DREAM, EXTROVERSION AND COGNITIVE DISTORTION AMONG YOUNG ADULTS

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Abstract : The present study was conducted to investigate the relationship between dream, extroversion, and cognitive distortion among young adults. Mental health has become an integral part of an individual's life in the current time, even in the absence of any mental illness. It is the foundation for an individual's proper well-being and efficient functioning. Youth is more prone to various health-affecting conditions because of their personal choices, lifestyle changes, and environmental influences, which directly affect their physical and mental well-being. According to the World Youth Report, there is 20 percent of youth were suffering from any form of mental illness like eating disorder, depression, substance abuse, mood disorder, suicidal behavior India, there are 373 million people out of 1,210 million people are aged between 10-24 years, with every third person belonging to this age group. There is a strong need to understand the root cause of the mental health problem in this age group and help them. Hence, in this research paper, we aim to understand the relationship between extraversion, dreams, and cognitive distortion among young adults. This research was conducted on 100 young adults ranging from 20-24. The tests used to measure these variables are Mannheim Dream Questionnaire (MADRE), Cognitive Distortion Scale, and NEO-FFI-3. We then used correlations to study the relationships between the variables. The results of correlation showed a positive relationship of cognitive distortion with emotional intensity nightmare distress, nightmare frequency, and dream frequency. Extraversion was negatively correlated with cognitive distortion. Further research is suggested to understand the importance of the unconscious in mental health problems.

IndexTerms: Dream, extraversion, cognitive distortion.

I. INTRODUCTION

Mental health has become an integral part of an individual's life in the current time, even in the absence of any mental illness. It is the foundation for an individual's proper well-being and efficient functioning. The World Health Organization (WHO) defines the age of adolescence in the range of 10 to 19 years, and they define the youth in the 15-24 years age group. These two overlying age groups are defined as the "young people" who fall in the age group of 10-24 years. In India, there are 373 million people out of 1,210 million people who are aged between 10-24 years, with every third person belonging to this age group (Dev & Venkatanaryanan, 2012).

Youth is viewed as a critical phase of one's life, as the individual goes through various changes in their physiological, behavioral, and psychological spheres, at this time there is also a change in their social circle and relationships. They start viewing the world from a different perspective and start searching for their identity. Researchers suggested that youth is the time of opportunities where they set a stage for healthy and productive adult life. It is an age characterized by impulsive behavior, vulnerability, and greater influence

by their peers and media, which directly affect their perception and decision-making abilities (Singh & Gopalkrishna, 2014).

Youth is more prone to various health-affecting conditions because of their personal choices, lifestyle changes, and environmental influences, which directly affect their physical and mental well-being. According to the World Youth Report, 20 percent of youth are suffering from any one of the mental illnesses like eating disorder, depression, substance abuse, mood disorder, or suicidal behavior. Therefore, there is a need to understand various components of an individual's mental health and how it is affecting their daily functioning. One of the important components of mental health which greatly impacts an individual is their unconscious mind, which can be observed and studied through dreams.

According to Sigmund Freud (1965) dreams are the mirror of an individual's mental content that they repress during their waking hours. Dreams are often built upon the residues of experiences of individual waking hours that are expanded, modified, and distorted according to the need, cultural values, and expectations of the individual (Bernneis & Roll, 1976). According to the current research, dreams are defined as subjective experiences of the individual that can occur during one's REM sleep and are exclusive to the dreamer ((Schredl, Berres, Klingauf, Schellhaas & Goritz, 2014).

Studies showed that wake life events are reflected in dreams and this relationship can be explained by the "continuity hypothesis" which was given by Hall and Nordby (1972). One research showed that an individual who frequently dreams of driving is generally reflected from their wake life experience for the love of driving (Schredl & Hofmann, 2003). Dreams efficiently reflect an individual's emotional tone and daytime mood in their content.

Another important concept while studying dreams is a nightmare. A nightmare is an unlikable dream that can have a strong emotional impact on the mind, which can be fear, sadness, anxiety, and despair (Harper, 2016). Sigmond Freud and Carl Jung shared a belief that individuals who have frequent distressing nightmares must have gone through some stressful event in past (Coalson,1995). Research shows that children who have a stressful event in their lives like the death of a family member or close friend or knowing someone with chronic illness have more nightmares compared to children who just have normal school-related stress (Schredl and colleagues, 2008). Thus, one can study the content of dreams to understand the mental distress of the individual.

The study of the dream was mainly done in psychoanalysis and psychodynamic theory, but little was known in the realm of humanistic or existential therapy. Later on, researchers started using dream analysis in cognitive behavior therapy (CBT), as they claimed that it helps to better understand the cognitive processes that take place during dreams (Rosner, Lyddon & Freeman, 2004).

Aaron Beck was the father of CBT and he worked with dreams to understand his patients better. He stated in his research that dreams are the reflection of a client's concept of himself, his world or surrounding, and his future. He stated that dreams reflect an individual's cognitive patterns, that is, specific to the individual and have maximum influence on the content of dreams (Beck, 1971). So, Beck concluded that dreams can be helpful in cognitive restructuring as they aid in revealing cognitive distortion, maladaptive thought patterns, and schemas. Therefore, according to Beck, dreams provide a clarification of the patient's problems and can help the therapist understand their client's distorted thinking and help in working on them (Beck, 1971).

A cognitive distortion is a notion that stemmed from CBT and it is defined as biased thoughts or unfair thoughts about oneself and their surroundings. These biased or unfair thoughts act as a reinforcer for negative thinking and emotions and they make a person believe that whatever they are thinking or feeling is rational and accurate which results in feeling bad about themselves. This can affect one's health adversely (Debbarma, 2017).

Many cognitive distortions are also considered as logical fallacies such as the low self-esteem of an individual, which leads to self-blaming for events that produce a negative outcome or are beyond one's control, it also creates a sense of helplessness in unwanted situations in one's life and an acceptance that the future is dark and hopeless (Aggarwal, 2013).

In our research, we'll be considering the cognitive distortions as explained by John Briere (2000). In his scale, he discussed five main cognitive distortions in detail, which are as follows, self-criticism (SC); hopelessness (HOP); self-blame (SB); preoccupation with danger (PWD), and helplessness (HLP). The following are explained in detail: -

   a. Self-Criticism (SC): It is defined as one's own beliefs, actions, behavior, and thoughts, which are inappropriate or negative in manner towards one's actions and behavior. This is harmful to one's good. This occurs due to poor self-worth and lack of self-respect.

   b. Hopelessness (HOP): It refers to the misery that one feels when s/he has abandoned all hopes of comfort and success. It is a form of emotion when one feels that there is no plausible situation of his problem, and nothing can be done to alter the future. It is an acceptance by the individual that there is no reprieve from the outside world or within oneself for their situation.

   c. Self-Blame (SB): In this, the person blames himself or herself for their actions which they consider to be morally irresponsible. The individuals who engage in self-blame are often trapped into a web of "self-image victimization" which includes an inescapable sense of depressiveness, loss of control, helplessness, guilt, passivity, negative thinking, and remorse. This way of thought process may lead to despair and hopelessness (Breiker, 2006). There are mainly two types of self-blame: -

      I. Behavioral Self-Blame: In this, the individual feels that if they had done things differently than the outcomes would be better. Therefore, feeling guilt due to their actions, which they might have no control over.

      II. Character logical Self- Blame: In this people believe that they deserve what is happening to them, i.e., this type of blame is based on one's character and they believe that there is something inherently wrong with them.

This unnecessary or illogical blame is a form of distortion, which may have a severe effect on one's health and personality

   d. Pre-Occupation with Danger: In this, the individual perceives the surrounding world as dangerous and especially the interpersonal domain. These individuals are often characterized as the ones with deep analyzing power and often hyper-vigilant. This develops into a negative tendency to evade any form of interpersonal relation or form and secure or stable relations with others.

   e. Helplessness (HLP): In this the individual beliefs that s/he can no longer live safely in this world, as they feel vulnerable and exposed. This can be predominant in individuals who have faced trauma or are repeatedly exposed to uncontrolled stressors in the environment, which eaves a sense of helplessness.

Although these cognitive distortions may range from states of over-generalization to personalization, and these dysfunctional thought patterns may have far-reaching consequences for an individual. In research by Matron and Kutchner (1995), they examined the significance of cognitive distortion in depressive adolescents, the result showed that cognitive distortion has a relation with severe depressive symptom and lack of self-confidence and introversion (Aggarwal, 2013)

According to the studies and research till now, we can assume that dreams and their content have an association with cognitive distortion and extraversion. So, to better understand the connection further probing was needed in this direction. Therefore, this study is an attempt to understand the relationship between dream frequency, the emotional intensity of dreams, nightmare frequency and distress, extraversion, and cognitive distortion in young adults.

OBJECTIVE OF THE STUDY

- To study the relationship between the emotional intensity of dreams and cognitive distortion.
- To study the relationship between nightmare frequency and cognitive distortion.
- To study the relationship between nightmare distress and cognitive distortion.
- To study the relationship between extraversion and cognitive distortion.
- To study the effect of extraversion, nightmare frequency, and distress on cognitive distortion.

II.   REVIEW OF LITERATURE

Levesque, Sevigny, Giroux, and Jacques (2018) conducted a study to understand the effect of cognitive distortions on gambling problem severity. They took cognitive distortion as mediating effect between psychological vulnerability i.e. personality and mood and gambling problem severity. The result shows that narcissism has an indirect impact on gambling problems through cognitive distortion. This proves that personality and mood may affect the intensity of cognitive distortion and gambling problems.

Skrzypinska and Szmigielska (2017) found that dream analysis within the basis of cognitive-behavioural therapy (CBT) is fully acceptable if the cognitive process involved in the dreaming process is considered. This research said that dream content can be a useful way for understanding cognitive processes like cognitive schema, patterns and, cognitive distortion with the help of CBT.

Schredl, Henley-Einion, and Blagrove (2016) researched dream sharing and dream recall among different personalities adolescents and adults. The findings show that there is a link between dream sharing, dream recall frequency, nightmare and extraversion. Also the authors found out that there is a gender difference in sharing dream i.e. adolescent girls share about their dreams more than boys.

Cavallotti, Casetta, Fanti, Ostinelli, Ranieri, Vanelli and D'Agostino (2016) studied the phenomenon of obsessive and compulsive themes in dream content of OCD patients. So, they divided the participants in experimental and control group and administered a short version of TAT, so that they can study the waking fantasy narration and the participants were also asked to maintain a dream dairy. Although the density of obsessive and compulsive themes was observed in the dream reports, but it was not seen in TAT. Therefore, the authors finding strengthen the discontinuity hypothesis i.e., meditative aspects of the cognition are interposed during dream.

Miguel and Pesto (2016) studied the relationship between perceptive distortion in cognitive test and personality. The results showed that distortion was not related to intellectual abilities, but it was due to affect or personality characteristic like distortion of joy was associated with greater involvement in interpersonal contact etc.

Bone (1968) attempted a correlational study between extraversion, neuroticism and dream recall, the author also tried to study among the gender. So, the results showed that there was no significant relationship between extraversion and dream recall but when studied along gender it was seen that the

relationship was insignificant for male but not for females. The research also showed that neuroticism was highly correlated with dream recall and was significant for males than in females

HYPOTHESIS

H1: There will be no relationship between emotional intensity of dream and cognitive distortion.

H2: There will be no relationship between nightmare frequency and cognitive distortion.

H3: There will be no relationship between nightmare distress and cognitive distortion.

H4: There will be no relationship between extraversion and cognitive distortion.

H5: There will be no significant effect of extraversion, nightmare frequency and distress on cognitive distortion.

III.   RESEARCH METHODOLOGY

3.1 Variables used in the present study
- Dream
- Cognitive Distortion
- Extraversion

3.2 Population and Sample
For this study the sample size of 100 is taken, from the age range of 20-24 years. These individuals were college going students. Individuals below 20 years and above 24 years were excluded from the study. Apart from that people who have any form of sleep disorder, or any other clinical disorder were excluded.

3.3 Data and Sources of Data
- *Mannheim Dream Questionnaire (MADRE):*

Schredl, Berres, Klingauf, Schellhaas and Goritz developed MADRE in 2014. In this questionnaire there are total of 21 questions. It measures the following aspects: dream frequency (on a 7 point scale; where 0= never to 6=almost every morning); overall emotional intensity (on 5 point scale, where 0=not at all intense to 4= very intense); nightmare frequency (8 point scale, where 0=never to 7=several times a week); lucid dreaming frequency (8 point scale, where 0=never to 7=several times a week); nightmare distress (on 5 point scale, where 0= not at all distressing to 4=very distressing); attitude towards dream measured in six pointer scale which was modified by a previous study. In addition to this there are some other items, which are related to frequency of dream sharing, recording dreams, dream affecting daytime mood, creative dreams, problem solving dreams and déjà vu experiences. In this study we are using 9 items which are related to dream frequency, nightmare frequency and emotional intensity of the dream. This scale has high test-retest reliability, which is .75.

- *NEO-FFI-3:*

Costa and McCrae (2010) gave this scale to provide a quick assessment of general personality using the five-factor model. It can be administered to 12yr to 99yrs of age group. This version contains a total of 60 items per domain. Although we are only assessing one domain i.e., neuroticism. So total of 12 items are being used in this study. The alpha reliability coefficient ranges from 0.68 to 0.91, in this reliability for neuroticism domain is 0.86. For the validity a correlational study was done with NEO-PI, the coefficient was between 0.87-0.95.

- *Cognitive Distortion Scale:*

Briere gave this scale in 2000. It is a brief cognitive distortion scale comprising of 40 items, which test the dysfunctional cognition of an individual. Each item is rated in a five-pointing scale ranging from 1 (never) to 5 (very often), according to the frequency if occurrence in past month. It comprises of 5 scales, which are: self-criticism (SC), self-blame (SB), hopelessness (HOP), helplessness (HLP) and pre-occupation with danger (PWD). The reliability coefficient ranges from 0.89 to 0.97 for all the

subscales and the adequate convergent and discriminant validity is 0.60-0.75 in general as well as clinical populations.

3.4 Procedure

At first the area was selected to conduct the study. Young adults who were falling in range of 20-25 years were selected. The study was explained to them, and their consent was taken regarding the same. Questionnaires of Mannheim Dream Questionnaire, Cognitive Distortion Scale and NEO-FFI- 3 scale was given followed by the instruction about how to attempt the questions, all the doubts regarding the questionnaire were cleared. Questionnaires were collected back, and they were thanked for being cooperative and patients. After the completion of collection of data, answer sheets were scored according to the scoring procedure provided in the manual and the results were analyzed and interpreted.

3.5 Statistical tools and econometric models
3.5.1 Descriptive Statistics
Descriptive Statistics has been used to find the maximum, minimum, standard deviation, mean and normally distribution of the data of all the variables present in the study.

3.5.2 Correlation and Regression
To study the relationship between nature of dreams, cognitive distortion, and extraversion. Bivariate correlation was taken out using SPSS for windows. Correlation, a statistical technique is used to measure and describe the strength as well as the direction of the relationship between two variables.

Later, Regression is used to estimate the relationships among variables. In this study, it was used to investigate whether nature of dream and neuroticism are significant predictor of thought suppression.

IV.   **RESULTS AND DISCUSSION**
The results were described, analysed and interpreted. The analysis was carried out after the data was collected and scored and the results were tabulated.

4.1 Result of Descriptive Analysis
Table 4.1: Descriptive Statistics Extraversion, Cognitive Distortion, Dream Frequency, Emotional Intensity of Dream, Nightmare Distress, Nightmare Frequency.

VARIABLE	N	MEAN	STD. DEVIATION
EXTRAVERSION	99	36.46	6.98
COGNITIVE DISTORTION	99	96.59	27.28
DREAM FREQUENCY	99	3.06	1.87
EMOTIONAL INTENSITY	99	3.28	1.13
NIGHTMARE DISTRESS	99	1.40	1.09
NIGHTMARE FREQUENCY	99	7.75	3.25

Graph 4.1: Graphical representation of means and standard deviation of extraversion, cognitive distortion, dream frequency, emotional intensity, nightmare frequency and distress.
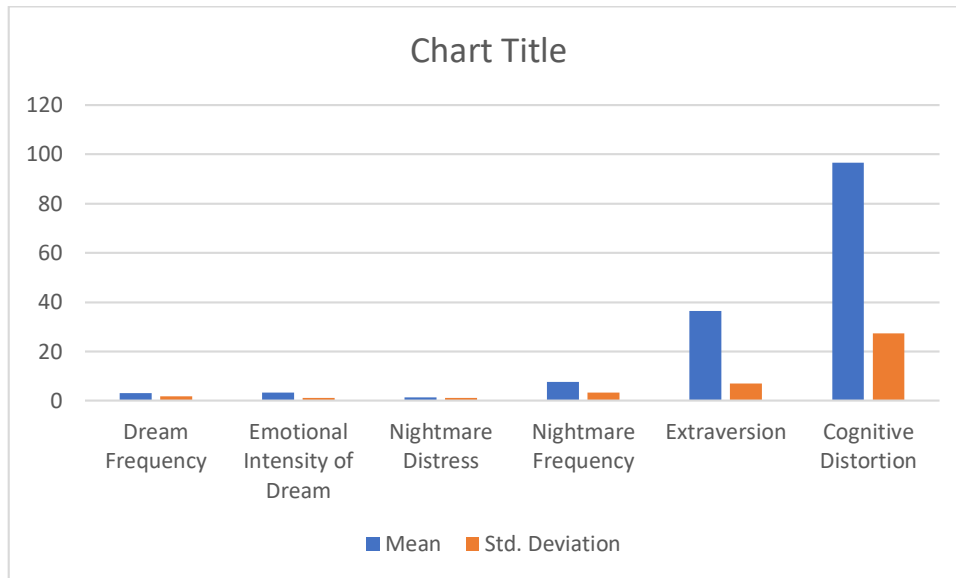
The Mannheim Dream Questionnaire consist of total of 21 questions, in this study we used only 9 items, which is related to dream frequency, nightmare frequency and emotional intensity of the dream. The items for dream frequency was scored from 0 to 6, 0 being lowest to highest being 6 i.e. almost every morning, the item for emotional intensity was scored from 0 being the lowest to 4 being the highest and the items for nightmare frequency are scored from 0 being the lowest to 7 being the highest and nightmare distress are scored from 0 being the lowest and 4 being the highest. Each component of dream questionnaire is scored separately and doesn't have a global score. The mean score for dream frequency; emotional intensity of dream, nightmare frequency and nightmare distress is 3.06, 3.28, 1.40 and 7.75 respectively. The standard deviation for dream frequency, emotional intensity of dream, nightmare frequency and nightmare distress is 1.87, 1.13, 1.09 and 3.25 respectively. The second scale that is being used is NEO-FFI-3 in this we only use the extraversion dimension. In this there are total 12 items out of which 4 items have reverse scoring. The mean obtained for is 36.46 whereas the standard deviation is 6.98. The Cognitive Distortion scale contains total of 40 items, it is scored on a five pointer scale with 1 being the lowest and 5 being the highest. It contains 5 subscales i.e. self-criticism (SC), self-blame (SB), hopelessness (HOP), helplessness (HLP) and pre-occupation with danger (PWD). The mean of cognitive distortion scale is 96.59 and the standard deviation is 27.28.

4.2 Results of Correlational Statistics

Table 4.2.1: Pearson Correlation of Dream Frequency, Emotional Intensity of Dream, Nightmare Frequency, Nightmare Distress with Cognitive Distortion.

Variables	Coefficient
Emotional Intensity	.24**
Nightmare Distress	.38**
Nightmare Frequency	.27**

** $p < 0.01$

Table 4.2.1 shows that cognitive distortion have a positive correlation with emotional intensity (.24), nightmare distress (.38), and nightmare frequency (.27), which is significant at 0.01 level of correlation. This suggest that emotional intensity of dream, nightmare distress and nightmare frequency are related to each other.

Table 4.2.2: Correlation of extraversion with cognitive distortion.

Variables	Coefficient
Extraversion	-.23*

* p<0.05

This table depicts a negative relationship of extraversion (-.23) and cognitive distortion, which is significant at 0.05 level.

4.3 Results of Regression Analysis

Table 4.3: Neuroticism, Dream Frequency, Emotional Intensity of Dream, Nightmare Frequency and Nightmare Distress as a predictor of Cognitive Distortion

Variable	B	P value	Adjusted R2
Extraversion	-1.02	0.005*	.3
Nightmare Frequency	1.51	0.001*	.06
Nightmare Distress	2.29	0.006*	.13

This table depicts a significant effect of extraversion, nightmare distress and nightmare frequency on cognitive distortion. The p value of all these variables and less than 0.05. Therefore they are a predictor of cognitive distortion.

DISCUSSION

This research was conducted to study the relationship between extraversion, dream frequency, emotional intensity of dream, nightmare distress, nightmare frequency, and cognitive distortion.

Youth is viewed as critical phase of one's life, as the individual goes through various changes in their physiological, behavioral, and psychological spheres, at this time there is also a change in their social circle and relationships. They start viewing the world from a different perspective and start searching for their identity. They are more prone to several health affecting conditions because of their personal choices, lifestyle changes and environmental influences, which directly affect their physical and mental well-being. According to the World Youth Report, there are 20 per cent of youth who are suffering from various form of mental illness like eating disorder, depression, substance abuse, mood disorder or suicidal behavior. Therefore, there is a need to understand various components of an individual's mental health and how it is affecting their daily functioning. Therefore, in this study we are trying to comprehend how unconscious part of the mind like dream frequency, emotional intensity, nightmare distress or frequency, personality i.e., extraversion and cognitive distortion plays a role in regulating the mental health of an individual.

Taking in view the above perspective five hypotheses were made to understand the relationship between extraversion, dream frequency, emotional intensity of dream, nightmare distress, nightmare frequency, and cognitive distortion.

Hypothesis 1: There will be no relationship between emotional intensity of dream and cognitive distortion. The table 2 shows that emotional intensity of dream and cognitive distortion has a positive relationship, which is significant in 0.01 level. In cognitive distortion there is five subscales so when we tried to study the relationship of emotional intensity of dreams with them the results shows that it has a positive relationship with self-criticism, self-blame, hopelessness, helplessness and pre-occupation with danger. So, this result shows that if an individual has faulty cognition, then that may affect the emotional aspect of dream, therefore proving that cognitive distortion also affects the individual's unconscious. Therefore, this hypothesis is rejected.

Hypothesis 2: The second hypothesis is there will be no relationship between nightmare frequency and cognitive distortion. The results from table 2 depicts that there is a positive relationship between nightmare frequency and cognitive distortion. As we know that nightmares are unlikable dream that leaves a strong emotional impact on the mind of the individual. These results shows that those individuals who have cognitive distortions are at higher end of getting nightmares. One research shows that dream is best way to understand that cognitive schemas, patterns and cognitive distortion of an individual. While conducting CBTs, some therapist focuses on the dream's contents and nightmares because some of the cognitive contents may not be present or seen during the waking. Nightmare frequency also have a positive relation with self-criticism, self-blame, hopelessness, helplessness and pre-occupation with danger aspects of cognitive distortion. Therefore, our hypothesis is rejected.

Hypothesis 3: There will be no relationship between nightmare distress and cognitive distortion. The result shows that there is a positive relationship between nightmare distress and cognitive distortion. Although there is not much research done on this but we can speculate that if an individual have faulty cognition that can be observed in the content of one's dream. Also there was one more research where the authors tried to study the dream content of OCD patients, it showed that there dream content was generally consisting themes of obsession and compulsion. Therefore, the researcher concluded that certain aspects of cognitions are interposed during the dream. Nightmare distress was also positively related with self-criticism, self-blame, hopelessness, helplessness and pre-occupation with danger. Therefore, there is a need for researches on dreams content and cognitive distortion. Therefore our hypothesis is rejected.

Hypothesis 4: There will be no relationship between extraversion and cognitive distortion. The results from table 3 shows that extraversion and cognitive distortion have a negative correlation, which is significant at 0.05 level. Apart from that extraversion have a negative and significant correlation with self-criticism, self-blame, hopelessness, helplessness and pre-occupation with danger. Researches show that cognitive distortions have an insignificant relationship with extraversion. Thus our hypothesis is rejected.

Hypothesis 5: There will be significant effect of extraversion, nightmare frequency and distress on cognitive distortion. The results in table 4, depicts that there is significant impact of extraversion, nightmare distress and nightmare frequency on cognitive distortion, as it is significant at $p < 0.001$. Researches on dreams and cognitive behaviour therapy states that dream help in understanding the cognitive processes, distortions and schemas of an individual. Therefore, the hypothesis is accepted.

V.   SUMMARY, CONCLUSION AND SUGGESTION

The present study aimed to understand the relationship between dream frequency, emotional intensity of dream, extraversion, and cognitive distortion. The objective were to study the relationship between emotional intensity of dream and cognitive distortion., to study the relationship between nightmare frequency and cognitive distortion, to study the relationship between nightmare distress and cognitive distortion, to study the relationship between extraversion and cognitive distortion and to study the effect of extraversion, nightmare frequency, nightmare distress on cognitive distortion. The test administered for data collections are Mannheim Dream Questionnaire (Schredl, Berres, Klingauf, Schellhaas & Goritz,2014), Cognitive Distortion Scale (Briere, 2000) and NEO-FFI-3 (Costa & McCrae). On the basis of the response gathered from 100 young adults who were under the age of 20-24, it was found that emotional intensity of dream; nightmare frequency, and nightmare distress have a positive correlation with cognitive distortion whereas extraversion have a negative correlation with cognitive distortion. Also, from the results it can be stated that extraversion, nightmare frequency and nightmare distress are the predictors of cognitive distortion. This shows that personality, cognitive distortion, and dream content plays a major role in one's mental well-being and it is really important tap on one's unconscious mind while treating for a mental illness.

Implication of the study

In this paper, we tried to understand how one's unconscious mind can affect one's mental health. It has been seen by the results, that cognitive distortions, which is seen as one of the most prominent etiology for many of the disorders which have a strong relationship with dream content, and personality (extraversion). Therefore, it is important to understand that when we are treating an individual for mental illness, we need to focus on their unconscious mind as well, to understand the root cause of their problem and then provide them with adequate treatment.

Suggestion for future research:

The finding strengthens the thought that there is a relationship between dream frequency, emotional intensity of dream, nightmare frequency, nightmare distress, thought suppression, extraversion, neuroticism and cognitive distortion. This research gives a great foundational stage for the future researches that may be arranged towards discovering furthermore about this relationship. There is not much researches which talk about the relationship of dreams and cognitive distortion, so there is a strong need for researches in this area as the result in this study shows a possible relationship between the two. A larger sample can be taken and a cross-cultural study can be done to gain better understanding of this.

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