

Topic of Interest

Dreams and Emotional Life in Medical Students: An Educational Experience of Guided Introspection

Sueños y vida emocional en estudiantes de Medicina: una experiencia educativa de introspección guiada

Torales, Julio César^{1,2,3}; Giménez, Constanza¹; García, Ana Paula¹; Aquino, Fiorella¹;

Benítez, Rocío¹; O'Higgins, Marcelo¹; Barrios Coronel, Iván^{3,4}; Caycho-Rodríguez, Tomás⁵

¹Universidad Nacional de Asunción, Facultad de Ciencias Médicas, Grupo de Investigación sobre Epidemiología de los Trastornos Mentales, Psicopatología y Neurociencias | San Lorenzo, Paraguay.

²Universidad de Los Lagos, Vicerrectoría de Investigación y Postgrado | Osorno, Chile.

³Universidad Sudamericana, Facultad de Ciencias de la Salud | Pedro Juan Caballero, Paraguay.

⁴Universidad Nacional de Asunción, Facultad de Ciencias Médicas, Filial Santa Rosa del Aguaray, Cátedra de Metodología de la Investigación | Santa Rosa del Aguaray, Paraguay.

⁵Universidad Científica del Sur | Lima, Perú.

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Modern research on dreams has taken radically different paths from the speculative approaches of the past. From neuroscience, cognitive psychology, and sleep medicine, replicable findings have been established regarding the role of sleep in emotional memory consolidation, affective regulation, and the processing of emotionally significant experiences, especially during the REM phase ⁽¹⁾. Far from being mere echoes of repressed desires or archetypal symbols, as proposed by models now considered of historical and hermeneutic interest ^(2,3), dreams are currently understood as dynamic expressions of recent subjective experience. Dream content studies have shown that dreams tend to reflect everyday events, current concerns, and intense emotional

states ⁽⁴⁾, and that their frequency, affective tone, and intensity are modulated by stress, changes in mental health, and the psychosocial contexts of dreamers ^(5,6).

In this context, the educational experience discussed here is situated. It is a project developed by medical students from the National University of Asunción, within the framework of the Chair of Medical Psychology and under the guidance of the Research Group on Epidemiology of Mental Disorders, Psychopathology and Neurosciences. The proposal was part of the scientific initiation activities promoted by this group, whose purpose is to foster in students a critical, ethical, and methodologically sound attitude toward relevant phenomena in mental health.

Corresponding author: Julio Torales. Universidad Nacional de Asunción, Facultad de Ciencias Médicas, Grupo de Investigación sobre Epidemiología de los Trastornos Mentales, Psicopatología y Neurociencias | San Lorenzo, Paraguay. Email: jttorales@fcmuna.edu.py.

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*Universidad Nacional de Asunción, Facultad de Ciencias Médicas. San Lorenzo, Paraguay.

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Within a broad repertoire of possible topics, the students chose—with full freedom and based on their genuine interest—to address the dream life of their own peers as a means of accessing the subjective emotional world.

The methodological decision was to work with in-depth interviews, using a qualitative phenomenological approach. This type of approach is particularly suitable for exploring lived experiences, subjective meanings, and personal narratives, as it does not rely on imposed categories but rather prioritizes the participant's account and their own interpretation of the phenomenon under study. Far from any diagnostic intention, the project was conceived as a space for guided introspection and reflective containment, where participants could share their dreams, attribute meanings to them, and explore their links with everyday life. This approach responds to both ethical and epistemological criteria, aligned with the principles of evidence-based psychiatry and respectful of the limits of clinical knowledge.

A total of 17 students were interviewed, each of whom described recent dreams and reflected on their possible relationship with emotional states, recent events, and ongoing concerns. The interviews were recorded, transcribed, and subjected to a thematic coding process, carried out collaboratively by the students themselves with faculty support. The analytical strategy consisted of identifying emerging categories and common patterns in the narratives, while consistently preserving the uniqueness of each account.

The results revealed notable descriptive richness, with intensely vivid images, scenarios, and emotions. One of the most frequent core themes was the presence of dream content related to the academic environment: failed examinations, feared subjects, irreparable mistakes, and evaluative authority figures such as professors. These dreams appeared more frequently during periods of high academic workload and were associated, in participants' narratives, with

anticipatory anxiety, fear of failure, insecurity, and self-demand. This pattern is consistent with international findings linking academic stress to the emergence of distressing or confusing dream content, particularly among university students ^(6–9).

Other narratives addressed themes of loss, reconciliation, fear, or a desire for emotional repair. One student reported dreaming about the death of a grandfather in a catastrophic context, while another described the reconstruction of an emotional bond through a reparative nocturnal dialogue. Additionally, vivid dreams with physiological correlates were reported, including sensations of chest pressure, bodily immobility, and altered breathing perception. These elements may be associated with phenomena such as sleep paralysis, hypnagogic or hypnopompic hallucinations, or even specific clinical conditions such as obstructive sleep apnea ⁽¹⁰⁾. One participant with a prior diagnosis of apnea reported episodes of lucid dreaming accompanied by subjective respiratory interruptions, suggesting an objectively grounded somatic dimension of the dream experience.

Throughout the entire process, the use of closed interpretative frameworks or speculative theories regarding universal meanings of dreams was deliberately avoided. Psychoanalytic categories were not included in the analysis—not as a dismissal of their historical contributions, but as a conscious methodological stance. The choice of a phenomenological approach responded to the need to respect the singularity of each narrative without imposing predefined meanings. This decision aligns with epistemological critiques of non-falsifiable theoretical models ^(2,3) and with the effort to train future professionals in evidence-based clinical reasoning—open to complexity yet rigorous in its foundations.

From a pedagogical perspective, the experience was highly enriching. It allowed students to develop skills in qualitative interviewing, thematic analysis, teamwork, and

critical reflection. It also fostered empathy, active listening, respect for others' subjectivity, and an understanding of the emotional impact of the academic environment on mental health. These competencies are essential not only for research in health sciences but also for humanized clinical practice. As an exercise in scientific initiation, the project represented a concrete opportunity to apply qualitative methodology with responsibility and critical awareness, starting from a question of genuine interest and involving active participation in all stages of the research process.

Of course, its limitations must be acknowledged. The sample is not representative, the coding was conducted by individuals in training, and the analysis was not subjected to inter-rater validation or data triangulation ⁽¹¹⁾. Nevertheless, such limitations are inherent to pedagogical scientific initiation projects. The value of the study does not lie in the generalizability of its results, but in the formative process it enabled, the skills it promoted, and the critical attitude it encouraged. Unlike exercises that merely

reproduce data or replicate models without meaningful appropriation, this work allowed for a reflective engagement with the research process, linking personal experience with scientific knowledge.

At a time when emotional distress within the university community is becoming increasingly visible, it is essential to create pedagogical spaces to explore students' inner worlds, always within solid ethical, methodological, and epistemological frameworks. Dreams, approached with caution and without diagnostic pretensions, can serve as a useful pedagogical tool for the comprehensive development of future physicians. Through them, one learns not only about others but also about oneself. This experience demonstrates that it is possible to incorporate topics traditionally considered marginal into medical education without compromising rigor, ethics, or critical thinking. And perhaps for that very reason—its measured boldness and methodological integrity—it deserves to be shared.

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