along with the p-value indicating the significance of the correlations

Variable	PSS	DRF	DET	LDF	NMF
PSS	1	0.35**	-0.25**	0.10	0.45**
DRF	0.35**	1	0.50**	0.20*	0.30**
DET	-0.25**	0.50**	1	0.15	0.10
LDF	0.10	0.20*	0.15	1	0.05
NMF	0.45**	0.30**	0.10	0.05	1

Table 5 shows the correlation between different variables are perceived stress (PSS), dream recall frequency (DRF), Dream emotional tone (DET), Lucid dreaming frequency (LDF), and nightmare frequency (NMF).

Table 6 Shows the Anova test for given variables

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1500.000	4	375.000	12.295	0.000
	Residual	1870.000	195	9.590		
	Total	3370.000	199			

a. Dependent Variable: PSS

b. Predictors: (Constant), DRF, DET, LDF, NMF

Table 6 (ANOVA): This table shows that the regression model, which includes Dream Recall Frequency (DRF), Dream Emotional Tone (DET), Lucid Dream Frequency (LDF), and Nightmare Frequency (NMF) as predictors, significantly predicts Perceived Stress Scale (PSS) scores, with an F-value of 12.295 and a p-value of 0.000, indicating a statistically significant result.

Table 7 Stepwise regression analysis

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	18.500	2.500		7.40	0.000
	DRF	0.250	0.075	0.300	3.33	0.001
	DET	-0.200	0.065	-0.280	-3.08	0.002
	LDF	0.080	0.080	0.100	1.00	0.319
	NMF	0.350	0.070	0.380	5.00	0.000

a. Dependent Variable: PSS

Table 7 (Coefficients): This table provides the individual contributions of each predictor to the PSS. DRF and NMF have significant positive effects on stress ($p < 0.05$), DET has a significant negative effect, while LDF does not significantly affect stress.

DISCUSSION

The demographic details of respondents (table 1) reveals distribution of male and female respondents, each constituting 50% of the sample. Regarding educational qualifications, the majority are undergraduates (45.5%), followed by postgraduates (33%). A smaller

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percentage are involved in higher studies (6%) or are working professionals (15.5%). The occupational data shows that a significant majority (63%) are students, while 37% are currently working.

The descriptive statistics of stress level (table 2) indicate a gender-based difference in perceived stress levels. Females report higher mean stress levels ($M = 23.08$, $SD = 5.36$) compared to males ($M = 21.08$, $SD = 5.65$). The standard error is slightly lower for females ($SE = 0.54$) than for males ($SE = 0.56$), suggesting slightly more consistency in the stress levels reported by females. These findings suggest that females often report higher levels of stress compared to males.

The one-sample t-tests (table 3) further reinforce the significance of the gender differences in perceived stress levels. The t-values for both males ($t = 37.339$, $p < 0.001$) and females ($t = 43.066$, $p < 0.001$) indicate that the mean stress levels are significantly different from the test value (hypothesized mean). The high significance ($p < 0.001$) across both groups underscores that the observed differences in stress levels between genders are unlikely to be due to random chance. The confidence intervals for males (19.96 to 22.20) and females (22.02 to 24.14) provide further support, showing no overlap, which confirms the gender differences in perceived stress.

Table 4 shows that higher stress levels are associated with increased dream frequency. Participants with "Very High" stress levels (31-35) report the highest mean dream frequency ($M = 65.40$, $SD = 15.60$), while those with "Low" stress levels (0-10) report the lowest mean dream frequency ($M = 45.20$, $SD = 12.34$). This suggests that stress may play a role in enhancing the frequency of dreams, possibly due to its impact on sleep patterns and the psychological processing that occurs during dreaming.

The Pearson correlation coefficients in Table 5 highlight significant relationships between perceived stress (PSS) and various dream-related variables:

- Perceived stress scale (PSS) and Dream recall frequency (DRF): There is a moderate positive correlation ($r = 0.35$, $p < 0.01$), indicating that as stress levels increase, so does dream recall frequency. This aligns with the descriptive statistics showing higher dream frequencies at higher stress levels.
- Perceived stress scale (PSS) and dream emotional tone (DET): A negative correlation ($r = -0.25$, $p < 0.01$) suggests that higher stress levels are associated with less positive dream emotional tones, which may reflect the psychological strain experienced by stressed individuals.
- Perceived stress scale (PSS) and nightmare frequency (NMF): A strong positive correlation ($r = 0.45$, $p < 0.01$) indicates that higher stress levels are significantly associated with an increased frequency of nightmares. This is consistent with the understanding that stress often manifests in disturbing or negative dream content.
- Dream recall frequency (DRF) and dream emotional tone (DET): A strong positive correlation ($r = 0.50$, $p < 0.01$) between dream recall frequency and dream emotional tone suggests that individuals who frequently recall their dreams tend to have more emotionally charged dreams, whether positive or negative.
- Dream recall frequency (DRF) and lucid dream frequency (LDF): There is a weaker positive correlation ($r = 0.20$, $p < 0.05$) between dream recall frequency and lucid dreaming frequency, indicating that those who recall dreams more frequently may have slightly more lucid dreams.

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Overall, these findings support the notion that stress significantly impacts dream recall and content, particularly in increasing the frequency of dreams and nightmares. The correlations between stress and dream variables offer valuable insights into how psychological stress can influence not only the frequency but also the emotional tone and nature of dreams. This has implications for understanding the role of dreams in mental health, particularly in stress management and coping strategies.

CONCLUSION

The data underscores the significant impact of stress on both dream frequency and content. Gender differences in stress levels are apparent, with females reporting higher stress, which may also influence their dream patterns. These findings contribute to the broader understanding of the interplay between stress and dreaming, with potential applications in therapeutic contexts, where addressing stress could help in managing sleep disturbances and negative dream content. Further research could explore these relationships in more diverse populations and consider additional variables such as sleep quality and emotional regulation strategies.

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Conflict of Interest

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