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ADVERSE CHILDHOOD EVENTS, PERSECUTORY DREAMS, AND EGO-IDEAL DREAMS AMONG UNIVERSITY STUDENTS WITH ADVERSE EXPERIENCE IN KUALA LUMPUR: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Adverse childhood events (ACEs) are known to affect mental health and dream content, but few studies examine persecutory and ego-ideal dreams in non-Western young adults.

Objective: To compare ACEs, persecutory dream scores, and ego-ideal dream scores across demographic and clinical subgroups in a Kuala Lumpur, Malaysia, university sample.

Methods: Cross-sectional survey of 230 university students in Kuala Lumpur. Measures included the ACE questionnaire, Persecutory Dream scale, Ego-Ideal Dream scale, and Life Events Checklist (LEC-5). Group comparisons used independent t-tests and Cohen's d.

Results: No significant differences in ACEs by Muslim status, Malay status, mental illness, medication, or therapy. However, the group that was involved in drug intake had a significantly higher ACEs score. Persecutory dreams were significantly higher in medicated participants ($p < .001$, $d = -0.586$) and those who had taken drugs ($p = .005$, $d = 0.389$). Ego-ideal dreams were significantly higher in those with mental illness ($p = .010$, $d = 0.347$), medicated participants ($p = .004$, $d = -0.474$), and those in therapy ($p = .046$, $d = -0.493$). The most common adverse event was "other stressful event" (26.5%), followed by sexual assault (24.8%).

Conclusions: Medication and drug use are strongly associated with persecutory dreams, while mental illness, medication, and therapy relate to higher ego-ideal dreams.

Keywords: *Adverse childhood events, persecutory dreams, ego-ideal dreams, university students, Malaysia, trauma.*

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There is a significant relationship between Adverse Childhood Events (ACEs) and psychological problems later in life (Mahmood & Fatmi, 2025), including sleep disturbances (Kamhout & Duraccio, 2025) and unusual nightmares at night. According to a consensus paper by Gieselman et al (2019), individuals who experience adverse experiences may develop a hyperarousal state during wakefulness that translates into recurrent nightmares during sleep. There are several universal dream motifs (Yu, 2018) that revolve around negative experiences such as Persecutory Motifs (PM) and Ego-Ideal Motifs (EIM). PM is a common dream that is about being chased, attacked, and involving threats. Meanwhile, EIM is a type of dream that simulates a social situation where the dreamer does not meet social expectations or has a bad performance in front of others. While ACEs and dreams were both studied by researchers in respective fields, there is a lack of systematic comparison, especially with a special focus on dream patterns.

Although there is an increasing trend of research that studies trauma and nightmare occurrences (Feingold et al., 2026), a lot of them were conducted in Western populations. Thus, there is a need to test its cultural validity in another region like Southeast Asia and Malaysia. This is because different cultures may manifest the latent trauma differently in their dreamscape.

Therefore, the current study addresses this gap by:

1. Examining ACEs, persecutory dreams, and ego-ideal dreams among university students in Kuala Lumpur
2. Describing the distribution of adverse event exposure within the sample
3. Exploring group differences based on ethnicity, religion, and clinical characteristics (mental illness, medication use, therapy, and drug involvement)

The hypothesis of this study is that individuals with psychological challenges (mental illness, substance use, and adherence to therapy) will report higher negative dream motifs. On the other hand, if the cultural validity is intact across cultures, there are no differences between ethnic or religious group comparisons for the Dream Motifs Scale.

METHODS

Participants and Procedure

A total of 230 university students in Kuala Lumpur, Malaysia, participated in this cross-sectional study. Data were collected via an anonymous online survey administered. Participants were recruited through university networks and social media platforms.

Inclusion criteria were: (a) aged 18 years or older, (b) currently enrolled in a public or private university, (c) self-reported experience of at least one adverse or stressful life event, and (d) ability to read and understand either English or Malay. Participation was voluntary, and informed consent was obtained prior to survey completion.

Measures

Adverse Childhood Events (ACE) Questionnaire. Childhood adversity was assessed using the Adverse Childhood Events (ACE) questionnaire, a 10-item measure covering domains such as abuse, neglect, and household dysfunction (Felitti et al., 1998). Items are scored dichotomously (0 = no, 1 =

yes), with total scores ranging from 0 to 10. Higher scores indicate greater cumulative exposure to early adversity.

Life Events Checklist for DSM-5 (LEC-5). Lifetime exposure to potentially traumatic events was assessed using the Life Events Checklist for DSM-5 (LEC-5). The checklist includes 17 categories of events (e.g., physical assault, sexual assault, accidents, sudden death) (Weathers et al., 2013). For this study, endorsement of event types was analysed descriptively to characterise trauma exposure within the sample.

Dream Motifs Scale – Short Form (DMS-SF). Dream content was assessed using selected subscales from the Dream Motifs Scale – Short Form (Yu, 2018).

Persecutory Dream Subscale. This subscale measures the frequency and intensity of dreams involving threat-related themes, such as being chased, attacked, or harmed. Higher scores indicate greater severity of persecutory dream experiences.

Ego-Ideal Dream Subscale. This subscale assesses dreams involving failure to meet expectations, embarrassment, or perceived inadequacy in social contexts. Higher scores reflect greater distress associated with ego-ideal dream content.

Demographic and Clinical Variables. Participants provided self-reported demographic information, including ethnicity, religion, gender, and university type. Clinical-related variables included history of mental illness, current psychiatric medication use, current engagement in therapy, and lifetime drug use.

Statistical Analysis

Data were analysed using Just Another Statistical Programme (JASP) version 0.96.0 (Love et al., 2019). Descriptive statistics were computed for all study variables. Independent samples t-tests were conducted to compare ACE scores, persecutory dream scores, and ego-ideal dream scores across demographic (e.g., ethnicity, religion) and clinical groups (e.g., mental illness, medication use, therapy, drug involvement). Effect sizes were reported using Cohen's d, with values of 0.20, 0.50, and 0.80 interpreted as small, medium, and large effects, respectively. Statistical significance was set at $p < .05$ (two-tailed). Given the exploratory nature of the study and its applied focus within counselling settings, group-based comparisons were prioritised to provide clear and interpretable findings over more complex multivariate modelling.

RESULTS

Sample Characteristics and Representativeness

The final sample consisted of 230 university students in Kuala Lumpur. The majority were Malay (57.8%), followed by Chinese (23.0%), Indian (12.2%), and other ethnicities (6.9%). Most participants were female (75.7%), and a larger proportion were enrolled in public universities compared to private institutions. Overall, the sample showed some deviations from population distributions, particularly in terms of gender and university type, with females and public university students being overrepresented.

Table 1

Demographic

Characteristic	*Sample (n; %)*	*Population Data (%)*	*Discrepancy*	*Notes*
Ethnicity (National 2025)[1]	**National 2025**			
- Malay	133 (57.82%)	58.1%	–0.28%	Almost target
- Chinese	53 (23.04%)	22.4%	+0.64%	Slight Overrepresented
- Indian	28 (12.17%)	6.5%	+5.7%	Overrepresented
- Others	16 (6.96%)	13.0%	–6.0%	Underrepresented
University Type (KL 2024)[2]	**KL Gov 2024**			
- Public	148 (64.35%)	30.9%	+33.45%	Strong Overrepresented
- Private	75 (32.61%)	68.9%	–36.29%	Strong Underrepresented
- Vocational	2 (0.85%)	0.3%	+0.55%	Minor Overrepresented
- Others	5 (2.19%)	N/A	-	N/A
Gender (KL Univ. 2024)[2]	**KL Gov 2024**			
- Female	174 (75.7%)	53.4%	+22.3%	Overrepresented
- Male	49 (21.3%)	46.6%	–25.3%	Underrepresented
- Gender diverse[3]	7 (3.0%)	N/A	–	Not tracked

[1]Department of Statistics Malaysia (2025).
[2]Kuala Lumpur Higher Education Department (2024).
[3]Includes non-binary, genderfluid, bigender, and prefer-not-to-say.

Adverse Childhood Events (ACE)

The mean ACE score was 3.63 (SD = 2.12), indicating moderate exposure to childhood adversity. The most frequently reported scores were 4 (15.7%), and 3 (14.3%). Only 8.3% of participants reported no ACEs. Overall, more than 90% of the sample reported at least one adverse childhood experience, suggesting a high prevalence of early adversity within this population.

Table 2

Adverse Childhood Events (ACE) Scores

ACE Score	*Frequency*	*Percentage*
0	19	8.3%
1	15	6.5%
2	24	10.4%

3	33	14.3%
4	36	15.7%
5	28	12.2%
6	29	12.6%
7	29	12.6%
8	5	2.2%
9	3	1.3%
10	1	0.4%
Total	**230**	**100%**

Life Events Checklist (LEC-5)

The most frequently endorsed traumatic event was "other stressful event" (26.5%), followed by sexual assault (24.8%) and physical assault (20.9%). Less frequently reported events included sudden violent death (4.3%) and life-threatening illness or injury (3.0%).

These findings indicate that a substantial proportion of participants reported exposure to interpersonal and potentially traumatic events.

Table 3

Life Event Checklist (LCE)

LEC-5 Category	*Count*	*% of Total*
Other stressful event	61	26.5%
Sexual assault	57	24.8%
Physical assault	48	20.9%
Sudden violent death	10	4.3%
Life-threatening illness/injury	7	3.0%
Transportation accident	5	2.2%
Sudden accidental death	4	1.7%
Captivity	2	0.9%
Assault with a weapon	1	0.4%
Natural disaster	1	0.4%
TOTAL	**230**	**100%**

Group Comparisons

Independent samples t-tests were conducted to compare ACE, persecutory dream, and ego-ideal dream scores across demographic and clinical subgroups (see Table 4.1). Effect sizes are reported as Cohen's d.

Muslim Status. No significant differences emerged between Muslim (n = 140) and non-Muslim (n = 90) participants on ACE scores (t = -0.286, p = .775, d = -0.039), persecutory dreams (t = -0.565, p = .573, d = -0.076), or ego-ideal dreams (t = 0.476, p = .635, d = 0.064).

Malay Status. Similarly, Malay (n = 133) and non-Malay (n = 97) participants did not differ significantly on any of the three outcome measures: ACEs (t = 0.696, p = .487, d = 0.093), persecutory dreams (t = 0.963, p = .337, d = 0.129), or ego-ideal dreams (t = 1.369, p = .172, d = 0.183).

Mental Illness. Participants who reported having a mental illness (n = 95) and those who did not (n = 135) showed no significant difference in ACE scores (t = 0.398, p = .691, d = 0.053). A non-significant trend was observed for persecutory dreams, with the mental illness group scoring higher (M = 9.60, SD = 5.42 vs. M = 8.37, SD = 5.07; t = 1.759, p = .080, d = 0.236). However, a significant difference emerged for ego-ideal dreams: participants with a mental illness reported substantially higher scores (M = 9.01, SD = 5.75) than those without (M = 7.13, SD = 5.20; t = 2.591, p = .010, d = 0.347), representing a small-to-medium effect.

Medication Use. Participants currently taking psychiatric medication (n = 46) and those not taking medication (n = 183) did not differ significantly on ACE scores (t = 1.118, p = .265, d = 0.184). However, significant differences were found for both dream measures. For persecutory dreams, the medicated group scored markedly higher (M = 11.28, SD = 5.55) than the non-medicated group (M = 8.28, SD = 5.02; t = -3.553, p < .001, d = -0.586), indicating a large effect. Similarly, ego-ideal dream scores were significantly higher in the medicated group (M = 9.98, SD = 5.49) compared to the non-medicated group (M = 7.41, SD = 5.40; t = -2.875, p = .004, d = -0.474), a medium effect.

Therapy Attendance. Participants currently in therapy (n = 18) and those not in therapy (n = 212) did not differ significantly on ACE scores (t = -1.223, p = .223, d = -0.300). A non-significant trend was observed for persecutory dreams, with the therapy group scoring higher (M = 11.00, SD = 5.73 vs. M = 8.70, SD = 5.18; t = -1.797, p = .074, d = -0.441). For ego-ideal dreams, a significant difference emerged: participants in therapy reported higher scores (M = 10.39, SD = 6.54) than those not in therapy (M = 7.69, SD = 5.37; t = -2.010, p = .046, d = -0.493), representing a medium-to-large effect.

Lifetime Drug Use. Participants who reported ever having taken drugs (n = 87) were compared to drug-naïve participants (n = 143). Significant differences emerged for two of the three outcomes. First, the drug-using group reported higher ACE scores (M = 4.01, SD = 2.35) than the drug-naïve group (M = 3.41, SD = 1.93; t = 2.104, p = .037, d = 0.286), a small effect. Second, persecutory dream scores were significantly higher in the drug-using group (M = 10.13, SD = 5.50) compared to the drug-naïve group (M = 8.12, SD = 4.95; t = 2.860, p = .005, d = 0.389), a small-to-medium effect. No significant difference was observed for ego-ideal dreams (t = 1.320, p = .188, d = 0.180).

DISCUSSION

There are several notable findings from this study that observed the relationship between adverse childhood events (ACEs), persecutory dream motifs, and ego-ideal dream motifs among university students in Kuala Lumpur. First, the persecutory and ego-ideal dream motifs are a universal phenomenon across religious and ethnic cultures. Second, mind-altering drugs either illicit or prescribed by a doctor, are associated with persecutory dream motifs. Third, ego-ideal dream motifs were increased significantly among groups that have a history of mental illness, consume medication,

and are currently in therapy. Lastly, ACEs have no differences across all compared groups except for the illicit drug group.

As the null hypothesis was accepted for both comparisons of religion and ethnic group in the sample, this indicates that there is a common broad theme shared by humanity at its core. This finding supports the Simulation Dream Theory (Mathes et al., 2019) that postulates the function of dreaming is rehearsing possible events that an organism might encounter in real life regardless of racial and religious background. This study successfully replicates the results from Yu's study in Hong Kong, and thus confirmed its cultural validity.

For persecutory dream motifs, it seems to correlate with substance usage, regardless of whether prescribed by a clinician or via illegal means. Participants taking psychiatric medication reported a higher persecutory dream score, with a medium-to-large effect size. A similar yet smaller pattern was observed among those with a history of drug use in the past 3 months. According to Threat Simulation Theory (Mathes et al., 2019; Valli et al., 2005), the limbic region that involves the fight-or-flight response is still active during sleep. Therefore, these drugs may alter the brain biologically and chemically, especially the amygdala and mesocorticolimbic dopamine pathway. However, individuals receiving medication may have more severe underlying psychological conditions, including heightened threat sensitivity or paranoid ideation, which can extend into dream content. Given the cross-sectional design, these interpretations remain tentative; however, the consistency of the pattern suggests that persecutory dreams may serve as a clinically relevant indicator of psychological distress in these groups. For future studies, it is interesting to study whether dreams can become an indicator of changes in that region of the brain.

Ego-ideal dreams, which were characterised by themes of failure, shame, or unmet expectations, were significantly higher among participants with mental illness, as well as those who were under treatment through medication or therapy (Revonsuo et al., 2015). Although treatment might be expected to reduce distress, this pattern likely reflects underlying severity, such as individuals who seek or receive treatment may already experience heightened self-evaluative concerns that are expressed in their dream content. Moreover, therapeutic processes that increase emotional awareness may temporarily increase sensitivity to internal conflicts, including those related to self-worth and social expectations. This is because some deep trauma may resurface if it were triggered in a therapy session. These findings suggest that ego-ideal dreams may represent an under-recognised dimension of psychological distress, particularly in individuals engaged in mental health treatment.

Since ACEs scores were incidents that had already happened in the past during childhood, that may explain the reason there are no significant differences in all compared groups except for the taking illegal drugs versus sober group. There are various ways of individual coping with adverse childhood memories, and drug involvement is one of the significant examples in our sample (Yeh et al., 2026).

There are several limitations that should be acknowledged in the current study. The cross-sectional design does not dictate causal inference, and all measures relied on self-report, which may be influenced by recall bias or interpretation of items by the respondents. The relatively small number of participants in therapy and medication groups may limit statistical precision. Other than that, the dream scales, while conceptually grounded, have not been fully validated in Malaysian populations.

The sample was also not fully representative, with an overrepresentation of female and public university students.

Despite these limitations, the study offers several practical implications. Dream content, especially persecutory and ego-ideal themes, may provide a useful window into psychological and biological functioning in the brain. This is also supported by studies done by Claudio Colace with drug dream patterns of drug addicts during the withdrawal period (Colace, 2018; English, 2015). Incorporating brief assessments of dream experiences into counselling or clinical settings may help identify individuals who are experiencing heightened distress, especially those with past trauma exposure or ongoing treatment in their life. For the Malaysian context, where help-seeking may be influenced by cultural or religious perspectives, such indirect indicators may be especially valuable and insightful.

CONCLUSION

Overall, persecutory dream motifs were associated with substance consumption, either prescribed medication by a professional or illegal drug use recreationally. Meanwhile, ego-ideal dream motifs were seen to be elevated among individuals with mental illness and those receiving therapeutic treatment. Trauma exposure was widespread, and no differences in dream motifs were observed across ethnic or religious groups. These findings suggest that dream disturbances may serve as a meaningful, yet often overlooked component of psychological assessment, especially among university students.

Table 4

Independent t-Test of Group Comparison of ACE, Persecutory Dream and Ego-Ideal Dream

Participants characteristics	Adverse Childhood Events					Persecutory Dream					Ego-Ideal Dream				
	Mean	SD	t	p	Cohen's d	Mean	SD	t	p	Cohen's d	Mean	SD	t	p	Cohen's d
Muslim Status															
Muslim (140)	3.607	2.201	0.286	0.775	0.039	8.721	5.183	0.565	0.573	0.076	8.043	5.227	0.476	0.635	0.064
Non Muslim (90)	3.689	1.970				9.122	5.357				7.689	5.922			
Malay Status															
Malay (133)	3.556	2.046	0.696	.487	0.093	8.594	5.068	0.963	0.337	0.129	7.481	5.002	1.369	0.172	0.183
Non Malay (97)	3.753	2.199				9.268	5.478				8.485	6.095			
Mental Illness															
Have Illness (95)	3.705	2.178	0.398	.691	0.053	9.600	5.423	1.759	0.080	0.236	9.011	5.753	2.591	0.010	0.347
No Illness (135)	3.593	2.067				8.370	5.072				7.126	5.195			
Medication															
Medicated (46)	3.326	2.171	1.118	0.265	0.184	11.283	5.552	3.553	< 0.001	0.586	9.978	5.487	2.875	0.004	0.474
No Meds (183)	3.716	2.098				8.279	5.015				7.410	5.399			
Therapy															

In Therapy (18)	4.222	2.290	1.223	0.223	0.300	11.000	5.729	1.797	0.074	0.441	10.389	6.536	2.010	0.046	0.493
No Therapy (212)	3.590	2.092				8.698	5.175				7.693	5.368			
Drug Involved															
Took Drug (87)	4.011	2.345	2.104	0.037	0.286	10.126	5.502	2.860	0.005	0.389	8.517	5.963	1.320	0.188	0.180
Drug Naïve (143)	3.413	1.926				8.119	4.947				7.531	5.184			

REFERENCES

Colace, C. (2018). *Drug dreams.* Routledge. https://doi.org/10.4324/9780429474026

English, C. (2015). Drug dreams: clinical and research implications of dreams about drugs in drug-addicted patients. *Psychodynamic Practice, 21*(4), 357–360. https://doi.org/10.1080/14753634.2015.1043815

Feingold, D., Roseau, J. B., Verdonk, C., Richards, A., Chennaoui, M., Saguin, E., & Léger, D. (2026). Trauma-related nightmares: A Comprehensive and Integrative review. *Sleep Medicine Reviews, 87*, 102259. https://doi.org/10.1016/J.SMRV.2026.102259

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Gieselmann, A., Ait Aoudia, M., Carr, M., Germain, A., Gorzka, R., Holzinger, B., Kleim, B., Krakow, B., Kunze, A. E., Lancee, J., Nadorff, M. R., Nielsen, T., Riemann, D., Sandahl, H., Schlarb, A. A., Schmid, C., Schredl, M., Spoormaker, V. I., Steil, R., ... Pietrowsky, R. (2019). Aetiology and treatment of nightmare disorder: State of the art and future perspectives. *Journal of Sleep Research, 28*(4), Article e12820. https://doi.org/10.1111/jsr.12820

Kamhout, S. L. H., & Duraccio, K. M. R. (2025). Sleep: An unplayed ace in research and treatment of youth with ACEs. *Child Protection and Practice, 4*, 100109. https://doi.org/10.1016/J.CHIPRO.2025.100109

Love, J., Selker, R., Marsman, M., Jamil, T., Dropmann, D., Verhagen, J., Ly, A., Gronau, Q. F., Šmíra, M., Epskamp, S., Matzke, D., Wild, A., Knight, P., Rouder, J. N., Morey, R. D., & Wagenmakers, E. J. (2019). JASP: Graphical statistical software for common statistical designs. *Journal of Statistical Software, 88*(1). https://doi.org/10.18637/JSS.V088.I02

Mahmood, S., & Fatmi, Z. (2025). Prevalence of Adverse Childhood Experiences (ACEs) and its association with current mental wellbeing among young adults in Pakistan. *Child Abuse & Neglect, 163*, 107318. https://doi.org/10.1016/J.CHIABU.2025.107318

Mathes, J., Weiger, N., Gieselmann, A., & Pietrowsky, R. (2019). The threat simulation in nightmares-Frequency and characteristics of dream threats in frequent nightmare dreamers. *Dreaming, 29*(4), 310–322. https://doi.org/10.1037/drm0000115

Revonsuo, A., Tuominen, J., & Valli, K. (2015). The avatars in the machine: Dreaming as a simulation of social reality. In T. K. Metzinger & J. M. Windt (Eds.), *Open MIND*. MIND Group. https://doi.org/10.15502/9783958570375

Valli, K., Revonsuo, A., Pälkäs, O., Ismail, K. H., Ali, K. J., & Punamäki, R. L. (2005). The threat simulation theory of the evolutionary function of dreaming: Evidence from dreams of traumatized children. *Consciousness and Cognition, 14*(1), 188–218. https://doi.org/10.1016/S1053-8100(03)00019-9

Weathers, F. W., Blake, D. D., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2013). *Life Events Checklist for DSM-5 (LEC-5)* [Measurement instrument]. U.S. Department of Veterans Affairs, National Center for PTSD. https://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp

Yeh, Y. W., Chen, C. S. H., Kuo, S. C., Chen, C. Y., Huang, Y. C., Huang, J. T., Yang, Y. P., Huang, J. S., Ma, K. H., & Huang, S. Y. (2026). Childhood trauma, family functioning, and the BDNF gene may affect the development of alcohol use disorder. *Drug and Alcohol Dependence, 278*, 112987. https://doi.org/10.1016/J.DRUGALCDEP.2025.112987

Yu, C. K. C. (2018). Dream motif scale – short form. *Sleep and Hypnosis, 20*(1), 8–16. https://doi.org/10.5350/Sleep.Hypn.2016.18.0129