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Research Paper

Relationship Between Dream Meaning Attribution and Sleep Paralysis Experiences

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ABSTRACT

The study, titled "Relationship Between Dream Meaning Attribution and Sleep Paralysis Experiences," investigates how people interpret their dreams—symbolically, spiritually, or psychologically—and how these interpretations impact their experiences with sleep paralysis. It explores the complex relationships between dream contents, emotional experience, as well as cultural or personal belief systems, with a focus on the critical function such interpretations play in influencing psychological well-being. Filling an important omission in the literature, particularly in the Indian cultural tradition, the study follows a cross-sectional quantitative design with a total of 270 participants with a broad demographic profile, with near equivalence in male-to-female distribution. Data were gathered with a structured questionnaire filled with Likert-scale items designed for assessing the frequency as well as severity of sleep paralysis, recall for dreams, attribution for symbolic as well as spiritual interpretation, in addition to emotional impact. Statistical procedures like regression analysis were done for identifying significant predictors in addition to testing relationships among different variables. Results revealed that sleep paralysis experiences were significantly determined based on mental health, emotional experiences, cultural, as well as religious beliefs, in addition to patterns for habitual thinking. Spiritual beliefs as well as educational achievement significantly determined contents in the dreams in addition to meaning attribution, while emotional consequences were specifically related with the type of interpretations made on the dreams. Positive interpretation as well as psychological support were identified in association with positive psychological well-being, yet negative interpretation as well as poor strategies for dealing with problems were identified in association with increased psychological distress. In a broad sense, the study indicates the merit in culturally informed psychoeducation in addition to psychological interventions, considering the consideration that personal belief systems concerning dreams play a critical function in psychological experiences in relation to sleep as well as dreams.

Keywords: *Sleep Paralysis, Spiritually, Emotional Experience, Cultural and Mental Health*

Sleep paralysis (SP) is a rare parasomnia in which, for a brief period, a person is unable to speak or move during the onset of sleep or wake-up, yet is perfectly alert. SP is triggered during a rapid eye movement (REM) sleep when normal muscle atonia for suppressing the execution of dreams spills over during wake-up. SP occurs in association

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with severe hallucinations and fear, including a belief in a malevolent presence or pressure over the chest. Symptoms are intensely distressful and are often mistakenly interpreted as supernatural/meant spirit experiences. SP neurophysiology is a dissociation between brain arousal systems, plus paralysis, typical for REM sleep (Rees & Whitney, 2020). In experimental studies, low-grade sleep, non-standard sleep-wake patterns, and psychological distress are found with common SP attack precipitants (Mayer & Fuhrmann, 2022). Also, individuals with high levels of absorption, in addition to dissociative experience, are found with increased SP likelihoods, often translatingthese experiences through individual/culture belief systems, with an added heightened emotional distress level in interpretation (Drinkwater et al., 2020).

Demographically, SP affects a broad section of the global populations, though there are populations who appear more susceptible. Literature indicates young individuals and women are also reported commonly for SP, with onset in adolescence or early life for a considerable percentage (Khan et al., 2024). Cultural environment also has an overriding influence in the form of perceived causes for SP. In populations with a high belief in supernatural causes, SP is also attributed correspondingly towards spirits, demons, etc., leading to increased fear and stigma for SP. Public education done with an emphasis on sensitivities in cultures can help address myths in SP where unnecessary anxiety can be diminished. In spite of a relatively high prevalence—affecting a maximum of 40% people at least once—awareness and understanding about SP are limited. Communication with proper scientific facts, as well as psychological counseling, can alleviate SP episode management in people, as well as reduce psychological impact (Mayer & Fuhrmann, 2022).

1. Phenomenology of Dream Experiences During Sleep Paralysis

Dream experiences in sleep paralysis (SP) in the Indian experience offer a fascinating interaction between neurophysiological states, psychological vulnerability, and meaning-making in a particular culture. SP attacks are characteristically reported with bright hallucinations often with a terror-inducing modality—e.g., presence of an intruder, experiences of being choked, or immobility—that are typically taken as supernatural by a significant group of people. One study among Indian college students reported a significant percentage with "intruder-type" hallucinations and significant emotional experience in the form of fear and helplessness, particularly with first occurrence of SP, correlating with the number of times in life SP occurred in the future (Reshi, 2023). Correspondingly, a cross-sectional survey among Indian undergraduates in medicine reported finding a significant proportion, i.e., 52.4%, had experienced SP, with a significant number expressing extreme fear, hallucinations predominantly in the form of sound, and a sense of being sufocated, serving to emphasize psychological distress with these experiences in dreams (Pryce Brooks, S. 2024). Significantly, conventional Indian descriptions and lack of insight about SP obfuscate the occurrence with an air of making it a spiritual/ metaphysical experience. Such culture-mediated interpretations, where the belief system determines fear or resilience, correspondingly, bring into focus the importance in understanding SP phenomenology in a culturally nuanced consideration with a biologic mechanism as well as meaning attributed personally. Such an understanding, therefore, emphasizes the importance in coming up with a nuanced phenomenology relevant for understanding SP in an Indian worldview.

2. Interpretation of Dreams: Symbolic, Spiritual, and Psychological Frameworks

Dream interpretation has its foundation rooted deep in Indian philosophy, spanning across spiritual, psychological, and cultural disciplines. In ancient Indian texts as well as in the works on Ayurveda, dreams—more popularly referred to as Swapna—are no random

psychological phenomena, yet an important mirroring of the internal and external life. Dream state itself (Swapnavastha) is itself one among the four states of consciousness within Vedantic philosophy and is generally interpreted for diagnosis, prophecy, or symbolic purposes. Ancient texts, for example, early Tamil literature, exhibit a systematic inclination towards interpreting dreams in terms of religious, cultural, and moral principles (Gunasekaran, 2021). Present-day scholars and professionals continue to look towards ancient paradigms, applying the same in fields like Ayurveda, psychology, and anthropology. In India, therefore, deciphering the meaning in dreams requires a multidisciplinary approach, incorporating symbolic metaphors, spirituality, as well as interpretations specific towards mental health.

- **Symbolic Approach:** Symbolic interpretation of dreams is very valued in Indian cultures, especially in Ayurveda, in which the content of the dreams is considered connected with the doshic balance of the body—Vata, Pitta, and Kapha. For example, a vision of fire can present Pitta imbalance, meaning anger or change, while water can be a sign for calmness or emotional recovery. Metaphors like animals or elements often present inner conflict or future experiences in the dreams. A lion can present power, while snakes can be fear or awakening. The symbols, influenced for centuries through practice in cultures, are also clinically seen to correspond with the condition physical or mental (Munishwar et al., 2019).
- **Spiritual Context**: In Hindu spirituality, dreams are sacred mediums for spiritual communication or understanding one's karma. Tribal cultures, for example, like the Angami Nagas, believe dreams are spiritual guidance for daily life revealed by God (Heneise, 2018). Hinduism also considers visions of deities, temples, etc., aka Swapna Darshan, as an omen either of spiritual progress or understanding one's karma. Such dreams are generally explained either through ritual performance or spiritual gurus, affecting decisions, giving emotional/religious understanding. Even today, especially in rural India, spiritual understanding of dreams is a prime area in health, fate, and personal change, often overriding logic based on medicine or psychology.
- **Psychological Theory:** Indian psychological interpretations of dreams combine ancient principles of Ayurveda with contemporary therapy. Ayurveda views dreams as psychologic signs of health—falls or flight in a dream can indicate anxiety or doshic imbalances. Clinicians in the present day employ dream analysis for the identification of trauma or emotional conflict. In literature, writers such as Chitra Banerjee Divakaruni employ motifs in dreams for the examination of psychological tension in an identity crisis (Karthikadevi et al., 2024). This theory views dreams as a product of personal history, external societal stressors, and unconscious patterns, providing means for emotional restoration and cognitive-behavioral interventions within a culturally competent therapy.

3. Dream Meaning Attribution and Its Influence on Perceived Sleep Experiences

Assigning meaning to dreams can also greatly impact the way one experiences their overall sleep quality and emotional well-being. Indian Ayurvedic practice views dreams (Swapna) as an indicator of mental and physical health, with particular interpretations relating to imbalances in the bodily doshas—Vata, Pitta, and Kapha. Such interpretations direct diagnosis as well as therapy, substantiating the perceived legitimacy of dream experiences during sleep (SS & Dr, 2025). When people think their dreams hold spiritual or diagnostic value, they also tend to perceive more vivid or emotionally intense sleep experiences. Additionally, dreams are also viewed, in this instance, not only as a product of the mind but also as a viable cognitive phenomenon with a role in memory, self, as well as emotional

processing (Nesterenko, 2019). Such belief can impact the way one remembers as well as emotionally experiences the content within a dream, with repercussions for the level of stress, satisfaction with sleep, as well as even psychological outcomes. As a result, attribution in one's dreams plays a significant mediating function between cultural belief structures and subjective quality in sleep.

4. Emotional and Psychological Outcomes of Dream Interpretation in Sleep Paralysis Sufferers

In patients with sleep paralysis—a condition typically marked by frightful hallucinations and immobility—dream interpretation can have deep psychological rewards. Viewing hallucinatory flashbacks as symbolic or spiritual communications can alleviate fear and panic, transforming the experience into a less appalling event. For example, preliterate societies such as the Northeast Indian Angami Nagas translate hallucinatory states such as sleep paralysis into ritually significant communications, often life-guiding through formulary interpretation (Heneise, 2018). Such a cultural frame may safeguard afflicted persons from extreme emotional damage through providing the experience with an involvement within a significant narrative. From a psychological viewpoint, dreaming provides afflicted persons with a means for processing and reconceptualizing traumatogenic or fear-provoking material through symbolic communication. This is vindicated in Indian current clinical psychology, where the understanding of dreaming is part of investigating suppressed patterns of fear and enhancing self-knowledge (Murthy, 2023). Finally, dreaming can transform a bout of sleep paralysis from a nightmarish event into a psychologically unifying event.

Problem Statement

Sleep paralysis (SP) is an unpleasant parasomnia, characterized by the temporary inability to move, and often the hallucinatory dreams. People tend to make some meaning out of these experiences with the help of symbolism or spirituality. In Indian beliefs, these explanations are based on Ayurvedic terms, in which dreams go through doshic irregularities and internal well-being (Munishwar et al., 2025). Furthermore, the explanatory potential of cultural beliefs usually goes beyond the question of the manifestation of dream content and emotional experience, and this could be imparted as the susceptibility of individuals to SP and the resilience that can withstand its recurrence (Biswas & Nath, 2021). Although neurological advances have been made in regard to SP, little is known on the impact of dream interpretation beliefs on frequency, perception and emotional implications of SP, especially in other cultural diverse regions such as India.

Significance of the Study

An explanation on the effect of dream meaning on the occurrence of sleep paralysis is of importance to culturally sensitive psychological treatment. The content of dreams in Indian literature and culture is commonly believed to be divine or karmic in essence, and the meaning is inferred to be divine or as the results of previous lives (Karthikadevi et al., 2024). Such interpretations might cause people to be less fearful or it can increase anxiousness. By contrast, the contemporary Indian studies of dream formation emphasize the role of psychological influence in how repeated dreaming patterns are associated with stress and sleep conditions, especially unresolved emotional background (Nandkar, 2021). The importance of this research is that it combines both historic and modern schools on the basis of assessment of emotional reactions, coping mechanisms and the cultural value of dream beliefs on how sleep paralysis episodes are handled.

LITERATURE REVIEW

Silvasy (2021) examined how dreams may be symbolic and visionary in nature during the sleep paralysis with the reflection that people tend to attribute strong personal or spiritual significance to such experiences. Her evidence shows that this interpretation has a potential to diminish fear and enhance self-perception. Much in the same way, Mayer and Fuhrmann (2022) underlined that unparalleled experiences like out-of-the-body experiences take place during sleep paralysis and are frequently determined by a belief system that individuals subscribe to. According to them, failing to use these dimensions, it might lead to misdiagnosis or ineffective treatment. This was backed by Jalal et al. (2021), who showed that in Italy, the religious framing had a profound effect in the interpretation of hallucination in paralysis among participants. Strong spiritual believers had more intense experiences characterized by intense emotions. These studies, taken together, indicate that the cultural and symbolic orientations have profound impacts on the phenomenology and emotional sequela of sleep paralysis events and thus tease out the necessity of clinical models, which pay attention to personal and cultural meaning-making in dream states and transitional consciousness events.

Sullivan (2023) investigated the case of sleep paralysis in New Zealand and discovered that the consequences of an event were different and highly variable depending on how the people interpreted the experience. The framing of dreams psychological allowed fewer reports of fear and increased reports of curiosity by the participants. Hofer (2025) equally noted that multidisciplinary interpretations (psychoanalytic, spiritual, and cognitive models) are capable of mediating the emotional distress occasioned by paralysis episodes. She observed that such containment interventions as guided reinterpretation diminished the symptoms of trauma. Khan et al. (2024) carried out a population-based research study in Pakistan and identified that beliefs in supernatural etiology of sleep paralysis were common and related to increased levels of anxiety and avoidance tendencies. Similar to these studies, Lavi (2024) succeeded in proving that persons who had a more favorable emotional experience with paralysis had the idea of control or agency during the episodes and even expressed their belief in personal growth in the long term. Considered as a whole, it can be surmised that explanatory models whether spiritual, cognitive, or clinical dictate not only the manner of interpretation that individuals make of sleep paralysis but also that it can determine the emotional and psychological effects thereafter.

Drinkwater et al. (2020) investigated the relationship between sleep paralysis and lucid dreaming with belief in the paranormal. They discovered that those people who had obtained higher scores in magical thinking and deficits of reality testing had a greater likelihood of experiencing nightmares and experiencing hallucinations that were also due to paralysis. Biswas and Nath (2021) proposed an Indian approach, and it demonstrated that the symbolism of dreams is a major aspect of homeopathic diagnosis, and dreams tend to use its interpretation as the path to healing of the emotions. That points to the therapeutic role of meaning-making. Lavi (2024) further remarked that people who had sense of agency or control over their episodes of paralysis reported more positive emotional results. Her results show that belief or psychological strategy of empowerment can make a big impact on the perceived valence of such events. What these studies point to overall is that individual beliefs systems, whether science-based, traditional, or alternative medicine, influence not only the experience of sleep paralysis but the emotional absorption and response.

Mayer and Fuhrmann (2022) pointed out that the inclusion of unusual dream experience into clinical knowledge will play a vital role in establishing successful mental health care. They

claimed that the absence of spiritual or symbolic content in psychological testing would distance themselves with the client who has experienced sleep paralysis in those terms. The same was echoed by Jalal et al. (2021) in their analysis of the responses of Italian participants, whose cultural beliefs about demonic possession affected how perceiving the condition, as well as the rate in which they experience it. Khan et al. (2024) have also proven that the same occurs in South Asia because there is a dominance of spiritual interpretations that are the determinants of the coping response. Such results indicate the significance of regarding sleep paralysis as a culturally adjustable issue. These systems of belief can become a barrier to clinical rapport and a negative interference to the therapeutic experience as a whole. In this sense, the proponents of inclusive, beliefs-sensitive models are gaining grounds among the researchers and practitioners, which can take into consideration different interpretations, such as psychological, symbolic, or spiritual, of the mental health support models involving sleep-related disorders.

METHODOLOGY

In this study, quantitative cross-sectional research method was used to investigate how a meaning is given to dreams by the different demographic groups and how this is related to the experience of sleeping paralysis. The approach included a well-designed and administered structured questionnaire that used 5- point Likert scale and covered male and female candidates aged 18 years and more. The main variables were the frequency and degree of sleep paralysis, the content of the dreams, attribution of the symbolic/spiritual meaning, and resultant emotions. This study relates to the literature on cultural and psychological dream interpretations in the literature with respect to Indian settings and its role in the outcome of mental conditions, hence justifying its need (Biswas & Nath, 2021).

Aim

To explore how attribution of meaning to dreams relates to the frequency, content and emotional intensity of the sleep paralysis experiences of people with diverse demographic and belief backgrounds.

Rationale of the Study

Sleep paralysis is a quite common but misinterpreted phenomenon which combines neurophysiological regularities with dream-like images. In India, cultural, spiritual and symbolic beliefs play such a critical role in understanding such dreams, and there is the possibility they can cause an influence on how individuals react emotionally towards sleep paralysis. Although academic interest has increased, there are little empirical data that have been established about how these interpretations affect sleep experiences or even mental health. The knowledge of such correlation is important in the development of therapeutic and psychoeducational approaches. The study will fill this gap since it will identify the beliefs related to dream content and the way they influence the occurrence, severity and psychological consequences of sleep paralysis episodes across different groups.

Objectives

- To assess the frequency and intensity of sleep paralysis experiences among different demographic groups.
- To explore the types of dream content reported by individuals who experience sleep paralysis.
- To examine the extent to which individuals attribute symbolic or personal meanings to their dreams.

- To investigate the correlation between belief in dream meaning (e.g., spiritual, psychological, or superstitious) and frequency of sleep paralysis episodes.
- To evaluate the emotional and psychological impact of dream interpretations on individuals who frequently experience sleep paralysis.

Research Design

This study used a descriptive and analytical cross-sectional study in looking into the correlation between sleep paralysis and dream attribution. A structured questionnaire was administered on some 270 people who were recruited in various categories by way of demographic groups such as gender, age, education and occupation. The design allowed the comparative study of the correlation of such factors as sleep habits, dream frequency, spiritual beliefs, and their psychological interpretations with the encounters of sleep paralysis. The introduction of Likert-scale replies with standardized form responses allowed subjective experiences to be quantified which in turn gave regression models an opportunity to determine the intensity of relationships. This was taken care of by the research design whose sample has 146 male respondents and 124 female respondents. The demographic profiling and psychometric indicators gave information on the behavioral and cultural aspect of dream attribution. The design helps to address the initial objective of building empirical connections between beliefs systems and the emotional results in sleep paralysis that can become a base of the further clinical and academic research in the sphere of sleep psychology.

Questionnaire Design

The close-ended items were designed in such a way that the questionnaire employed a 5-point Likert format that controlled the range on what people could answer based on their answers to various variables. The instrument included the portion related to demographic information, how often and how intense sleep paralysis happened, what kind of dream content appeared, where to put symbolic and spiritual meaning, and/or the emotional/psychological impact. Other questions included aspects like to determine personal beliefs and emotional outcomes as in the questions like I believe that my dreams are not only spiritual in nature or I feel emotionally disturbed following experiences of sleep paralysis. The scale allowed measuring subjective experiences and attitudes. It also used pilot testing to guarantee the reliability of items and their clarity. The questionnaire was made such that along with the frequencies, also the cognitive and emotional frameworks involved would be transcribed, as they are the ones that would have effect on how the participants perceive their dreams and sleep-related phenomena. The Likert scale that was a standard assessment tool while using the instrument has enabled a uniform analysis of the data as well as enabled the interpretation of data on the specific sleep paralysis experiences mainly occasioned by beliefs to have latent depth.

Data Collection and Sample Size

The sample of 270 participants was studied through purposive sampling of the different regions of India. The sample group incorporated the genders, male (n=146) and female (n=124), and ages of 18-50 above. The participants were chosen because they can remember their dreams and tell about their experience of sleep paralysis. The surveys were provided through internet and face-to-face. Diversity in the demographic aspect was guaranteed with representation of students, working professionals, business owners and the unemployed. The sample of 270 participants was chosen according to the statistical power requisites, as it allows establishing appropriate variation to study the association between cultural beliefs, dream perception, and sleep paralysis potent.

RESULTS

Table 1: Demography details

Parameter	Frequency	Percent	Parameter	Frequency	Percent
Gender			Qualification		
Male	146	54.1	Master	102	37.8
Female	124	45.9	Other	42	15.6
Age			Graduate	70	25.9
Above 50 year	45	16.7	PhD	56	20.7
31-40 year	83	30.7	Recall your dreams after waking up		
41-50 year	63	23.3	Sometimes	70	25.9
18-30 year	79	29.3	Frequently	78	28.9
Occupation			Never	34	12.6
Private Job	94	34.8	Almost always	58	21.5
Government Job	63	23.3	Rarely	30	11.1
Student	39	14.4	Experienced sleep paralysis		
Business	42	15.6	Never	93	34.4
Unemployed	32	11.9	Regularly	71	26.3
Symbolic or spiritual meaning of dreams			Occasionally	106	39.3
No	102	37.8			
Yes	87	32.2			
May be	81	30.0			

The demographic and experience information display almost equal gender proportion though the number of males in the sample is 54.1 and the number of females is 45.9. Most respondents are in the 31 to 40 age bracket (30.7%), 18 to 30 (29.3%) and 41 to 50 (23.3%) which means a rather young population. In education, the individuals with a master degree enjoy the greatest representation (37.8%), graduates (25.9%) and PhD holders (20.7%). Concerning occupation, the majority (34.8 percent) are in the private sector, others are government employees (23.3 percent), business owners (15.6 percent), students (14.4 percent), and the unemployed (11.9 percent). For the last point which is the dream recall, 28.9 percent of the participants report that they always remember their dreams, followed by 25.9 percent who remember their dreams often and 21.5 percent who report only that they almost always remember their dreams. Just a fraction (12.6 %) does not remember dreams. Occasionally and regularly, 39.3 and 26.3 percent respectively report sleep paralysis experience and 34.4 percent have never experienced this condition. Remarkably, when participants were interviewed on the existence of symbolic or spiritual meaning to their dreams, responses seemed divided-37.8 percent answered no, 32.2 percent answered yes and 30 percent answered maybe, which depicts divergent beliefs on the interpretation of dreams.

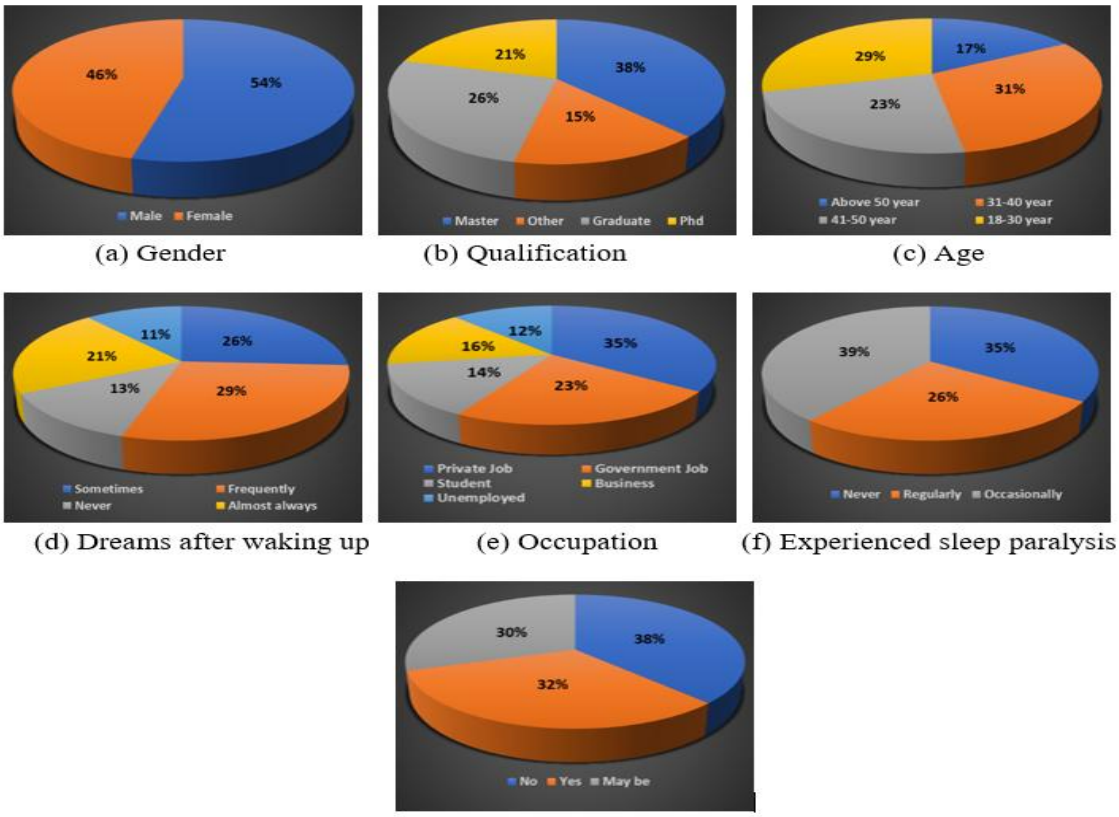

Figure 1: Demography Pia chart

Objective 1: To assess the frequency and intensity of sleep paralysis experiences among different demographic groups.

Table 2: Model summary for objective 1

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.607[a]	.368	.356	1.032

a. Predictors: (Constant), Mental Health, sleep paralysis experience, Cultural Beliefs, Sleep Patterns, experience sleep paralysis

Table 3: Anova for objective 1

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	163.788	5	32.758	30.756	.000[b]
Residual	281.179	264	1.065		
Total	444.967	269			

a. Dependent Variable: Frequency & Intensity of Sleep Paralysis
b. Predictors: (Constant), Mental Health, sleep paralysis experience, Cultural Beliefs, Sleep Patterns, experience sleep paralysis

The Objective 1 regression shows that mental health, previous occurrence of sleep paralysis, cultural beliefs along with sleep affairs is statistically significant in predicting the occurrence and severity of sleep paralysis. The model has moderate relationship (R = 0.607) and predicts 36.8 percent of the variance (R 2 = 0.368). The R 2 adjusted value of 0.356 and a statistic value of the standard error of 1.032 show that the model is apt. ANOVA table testifies to the statistical significance (F = 30.756, p < .001), which is also indicated by the significant effects of both adverse psychological and socio-cultural factors.

Table 4: Coefficients for objective 1

Model Parameter	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
(Constant)	.653	.217		3.018	.003
Sleep Paralysis Experience	.220	.063	.225	3.508	.001
Experience Sleep Paralysis	.128	.063	.127	2.017	.045
Sleep Patterns	.149	.062	.152	2.411	.017
Cultural Beliefs	.182	.058	.186	3.157	.002
Mental Health	.129	.058	.134	2.216	.028

a. Dependent Variable: Frequency & Intensity of Sleep Paralysis

This is based on the regression coefficients which show that all the five predictors play a significant role in the frequency and intensity of sleep paralysis. Experience of sleep paralysis (p = .001; 225), cultural beliefs (p = .002;.186), and sleep patterns (p = .017;.152) were found to have the greatest impact. There was also a significant effect of mental health (beta = 134, p = 028) and general experience of sleep paralysis (beta = 127, p = 045). The constant of the model was high (p = .003), which testified to the reliability of the model.

Objective 2: To explore the types of dream content reported by individuals who experience sleep paralysis.

Table 5: Model summary for objective 2

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.638[a]	.407	.395	1.029

a. Predictors: (Constant), Spiritual Beliefs, Media Exposure, Pre-sleep Emotional State, Sleeping Posture, Nightmare Frequency

Table 6: Anova for objective 2

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	191.559	5	38.312	36.199	.000[b]
Residual	279.408	264	1.058		
Total	470.967	269			

a. Dependent Variable: Dream Content Types

b. Predictors: (Constant), Spiritual Beliefs, Media Exposure, Pre-sleep Emotional State, Sleeping Posture, Nightmare Frequency

Regression analysis was meant to examine the kind of dream contents that were described by the patients who had a sleep paralysis. A strong correlation of (R = 0.638) and a strong explanation of the content type of dreams (R 2 =0.407) was identified and the model adjusted R 2 and the standard error was 0.395 and 1.029 respectively. The model proved to be significant (F = 36.199, p < .001), which means that spiritual beliefs, media exposure, pre-sleep state of emotions, sleeping position, and frequency of nightmares make a real difference in the source of dream elements.

Table 7: Coefficients for objective 2

Model Parameter	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
(Constant)	.620	.216		2.869	.004
Pre-sleep Emotional State	.228	.054	.243	4.257	.000
Media Exposure	-.112	.053	-.116	-2.089	.038
Sleeping Posture	.210	.063	.201	3.325	.001
Nightmare Frequency	.170	.066	.162	2.586	.010
Spiritual Beliefs	.277	.062	.276	4.457	.000

a. Dependent Variable: Dream Content Types

We are now in a position to examine the role of the five predictors of the types of dream content experienced based on the regression analysis. The best positive-related predictors were the spiritual beliefs (b =.276, p <.001) and pre-sleep emotional state (b =.243, p <.001). Positive effects were also found on sleeping posture (201, P = 0.001) and nightmares frequency (162, p = 0.010). Oddly enough, media exposure was also a negative factor (beta: -116, p: 038), which leads to the idea that media exposure can decrease the depth of the dream or vividness.

Objective 3: To examine the extent to which individuals attribute symbolic or personal meanings to their dreams.

Table 8: Model summary for objective 3

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.627[a]	.393	.382	1.036

a. Predictors: (Constant), Social Influence, Cultural Influence, Personal Experience, Religious Influence, Education/Knowledge

Table 9: Anova for objective 3

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	183.515	5	36.703	34.208	.000[b]
Residual	283.259	264	1.073		
Total	466.774	269			

a. Dependent Variable: Meaning Attribution

b. Predictors: (Constant), Social Influence, Cultural Influence, Personal Experience, Religious Influence, Education/Knowledge

The regression analysis looked at the degree to which the people believe in the symbolic or personal significances to what is contained in their dreams. The model was moderately correlated (R = 0.627) and explaining 39.3 % of the variance in meaning attribution (R 2 = 0.393) and the adjusted R 2 = 0.382 with a standard error of 1.036. This model was different enough between several of the significant effects (F = 34.208, p < .001), and the implication is that social influence, cultural background, personal experience, religious beliefs, and the education level are strong instruments in determination of dream meaning.

Table 10: Coefficients for objective 3

Model Parameter	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
(Constant)	.456	.227		2.007	.046
Cultural Influence	.199	.058	.196	3.412	.001
Religious Influence	.294	.062	.275	4.772	.000
Personal Experience	-.110	.054	-.114	-2.021	.044
Education/Knowledge	.304	.065	.288	4.671	.000
Social Influence	.147	.064	.140	2.301	.022

a. Dependent Variable: Meaning Attribution

The regression analysis indicates that the cultural (beta =.196/ p =.001), religious (beta =.275/ p <.001), educational (beta =.288/ p <.001) and social factors (beta =.140/ p =.022) have had an important and positive impact on how people see the symbolic or personal meanings on their dreams. Individual experience, though, indicates a modest and negative effect (296), with a stronger individual experience predicting a lower tendency to attach more general symbolic meanings (296). The general model is statistically significant (p =.046).

Objective 4: To investigate the correlation between belief in dream meaning (e.g., spiritual, psychological, or superstitious) and frequency of sleep paralysis episodes.

Table 11: Model summary for objective 4

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.727[a]	.529	.520	.910

a. Predictors: (Constant), Cognitive Focus, Psychological Perspective, Spiritual Belief in Dreams, Superstitious Beliefs, Habit

Table 12: Anova for objective 4

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	245.511	5	49.102	59.310	.000[b]
Residual	218.563	264	.828		
Total	464.074	269			

a. Dependent Variable: Frequency of Sleep Paralysis vs Belief in Dream Meaning
b. Predictors: (Constant), Cognitive Focus, Psychological Perspective, Spiritual Belief in Dreams, Superstitious Beliefs, Habit

The regression model indicated that belief in dream meaning showed a great positive association (R =0.727) with the frequency of dream paralysis experience. It was noted that the model explained 52.9 per cent of the variance (R 2 = 0.529) and its adjusted R 2 was 0.520 and SE was 0.910 meaning that it was highly predictive. The statistical analysis indicated significance (F = 59.310, p < .001), which means that such variables as cognitive focus, psychological and spiritual attitude, superstitious nature and tendency to think habitually plays a significant role in the frequency of sleep paralysis depending on the explanations of dreams.

Table 13: Coefficients for objective 4

Model Parameter	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
(Constant)	-.005	.206		-.026	.979
Spiritual Belief in Dreams	.144	.051	.136	2.801	.005
Psychological Perspective	.129	.050	.122	2.557	.011
Superstitious Beliefs	.227	.056	.228	4.060	.000
Habit	.340	.060	.333	5.682	.000
Cognitive Focus	.128	.059	.127	2.164	.031

a. Dependent Variable: Frequency of Sleep Paralysis vs Belief in Dream Meaning

In the regression analysis of the five predictors show that there is significant effect on frequency of sleep paralysis in terms of belief in dream meaning. The strongest one was habit (beta =.333, p <.001) and next was the superstitious beliefs (beta =.228, p <.001). Spiritual faith in dreams (0136, 005), psychological mindset (0122, 011) and cognitive orientation (0127, 031) also depicted significant positive resultancy. The constant was not meaningful (p = .979), and it showed that there was no independent predictive value.

Objective 5: To evaluate the emotional and psychological impact of dream interpretations on individuals who frequently experience sleep paralysis.

Table 14: Model summary for objective 5

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.288[a]	.083	.065	1.233

a. Predictors: (Constant), Coping Practice, Psychoeducation/Therapy, Negative Interpretation, Mental Health Status, Positive Interpretation

Table 15: Anova for objective 5

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	36.214	5	7.243	4.764	.000[b]
Residual	401.327	264	1.520		
Total	437.541	269			

a. Dependent Variable: Emotional/Psychological Impact

b. Predictors: (Constant), Coping Practice, Psychoeducation/Therapy, Negative Interpretation, Mental Health Status, Positive Interpretation

The results of the regression analysis evaluating the emotional and psychological effect of dream interpretations on the persons who often face the problem of sleep paralysis indicated low, yet statistically significant, correlation (R = 0.288, R 2 = 0.083, p < .001). This implies that the model can account to the emotional and psychological outcomes variance to 8.3 percent with adjusted R 2= 0.065 and standard error = 1.233. Although the predictive power proved to be weak, there is confirmation that the model is significant overall owing to the F-value recorded as 4.764.

Table 16: Coefficients for objective 5

Model Parameter	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
(Constant)	3.102	.238		13.055	.000
Negative Interpretation	-.253	.078	-.260	-3.269	.001
Positive Interpretation	.162	.074	.178	2.184	.030
Psychoeducation/Therapy	.141	.071	.149	1.992	.047
Mental Health Status	.173	.078	.177	2.219	.027
Coping Practice	-.176	.077	-.176	-2.266	.024

a. Dependent Variable: Emotional/Psychological Impact

According to the regression analysis, all the five predictors are important in the level of emotional and psychological effects of dream interpretations. There are negative implications of the emotional well-being as interpreted the negative way (β = -.260, p =.001) and the knowledge of negative coping practice (β = -.176, p =.024). This implies an unfavorable situation when dreams are perceived negatively and the negative coping skills are applied. On the other hand, positive interpretation (beta = 0.178, y = 0.030), psychoeducation/therapy (beta = 0.149, y = 0.047) and mental health status (beta = 0.177, or 0.027) have positive effect on improved emotional outcomes. The total model is significant (p <.05).

Table 17: Reliability

S. No	Parameters	No. of items	Cronbach's alpha
1	Frequency of sleep paralysis	6	.819
2	Dream content exploration	6	.820
3	Dream meaning attribution	6	.804
4	Belief and paralysis link	6	.842
	Emotional impact assessment	6	.779
5	Overall	30	.733

It can be seen that reliability analysis conducted with Cronbach alpha show that the five parameters are good in terms of internal consistency which is in range of .779 to .842. The scale that revealed the greatest degree of reliability was the "Belief and paralysis link" (.842) followed by the scales "Dream content exploration" (.820) and then the scale on a frequency of sleep paralysis (.819). The "Dream meaning attribution" (.804) and the quite high reliability of "Emotional impact assessment" (.779) can also be noted. The general reliability of the 30-items scale stood at 0.733 and this proved that the instrument being utilized is reliable and can indeed be used in psychological research.

CONCLUSION

The current study provides a comprehensive insight into the correlation between the experiences of sleep paralysis, dream content, and assigning of the dream interpretations as either symbolic or of personal significance to people belonging to different demographic categories. The gender sample was relatively balanced with 54.1 percent of its participants being males and 45.9 belonging to the female category. Demographically, the biggest number of participants were in the age bracket of 31-40 years, the 18-30 years and 41-50 yrs went second and third respectively indicating that youthful adults are the most dominant. Educational qualification was mainly skewed in favor of the individuals with masters degree

(37.8%), then graduates (25.9) and in Ph.D. (20.7). Regarding occupation, the largest percentage was constituted of people working in the private sectors with the other occupations comprising government employees, business professionals, shoppers, and unemployed persons. Remarkably, more than half of the respondents said they remembered their dreams often or nearly always, and a very notable part said they had sleep paralysis sometimes or regularly. In addition, 62.2 percent of the participants thought or were unsure of the symbolic or spiritual content of their dreams indicating the different interpretation and belief systems.

Statistically, there were significant results obtained via regression models. The psychological, emotional, and cultural aspects of mental health, cultural and religious beliefs, sleep habits, emotional status/condition, and pre-bed activities were also proven as potent predictors of sleep paralysis incidence, as well as dreams interpretation. Spiritual beliefs and emotional state in before-sleep state were particularly found to have a significant effect on the content of dreams, whereas habits and beliefs in superstitious issues were its strong correlates concerning the experience of sleep paralysis. Interestingly, the two types of cultural and educational exposure were linked to increase in the credence of deeper meanings given to dreams, but the personal one showed slight negative correlation it may be that the personal exposure diminishes the tendency of symbol interpretation. There was also an emotional and psychological effects of dreams; positive interpretation and positive mental health were signed with positive emotional effects whereas negative interpretation and unhealthy coping behavior caused negative emotional consequences. The results were statistically significant even though it had less explanatory power in the emotional areas. Lastly, reliability test indicated all five parameters of measurement possessed good internal consistency (the values of Cronbach alpha were between 0.779 and 0.842), which strengthened the validity of the research tool. On the whole, the present researches highlight the controversial yet significant ties between dreaming perception, sleep paralysis, and psychological explanation and promote a delicate and culturally sensitive approach to psychological support to involved patients.

DISCUSSION

This study has brought to our notice the interrelationship between incidents of sleep paralysis, dreams, and dream imputation in different demographic groups of the populations. The optimal gender balance and the sample under the age of 35 allowed obtaining a full picture of dream-related experiences in the modern population. The information obtained indicated that the presence of mental health, cultural and spiritual beliefs, sleep patterns, and emotional status play a key role in predisposing the frequency and intensity of the sleep paralysis and giving meaning to the dreams that occur. The regression analyses determined that people who have high spiritual beliefs or superstitions, and the presence of emotional arousal just before going to bed, tend to experience vivid and significant dreams, as well as more instances of sleep paralysis. Furthermore, cultural and religious background, level of education, and social setting played a significant role in determining the meaning behind dreams but there was an inverse correlation of it depending on personal experience. Emotional effects of dream interpretation were also reciprocated as when dreams had a positive meaning and good coping tendencies, there were positive effects on psychological well-being, whereas the negative dreams and coping skills had negative effects on distress. These findings support the importance of culturally competent psychoeducation and mental health services, taking into consideration the influence of complicated sociocultural and psychological factors on dream beliefs and sleep experience.

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