Journal of Positive Psychology & Wellbeing http://journalppw.com
2022, Vol. 6, No. 2, 180–188

The Effectiveness of dream therapy on the treatment of obsessive - compulsive disorder

Jamshid Sheikhlarabadi

Master of psychology, Islamic Azad University, Mallerd Branch, Mallard, Iran.

jamshid_sheikh@yahoo.com

Abstract

Introduction: Obsessive-compulsive disorder (OCD) is a mental disorder, with a lot of complexity, its lack of treatment has a great impact on the quality of life of the individual and his or her relatives. The aim of this study was to investigate the efficacy of dream therapy in the treatment of obsessive-compulsive disorder. Method: 18 patients (Female) with obsessive-compulsive disorder among the clients of the clinic who had the highest scores in the obsessive-compulsive Moudsley Inventory, and also were not subject to any other therapeutic or psychological treatment. They were randomly divided into two groups of 9. The obsessive-compulsory Moudsley Obsessive-Compulsive Inventory (MOCI) was taken from both groups in pre-test and post-test. For the experimental group, the first stage of dream therapy was performed in 7 sessions of 90 minutes, but the control group did not receive any treatment. Findings: Using Kolmogorov–Smirnov test, it was determined that the data were not normal therefore, Mann–Whitney U test was used. The mean of experimental and control groups before and after the implementation of the therapeutic method showed that the dream therapy has a great influence on the treatment of obsessive-compulsive disorder. Conclusion: The method of dream therapy is effective in the treatment of obsessive-compulsive disorder

Keyword: Dream therapy, Obsessive-compulsive disorder, OCD

Introduction

As defined by the American Psychiatric Association(1994), obsessive-compulsive disorder (OCD), is complex syndrome nervous-psychiatric which is its main characteristic, unwanted, repetitive and disturbing thoughts (obsessive thoughts), and also repetitive behaviors and regular annoying (obsessive exercises), which the patient performs in order to avoid anxiety or neutralize thoughts. Obsessive-compulsive disorder consists of two parts: obsessions and compulsions, but note that, according to DSM-5 criteria, do not need a person, both obsessed and compelled to be prescribed obsessive-compulsive disorder, the presence of one of these alone is enough (Ganji, 2016, p524). Obsessions include disturbing and frequent thoughts, imaginations, or impulses that persist over time and are uncontrollable (that is, one cannot stop his thoughts) and they are usually considered irrational from the point of view of ourselves. Also, people with obsessive-compulsive disorder are susceptible to excessive doubts, procrastination, and indecision (inability to decide or choose). Practical obsessions include repetitive behaviors or mental actions and clearly extreme which the person feels is forced to do it for reducing the anxiety caused by obsessive-compulsive thoughts or preventing a horrible event or catastrophically (Davidson, Nil, Kring and Jonson, 2014, p247).

Obsessions reveal themselves in three forms: thoughts, fears and mental images. On the other side, compulsions have the following duties: reducing anxiety, eliminating fear, reducing discomfort, increasing confidence, gaining

© 2021 JPPW. All rights reserved

strength and finally increased a feeling of security. The official announcement of a person's infection of the obsessive-compulsive disorder depends on whether obsessions or compulsions cause severe pain, time- consuming or severely disturb a person's normal life (Ganji, 2016, p526). Approximately 40% of people with OCD have similar criteria for anxiety disorders and about two-thirds of them fill their criteria for major depression throughout their lives (Davidson at al., 2014, p249).

Obsessive-compulsive disorder is an uncomfortable condition for the person and has a lot of costs for society. People living with this disorder are usually unemployed or looking for work, have communicative problems, are in social isolation and have low confidence (Menzies and De Silva, 2003, p349). Many OCD patients show disability to evaluated correctly of the risk of occurrence so that they are suspicious of everything and catch to sickly suspicious and in order to reduce their concerns, involved in mental ruminations and extraneous behaviors. Compulsive obsessions (compulsions) are often stimulated and created by obsessive disorder and reinforced because that can be reduced quickly (but transiently) the anxiety and turmoil arising from obsessive-compulsive disorder (Clark, 2004 quoted from Firoozabadi and Shareh, 2008).

Obsessive-Compulsive disorder is a chronic condition about 2.3% that has been identified as one of the 10 major disabling abnormalities. Although the combination cognitive-behavioral therapy (CBT) with serotonin reuptake inhibitors (SRIs) to be the front line for the treatment of OCD, Still, the challenges of clinical treatment remain. This is due to the complexity of the disordered OCD, many patients are resistant to drugs or cannot withstand the side effects of the drug and a small proportion of CBT recipients are also(Carmi, Alyagon, Barnea-Yargael, Zohar, Dar and Zangen, 2018). From the different methods of treating OCD can be called meta-cognitive treatment. In this method, meta-cognitive beliefs have been named about disturbing thoughts or emotions, following Rachman's terms for describing the cognitive distortions of the OCD, beliefs about the fusion of thought.

In the meta-cognitive model, three areas from supernatural related to fusion are described. These areas are:

1. Thought-action fusion: There is a belief that thoughts, emotions or disturbing impulses alonely can make forcing a person unwanted and inappropriate actions.
2. Thought-event fusion: There is a belief that a disturbing thought alone can cause a particular event or a disturbing idea means that an event must have occurred before.
3. Thought-object fusion: There is a belief that thoughts and feelings can be transmitted to objects, making the consequences of thoughts and feelings "more real", more damage power and inevitable, or cause destroying objects (Wells, 2009).

Cognitive methods have also been considered in the treatment of OCD, which suggests the involvement of cognitive components in this disorder. The Cognitive Theory of Obsessive-Compulsive Disorder suggests that a catastrophic interpretation of the importance of disturbing thoughts leads to the appearance and continuity of these thoughts. The most comprehensive cognitive analysis for OCD suggests that obsessive-compulsive thoughts stimulate the launch of certain types of automatic thoughts. Based on this theory, an interventionist thought would lead to mood confusion if the system of personal beliefs evaluates the disturbing thought as unacceptable and, as a result, triggers negative thoughts (for example, only bad people have forbidden sexual thoughts).

The sense of high responsibility and self-stigmatization are the main subjects of the intellectual system of obsessive peoples. Neutralization in the form of cognitive or behavioral ceremonies is an attempt to reduce this sense of responsibility and avoid shame. Accordingly, the treatment focuses on identifying and modifying the negative assessment of disturbing thoughts, reforming attitudes about the extreme sense of responsibility and preventing neutralization

© 2021 JPPW. All rights reserved

caused by this feeling, increasing exposure and reducing avoidance behaviors (Mokameli, Taherneshatdoost, and Abedi, 2005).

Today, in addition to the methods outlined above, other treatments are also used to treat or reduce the symptoms of OCD which in turn has own fans but there is still a way for new therapies and this indicates the complexity of the disorder, among these therapies, the following therapeutic options can be mentioned:

1. Face-to-face psychotherapy
2. Traditional therapy group
3. Assign control of treatment to clients
4. Health text
5. The use of interactive computer software that runs on personal computers
6. Use of computer programs to be controlled by phone (Menzies, De Silva, and Menzi, 2003, quoted from Mokameli, Mortazavi, and Abedi, 2008).

And also more advanced methods like exposure and response prevention (ERP), along with cognitive therapy (CT), which is effective in treating OCD(McKay, Sookman, Neziroglu, Wilhelm, Stein, Kyrios, Matthews, and Veale, 2015).

But in the end, according to Franklin and Foa's theory(2011), it should be acknowledged that the drug is effective in regulating biological indicators, but what makes a stable change is psychological interventions that have a high power in changing obsessive thoughts and compulsive behaviors. For this reason, there is an effort plenty of research on the psychological methods and new researches. What is evident in the therapeutic methods is that none of the methods has been studied in the study of sleep and dreams of people while dreams are a great source of therapies that can be cited. In the present study, is an attempt to examine this therapeutic approach, but in the first, we need to get a little to know with the dream world.

One of the earliest theories about sleep function with a dream is presented by Sigmond Freuid. Freuid in the book of dream interpretation(1900), argued that the dreams are a highway to provide a way to understand the unconscious activities of the mind. He believed the dream is an attempt to satisfy the wish-fulfillment. Freuid's purpose was that dreams were influenced by desires, needs, or thoughts that were unacceptable to the person and therefore driven out unconsciously. These desires and thoughts are the latent content of the dream. Freuid used the word "reviewer" (censore officer) as a metaphor for explaining the flow of converted latent content to manifest content (People and events that come in the dream descriptions). According to Freuid, the convert of the latent content of the dream into manifest content is done through the "action of the dream". The task of this process is that unconscious materials are encrypted and transformed that they can enter into consciousness (Atkinson at al., 2000, p225).

After Freuid, various theories were presented to explain the role of sleep and dream. Freuid's greatest student, Jung, in relation to sleep and dream, has many articles and researches and has separated his paths from the path of his master. Jung (1974) says in the book of dreams: contrary to Freud's view, he says that dream is basically the fulfillment of the wish, I agree with my friend and colleague, Alfons Meider, that said the dream is self-portrait automatically from the real situation in the unconscious to form symbolically. Our view is matches with Celliber’s results.

Other psychologists have also commented on sleep and dream such as Evans’s Opinion (1984) who says sleep, especially sleep along with REM (rapid eye movement), is a period in which the brain is leisure from the outer world and this "leisure" is used to organize the information that is received throughout the day and integrates them with the content of memory. Habsson (1974) says: the characteristic of dreams is visual viewing (like hallucination), instability of time, place and person (similar to the loss of consciousness), and inability to remind (like amnesia). Also, have known dreams have functioned as problem-solving (Kartright, 1992 quoted from Atkinson at al., 2000, p226).

Dreams show past experiences as future experiences and related to wishes, but also with

© 2021 JPPW. All rights reserved

fear. These are the elements of the principles of evolution: we are pleased with our past experiences, but we are also afraid of danger. As a reality simulator, we believe that dreams may offer a comparative function (Ribeiro, 2006).

The dream other than that, is the accidental and meaningless turmoil associations that they usually believe in, or in addition to being only as a result of physical sentiment during sleep as many writers think, is an automatic and meaningful psychological act of a systematic analysis, and is sensitive like any other psychological function. The organic feelings that humans give during sleep are not the main cause of dreams, they have a secondary role and only make elements or materials about what works in a mental state. According to Freuid's theory, dream, like any complex psychological product, is a creation or activity that has its own motives and the field of its previous associations. Dream, like any assumed action, is the output of a rational process, from the competition between different desires and the triumph of one desire toward another's desires. Dreaming is like all of our other things, meaningful (Jung, 1974, p16).

In addition, the content of dreams usually varies according to the culture, sex, and character of the dream viewer, which indicates that dreams have a kind of psychological meaning. That is, though, it is possible that the content of the dream reflects personal conflicts, but not in the sense that the function of dreams is to solve conflicts (Squvir and Damhof quoted from Atkinson at al., 2000, p227).

Just as the interpretation of dreams requires a precise understanding of the state of consciousness, then dealing with the symbolism of the dream requires us to consider the philosophical, religious, and moral beliefs of the patient. In fact, it is wise not to consider the symbols of dreams in terms of semiotics, that is, the names of the signs or symptoms of a man, but as real symbols, that is, in an internal explanation, not yet knowingly known or conceptually regulated (Jung, 1974, p133). J. William Damhof and Adam Schneider (1998 quoted from Atkinson at al., 2000, p226) report this: the analysis of people's dreams shows in long-term that there is a marvelous consistency in the content of everyone's dreams in months or years. Even in two of the longest dreams that have been analyzed so far, lasted for 40 or 50 years, there is also a significant connection between the findings of dream and the awakening of life so that the prediction of the dream interests and desires of the viewer is "meaningful".

Each psychological structure, according to the case view, is itself the result of previous psychological data. We are also aware that each psychological structure has its own meaning and intent, according to the final view, in the scientific-psychological process. This criterion should be applied to dream too. So when looking for a psychological justification of a dream, we have to see what experiences have hidden behind these dreams from last time. We have to identify the background of each element in the dream image (Jung, 1974, p42). This view is the beginning of a therapeutic approach to dream therapy. Dream therapy is rooted in ancient cultures of many different societies. From Siberian Shamans to Eskimos, from North American Indians to Central American Mayas, from native Australians to African Bedouin, all of these used this method of ancient therapies. Dream therapy is one of the oldest therapies that has been specified in Tantric Science as an ancient science with appropriate standards for scientific research.

The research hypothesis in the present study is that: does dream therapy help reduce the symptoms of obsessive-compulsive disorder in patients with this disorder? Independent variable of the study was 7 sessions of dream therapy and the dependent variable was the overall score that each participant obtained from Moudsley Obsessive-Compulsive Inventory.

Method

Different approaches have been proposed for dream therapy, with their academic load still in doubt, and the path to further research is open. The number of ancient cultures and ancient tribes on this planet there are therapeutic methods in this area of knowledge. The method used here by the scientist to treat obsessive-compulsive disorder is based on some ancient

© 2021 JPPW. All rights reserved

knowledge, with changes that are appropriate to today's society. This method has two parts:

Part I:

Includes 7 sessions with 90 minutes per each session that has the following objectives:

1. Reduced symptoms of OCD disorder
2. Increase the internal authority of the client to deal with obsessions
3. Rising internal authority for enforcement of compulsions
4. Increase the power within the client to deal with the anxiety caused by compulsions
5. Control the dreams and sleep disturbing elements
6. Clearing the disturbing elements of the past dreams in the current dreams of client
7. Learning self-medication practices in countering the return of obsessive-compulsive thoughts

At the end of this section the main focus is this that OCD has been greatly improved and the obsessions and compulsions are under the control of the client, although treatment can be complete.

Part II:

This part is at the request of the client to continue the dream control program and increase the authority of the client that will treat the OCD disorder completely. In the present study, only the first part was performed and its results were reviewed and reported.

Statistical population and sampling method

The statistical population of this study consisted of 18 women 27 to 50 years old with a minimum bachelor's degree, who were referred to the Ayurvedic training centers and medical clinics in Tehran. These people were chosen from among 45 people who were not under any other drug or psychosocial treatment. Then, these 45 completed Moudsley Obsessive-Compulsive Inventory and 18 people who received the highest total score of obsessive-compulsive disorder were selected. The 18 patients were randomly divided into two groups of 9 persons, as experimental and control groups, and the therapeutic method was performed for 9 subjects in the experimental group. There was no treatment for the control group. Two weeks after the end of the treatment period, both groups were completed the obsessive-compulsive questionnaire and the results were analyzed by SPSS software version 22.

Measuring tools

Moudsley Obsessive-Compulsive Inventory: The questionnaire was developed by Rachman and Hodgson to investigate the type and scope of obsessive-compulsive problems. This questionnaire contains 30 questions in the form of correct - wrong. Scores range from zero to 30 variables. In addition to the total obsessive scores, the Moudsley questionnaire consisted of five subscales of checking, washing, slowness, skepticism and rumination. The main focus of this questionnaire is on obsessive symptoms and particularly suitable for assessing the effects of treatment on symptoms. Rachman and Hodgson, convergent validity and reliability, reported that the questionnaire was satisfactory with test-retest method, and confirmed the reliability of this test in clinical and non-clinical samples. Studies have shown that this tool is sensitive to the therapeutic changes and its reliability has been a good retest method. The psychometric features of this questionnaire have been declared satisfactory by various studies in Iran (Farahmandmehr, Alilo and Por Sharifi, 2014). For example, Dadfar, 1997, quoted by Aliloo, 2009, reported a total reliability of 0.84 and a convergent validity of 0.87 with obsessive compulsive scales of Yale.

Results:

Using Kolmogorov–Smirnov test, it was determined that the data were not normal therefore , Mann–Whitney U test was used. Then, the differences between the means of the experimental and control groups in the pre-test and post-test were compared. Due to the non-normality of the data and the study of the mean of the groups according to Table (1), it can be seen that the effect of the dream therapy method on OCD is significant.

© 2021 JPPW. All rights reserved

Table (1): Investigation of mean and standard deviation of groups

	group	standard deviation	mean
Experimental group	pre-test	3.000	15
	post-test	3.000	6
control group	pre-test	1.000	14
	post-test	3.033	14

And table 2 shows the results of Mann–Whitney U test to compare the rate of change in OCD between the experimental and control groups in pre-test and post-test due to dream therapy.

Table 2: Results of the Human Whitney test to test the effect of dream therapy on OCD

	Sum of ranks	Mean	Mann U Amount	Z Amount	Significant level
dream therapy	15	3	0.000	-2.000	0.008
control groups	40	8			

Finally, it was found that the difference in test scores of the experimental group due to dream therapy on OCD was greater than the control group and this difference is significant.

Discussion and Conclusion:

Obsessive-compulsive disorder (OCD) was considered a treatment-resistant disorder before the 1990s that required lifelong treatment (Mokameli, Taherneshat Doost and Abedi, 2005). But today, pharmacological and psychological methods have been found for the complete treatment of this disorder, and very positive steps have been taken to reduce the signs and symptoms of this disorder that some of these methods were mentioned in the present study. But dream therapy is a new way to treat this disorder that according to the results of this study, we can hope for its future and more research can be done in this area.

From the ancient tribes in which the method of dream therapy has been practiced for a long time and has many therapeutic functions. The cultures of Siberian shamanism, the Eskimos, Indigenous to Australia, the American Indians and the Tantric monks can be mentioned. They have been using this treatment for a long time. Referring to the relationship between dreams and madness, Kant and Schopenhauer suggested that: “A madman is an awake dreamer” and “A dream is a short-term psychosis and psychosis is a long-term dream” (Mota-Rolim and Araujo, 2013).

All of this demonstrates the importance of sleep and dreaming to the extent that it has led scientists to make different statements about dreams. Here is a look at Carl Gustav yung's response to Mircea Eliade, the great historian of the world's religions and peoples, who asked about collective consciousness and published in an article entitled "Meeting with Jung" in the Peykar newspaper dated October 9, 1952, translated by Jalal Sattari (2002): Jung says: The collective unconscious is even more dangerous than dynamite, but there are tools for its safe use. When a psychological crisis occurs, you are better suited than anyone else to resolve it. You are dreaming and in the waking world you fantasize, as if you are dreaming. You have to give yourself the trouble to pay attention to those dreams and fantasies

Each dream has a message in a specific way, it not only tells you that something is wrong with your conscience, but also offers a way out of the crisis. Because the collective unconscious from which these dreams originate also knows the solution. In fact, nothing has been lost from the

© 2021 JPPW. All rights reserved

experience of mankind that no one remembers and all imaginable states and situations and all possible solutions and openings to the collective unconscious are preserved. You just have to pay attention to the "message" that the unconscious sends and "decrypt" it: "Psychoanalysis helps you to understand the meaning of such messages."

But in dream therapy, it is not just a matter of deciphering the unconscious messages, but we must be able to live and use these dreams, not as techniques to get rid of pain, suffering and disease, but as a companion to increase inner strength and this power that helps man against adversity, problems, disorders and diseases. In the treatment process, the client expresses his information in different ways such as dream, body language, etc. In the treatment of psychoanalysis, the client's dream usually shows the person's unconscious. If the therapist can understand the details of the dream, clients may then be able to work with their unconscious. And this is what Hill created orally as a dream function in stages (Chu and Shelly Tien, 2014).

The same principle can reveal an old hypothesis about dreams that Mircea Eliade (1992) referred to in her book Sacred Texts and is common among primitive and backward tribes. Some Greenlanders believe that the spirit of the night leaves the body and goes hunting, dancing and seeing and visiting. Their dreams, which are permanent and very much alive, have led them to such a view. Among North American Indians, there is talk of the spirits of dreamers leaving their bodies in search of things that interest them. These are the things that the possessors of spirits in awakening must strive to achieve so that their souls do not become upset and leave the body altogether. New Zealanders believed that the dreamer's soul left the body and returned, even going to the land of the dead to meet and talk with his friends. The Tagals of Luzon believe that one should not wake a sleeping person because his soul is absent. Karens consider dreams to be what La [soul, twin] sees in his travels when he leaves the body during sleep. The North American Indians considered a dream to be either a vision of the soul or object of the person dreaming. Or the image and view seen by the rational soul that has left the body for sightseeing.

Sometimes these excursions take the soul to places unknown and sometimes to familiar places. But it does not matter where it goes, the important thing is that there is this movement. I believe in the view that the movement of the dreamer's soul in a dream is a very important issue that has not been addressed in almost any of the primitive tribes and in today's articles. In my therapeutic system, I use this element of movement in dream therapy, and I move this movement from current path to the path in which the person has more power to control what has happened.

Some psychoanalysts consider a dream to be the result of repression. Repression back bitter memories, repression from the unknown such as death and fear of death. Repression is a real phenomenon and we have been able to examine many of its functions. This study has legitimized repression as a scientific concept and it puts more or less reliable support in our argument. An increasing number of studies have sought to uncover the fear denied by repression in consciousness. These studies have used psychological tests such as measuring galvanic skin responses and they show strongly that, behind a calm appearance, there is a general anxiety about death (Becker, 1997).

Freud believed that dreams symbolically represented repressed desires, fears, and conflicts. These feelings are so severely repressed that they come to the surface only during sleep, in a deformed form (Shultz, 2013, p107). If the fear of death were always in our consciousness, we could not function normally, and it must be properly repressed to allow us to have the slightest comfort in life. In repressen, there is always a psychological attempt to cover up the repressed figure, and the feeling of being watched from within never calms down (Backer, 1997). Research on the management of the fear of death in Backer theory has shown that it is not as pessimistic as it may seem (Hardie - Bick, 2015).

By expressing her/his dreams, the client opens a window for the therapist through which the

© 2021 JPPW. All rights reserved

therapist will be able to get acquainted with all the inner angles, personality and unconscious of the person and move forward with the help of the sick person and during this course of treatment, not only will it have the achievements that we have achieved in this research, but it will also create a special clarity to one's dreams as well as life in the waking world, which will expand one's perspective on himself/herself and the world around, increase one's inner strength and thus, without the need for psychoanalytic techniques or, as Jung puts it, decoding dream messages, the person will be able to control their emotions and feelings as well as their knowledge of the world around them.

In the present study, it was seen that the dream therapy method had very positive results in reducing the mean scores of Madzley obsessive-compulsive questionnaire and in addition to reducing the signs and symptoms of this disorder, by increasing the ability of the person to deal with the symptoms of obsessions and prevent the implementation of coercion has taken a very appropriate step in self-medication. It has also controlled the anxiety caused by this disorder by increasing the internal power of the client. As a suggestion for further research, the effectiveness of this treatment in reducing the symptoms of OCD and anxiety at the same time can be evaluated to further determine the ability of this method. One of the limitations of this research is the sample size.

References:

- Alilo, Majid Mahmood. Imani, Mahdi. Bakhshipoor, Abas. Farnam, Alireza (2009). The effect of cognitive behavioral therapy, exposure and response prevention in obsessive-compulsive disorder. Journal of medicine of Tabriz Medizin University.31(3):71-77
- Atkinson, Rita at al. (2000). Hilgard's introduction to psychology, 13th ed. 2000. Translated by Baraheny and others. Tehran. Roshd publication. 2014. p536. [In Persian]
- Beker, Ernest (1997). Fear Of Death (Translated by Saman Tavakoli, 2009). Arghanoon publish 26&27: 313-330
- Carmi, Lori. Alyagon, Uri. Barnea-Ygael, Noam. Zohar, Joseph. Dar, Reuven. Zangen, Abraham (2018) .Clinical and electrophysiological outcomes of deep TMS over the medial prefrontal and anterior cingulate cortices in OCD patients. Brain Stimulation 11 :158e165
- Chu, Hui-Chuang. Shelly Tien, Hsiu-Lan (2014) .The study of therapeutic effect of Hill's dream work in art therapy. Procedia- Social and behavioral Sciences. 113 ,68-73
- Davidson, Jerald. Nil, John. Kring M. N. Janson, Shery L.(2014). Psychopathology 12thedit (Translated by Dehestani 2016). Vol.I. Tehran. Viraiesh publish.
- Eliade, Mircea (1992). Sacred texts (Translated by Mani Salehi Allameh, 2008). Tehran. Fararavan publish.
- Farahmand Mehr, Zohre. Alilo, Majid Mahmood. Poorsharifi, Hamid(2014). The effectiveness of meta cognitive therapy in reducing the beliefs related to the fusion of thoughts of people with obsessive-compulsive disorder Journal of medizin of Shahid Sadoghi medicine University. 22(2): 1054-1068
- Firooz Abadi, Abas. Shareh, Hossein(2009). The effectiveness of disconnected mindfulness techniques in treating a case of obsessive-compulsive disorder. Journal of Cognitive Sciences. 11(2): 1-7
- Franklin ME, Foa EB.(2011). Treatment of obsessive compulsive disorder. Annu Rev Clin Psychol. 7 :229-43
- Ganji, Mahdi(2016). Abnormal Psychology based on DSM-5, 3rd Edition. Vol.1. Tehran. Savalan Publish.
- Hardie–Bick, J.(2015).Necessary Illusion: Life ,Death and the Construction of Meaning. Onati social-legal series[on line].5(3),850-861
- McKay,Dean. Sookman,Debbie. Neziroglu,Fugen. Wilhelm,Sabine. Stein,Dan J. Kyrios,Michael. Matthews, Keith. Veale, David (2015). Efficacy of cognitive-behavioral therapy for

© 2021 JPPW. All rights reserved

obsessive–compulsive disorder. Psychiatry Research 225 :236–246

- Menzies, R.G., De Silva, P.,(2003).Obsessive-compulsive disorder: Theory, research and treatment. England: Wiley
- Mokameli, Zahra. Taher Neshatdoost, Hamid. Abedi, Mohamad Reza (2005). The effectiveness of cognitive-group behavior therapy in obsessive-compulsive disorder 11(2). 8-13
- Mokameli, Zahra. Mortazavi, Seid Mojtaba. Abedi, Mohamad Reza (2008). The effectiveness of cognitive-behavioral self-medication training on reducing the symptoms of obsessive-compulsive disorder 10(1). 29-36
- Mota-Rolim, Sérgio A., Araujo, John F. (2013) Neurobiology and clinical implications of lucid dreaming. Medical Hypotheses ,81:751-756
- Ribeiro S, Nicolelis(2006). The Evolution of Neural Systems for Sleep and Dreaming. In: Kaas Jon, editor. Evolution of Nervous Systems. New York: Elsevier
- Shultz, Devan P. Shultz, Sidni Alen(2013). Personality Theories (Translated by Yahia Seid Mahdi, 2015). Tehran. Viraiesh publish.
- Wells A.(2009).Meta-cognitive therapy for anxiety and depression. New York: Guilford; p. 1-22
- Yung, Karl Gustav (1952).Yoga, Research Articles. (Translated by Jalal Sattari, 2002). Tehran. Mitra Press. [In Persian]
- Yung, Karl Gustav (1974). Dreams. (Translated by Abolghasem Esmaeilpoor, 2004). Tehran. Karvan Publish.

© 2021 JPPW. All rights reserved