



Main Dream Theories and their Involvement in Psychological and Medical Clinics: A Need to Rethink the Function of Dreams?

Romuald Stone Mbangmou^{1,2*}, Martial Aime Wakeu¹ and Marguerite Rose Ngeukeu¹

¹University of Yaounde, Department of psychology, Cameroun

²Henri-Pieron Medical Center in Yaounde, Cameroun

*Corresponding Author: Romuald Stone Mbangmou, University of Yaounde, Department of psychology, Cameroun.

Received: January 28, 2022

Published: February 28, 2022

© All rights are reserved by Romuald Stone Mbangmou., et al.

Abstract

The dream is a complex mental function and would even be the most complex according to several authors. Since the construction of the Freudian theory of dreams, several dreamlike theories have emerged, and until today, several are on offer. Except that, most of these theories explain only one aspect of the dreamlike phenomenon, colliding with others. For example, the Freudian psychoanalytic theory will explain the part of repressed desires in the dream but will not be able to explain why the child begins to dream before he is even born, yet he does not yet have a recorded traumatogen experience. In this article, we set out to present the main theories and research on dreaming, and their contribution to clinical practice, in order to show the need for scientists to develop a global theory of the dream process, including all phases of sleep.

Keywords: Psychological; Antiquity; Theory; Mental

Introduction

From antiquity to the end of the 19th century, darkness reigned over the dreamlike phenomenon, as far as scientific research is concerned. Despite the reiteration of the calls made by philosophers and scientists for centuries, the first scientific theory of dreams was proposed only by Freud in 1900 [1,13]. However, the fact that Freud indexed the repressed desires as the source of dreams soon led Adler in 1909 to oppose his master's theory, which he found wrong [2]. He puts forward another theory that dreams are a future-oriented phenomenon (not the past) and are involved in solving the problems the subject encounters in everyday life, by proposing draft solutions. His disagreement with Freud led him to break with him in 1909. Jung (1912) [2], Freud's principal disciple, later questioned the reductionist nature of Freudian theory. It will first bring together the two previous theories and, add to this, the phylogenetic character, stipulating that dreams are the expression not only of the individual history of the subject, but above all the expression of the very history of humanity and will raise the premonitory nature of this phenomenon. According to him, this story is reminded of us by the «archetypes» or universal dreams, which would remind us of the history of our ancestors. All these psychoanalytic theories have in common the spiritualist conception of dreams, minimizing somatic contributions. According to classical psychoanalytic conceptions of dreams, the body, better the brain, would participate only insignificantly in dreamlike production. Yet

today, it has been established that dreams are governed by a brain system called the Ponto-géniculo-occipital system (PGO) [2], who's most important structure would be the nucleus accumbens [3].

Psychological conceptions of dreams lean more towards the liberation of emotions (Hartmann, 1973) [2], problem-solving (Cartwright, 1977, and Foulkes, 1971, cited by Godefroid [2]; Beck, Freeman and White, quoted by Cottraux and al [4], and memorization (Bloch and al. 1979, Crick and Mitchison, 1983; Winson, 1990) [2]. We find that, like psychoanalytic theories, these psychological conceptions are monistic, because they are all cognitive, and that soma remains without an important place.

Research in dream physiology seems more convincing in terms of the mechanisms involved in their production [5-7]. As for their functions, Hobson and McCarley, 1989) [1,6], hypothesize synthesis activation by stating that the function of the dream is to keep the cerebral cortex active during sleep. However, they assert that not all dreams are untied, that they can inform about the motivations and difficulties of the sleeper. Juvet [22,24] hypothesizes psychological individualization, asserting that dreams allow genes to express themselves during the night, when cultural pressures are losing their power. Even if these neuroscientific theories no longer seem monistic, because they take into account both the soma and the psychic, they are more descriptive than explanatory.

They are confronted with the explanation of the obvious contents of the dream and above all with the production of a global theory of dreamlike function. In other words, physiological theories are quickly challenged by other observations, as Gay [8] points out.

Since the 1950s, despite great advances, research on sleep functions and dreaming has remained flawed and contradictory, especially in terms of their functions. On the subject of the function of the dream, several questions and questions were raised during the exploration of the writings. Several authors support this idea. For Gay [8: 115], «the dream escapes any restrictive theorization». For Purves., et al. [6: 501], «despite the richness of available descriptions of sleep phases, the functional role of the various sleep states is not known.» As for dreaming, Delay and Pichot [9: 310] ask: «Does it nevertheless have a psychological function? At present, there is a consensus that there is a role in the dream that the nature of this role will be discussed.» Schalchli (2004) [5], says of the function of the dream that «We must recognize that dreams are still far from having delivered all their secrets.» Sherwood [7: 135] states that «the role of sleep is unclear.» When in Tavis and Wade [1:95], «there is, in fact, much to learn about the role of the dream, and of sleep itself.» [2: 524], takes his questions further: «What is the meaning of the dream? How to explain, that in the absence of any movement, that one feels sensations of twouring or falling suddenly? How to understand the presence of other characters acting «in the head» of the dreamer? Vaschide and Pieron [10: 294] assert in a fundamental work of experimental psychopathology «among other foundations of the superstitious belief that has been attributed to dreams, there are facts of sensory prediction of morbid disorders that give dreams a true semeiological value.» Previous questions highlight, on the one hand, the problem of the presumed functions of dreaming or REM sleep in particular and those of sleep in general and, on the other hand, raise the question of the scientific usefulness of knowledge about dreams.

State of questions in dream literature

Generalities on the main dream theories

Despite the small number of researchers interested in the dream phenomenon, as Nielsen [12] points out in a paper (April 2015) when he says that dreams are of interest to only a tiny fraction of researchers, writings on the dream phenomenon are now found in the literature of almost all the human, social, and biological sciences. It is particularly found in the works of philosophers, theologians, psychoanalysts, neurobiologists, anthropologists, sociologists, and psychologists. Here we will discuss briefly presenting the main scientific conceptions of the dream, with a view to highlighting the state of knowledge in these different fields.

For psychoanalysis, the dream is the «royal way» that leads to the unconscious [13,14]. In 1900, Freud considered the dream as the hallucinatory expression of the desires repressed in the unconscious. In 1910, Adler advocated the expression of the will

to power, or a means of solving future-oriented problems. Jung in 1912 saw it as a premonitory and recall of the phylogenetic images he called «archetypes». «While Freud wonders what the cause of the dream is and what it is the symptom, Jung wonders what the sign is and where he is reaching» [8: 121]. Bion [15] sees him as a means of mentalization that allows the maintenance of the sleep-wake relationship. The interest of psychoanalytic approaches is that they allow us to understand the place of the dream in the psychic and fantasy life of the subject and allow, during consultations and care, to access the intrapsychic conflicts of the subject and to identify the situations that have led them. In this respect, psychoanalysis, especially Freudian, is the discipline that opens the doors to the objective use of dreams, the discipline that lays the foundations of a scientific conception, unravelled from all mystifications or supernatural apprehensions [16]. It puts the «clearing» of the dream at the center of the investigation of the psychic, whether in the normal subject or in the sick subject. Freud [13], distinguishes between two levels of work with the dream. -At the first level, he talks about the work of dreams, which refers to the transformation of latent content to overt content. This takes place during sleep and is governed by intrapsychic or meta psychological processes. The second level is analytical work, which consists of transforming the dreamer's manifest content into latent content. It is a job contrary to that of dream work and is provided by the analyst.

For psychosomatic psychoanalysts who have broken with classical Freudian psychoanalysis, things are viewed differently. The main figures here are Alexander, Marty and Sami-Ali. The dream is not only the night dream, the imagination is nothing but the dream in the waking state, and on this, must be treated as such [17,18]. For this author, it is not the refoulement itself that is the source of the problem, but the nature of the refoulement. With this in view, it shows how the presence of the dream is an indicator of the evil repression and how its absence indicates that the subject has well repressed the psychogenic representation. For Marty [19], it is not the unconscious that is at the centre of psychosomatic disorders, but the preconscious, which he sees as the filter between impulses and consciousness. This preconscious is the seat of mentalization, which is the ability to discern, to cope, and to develop internal and interpersonal conflicts. The dysfunction of this process leads to what the American school of psychosomatics called Alexithymia (Alexander), and what the French school of psychosomatics called operative thinking [19]. The commonality between psychoanalytic and psychosomatic conceptions is that they view the dream as a process, an indicator of psychic life. However, they differ from the fact that in Freud, the dream is limited to nightlife and is governed mainly by the unconscious, whereas in psychosomaticians, the dream process is comparable to the imaginary and affects all periods of mental life and is more governed by the preconscious.

In psychophysiology, cognitivists see it as a «repair shop» [2:526], as a means of solving daily difficulties (Foulkes, Hart-

mann, cited by Godefroid [2]), as «active dislearning» processes (Crick and Mitchison, 1983 [6] to break unnecessary and parasitic connections in the brain, such as a hippocampal consolidation procedure (Winson, 1990) [2]. In psychophysics, the dream is seen as the expression of the brain processing of sensory information received by the body during sleep (Bergson, quoted by Lefranc) [20] and as a possible field of expression of organic disorders [10,11], referring to the evolutionary approach to the usefulness of preserved functions and the disappearance of unnecessary functions, dreams help to react in an appropriate and effective way to dangerous situations of real life. According to him, dreams can simulate or exercise, in a safe environment, the behaviors adopted in the face of threatening situations. For Nielsen., *et al.* (2004) [21], dreams mitigate the negative connotations of disturbing or traumatic events, reactivating them in another context. In physiology, this is the expression of cerebellar stimulations interpreted by the cortex during sleep (Hobson and McCarley, 1977 [6]; Roffwarg, Muzio and Dement, quoted by Jouvet [22]. These dreams can be accompanied by very intense emotions, resulting from the quirks of its content [43,16]. For Jouvet [22], the dream allows genes, suppressed in a period of awakening by culture, to express themselves during the period of sleep, when cultural pressures lose their strength. The Association of American Psychiatrists (APA) [23], insists that the discontinuity of sleep resulting from awakenings caused by nightmares is at the root of the subject's marked suffering and the alteration of his social and professional functioning. Crabbé [5] states that «anything that impresses a patient, consciously or not, has objective physiological consequences.» He insists that REM sleep upsets the homeostatic principle, seems dangerous, inexplicably consumes enough energy, and above all, can cause in holy subjects cardiac pauses of several seconds, which can lead to the failure of a vital function and lead to death. These studies highlight the relationship between dreaming and physiological processes on the one hand and between mental and somatic life on the other. However, these studies are not unanimous on the function of the dream and several dreamlike manifestations are without scientific explanation verified. This is the case with the cyclical appearance of dreams during sleep, which has so far remained unexplained [24]. These studies show and support the indispensable place that the dream occupies in the mental life of the subject, that is to say in its adaptation to its environment, in the fixation of memories and emotional discharges without which the subject would be constantly plagued in the face of anxieties and frustrations.

The socio-cultural and ethnological conceptions provided by anthropology and sociology reveal that dreams are seen as a means of communication with ancestors, prediction and enchantment [25-28]. This is also the case in Cameroonian cultures in general, such as the cultures of the Bamilékés of West Cameroon in particular [29] and among the Yaka pygmies of South Cameroon [30]. For the Grassfields of West Cameroon, the dream is a means of understanding the illness and suffering of the sick and is «deter-

mined by the conception of personality, mental disorder and social order» (Nuekeme) [31: 64-65]. Among the Ambuun of the Democratic Republic of Congo, the dream is the means by which invisible entities communicate with humans in order to guide them in daily and spiritual life, and is based on five functions: premonition, expression of bewitchment, means of disease treatment, marker of identity, and finally, as a form of reminiscence [28]. After a study of the Yakas, Brodeur [32] concludes that the dream has a social meaning in this community, that is, it is only a reflection of the real life of the community. The dream in Africa is a reflection of cultural life and is interpreted as such, not as the West has developed it [33,34]. For Poirrier [27: 105], «In the Aboriginal societies of the Western Australian Desert, the dream is a true experience, an integral part of reality and the flow of events.» Thus, traditional and shamanic conceptions attribute to the dream a divinatory, prescient, mystical, and social function. For the proponents of this approach, the dream is the consequence of something supernatural. The interest of these studies is that they help to understand the place and influence of dreams in the socio-cultural functioning of humans.

Work on the use of the dream in a medical setting

Although the use of the dream in medical practice has been advised since antiquity by the father of Hippocrates medicine and supported by several leading figures of medicine (Galien, Janet, Charcot, Freud, etc.), the first scientific work dates back to the early 1900s, with the publications of Vaschide and Pieron [10,11]. In the 1901 publication, these authors suspect a relationship between the overt content of dreams and the ongoing of somatic symptoms in respiratory diseases. By observing the voluntary participants in their sleep, they conclude that there is a link between the part of the body involved and the place of onset of physical symptoms. Boss [35], shows that certain dreams (dreams of suffocation or drowning) are warning signs of a psychotic episode in schizophrenics. Beck [4], show that agonizing dreams are characteristic of anxiety and depressive disorders. Lupi., *et al.* (2006), have shown that REM sleep behaviour disorders, a dreamlike disorder in which sleepers externalize their dreams through behaviours, are a precursor touro-degenerative disorder. Mbangmou [36], show that the dreamer's dreamlike experience can contribute to the genesis of psychosomatic disorders in him, this opens a new avenue of exploration of the causes of psychosomatic disorders. Mbangmou and Nguimfack [37], establish a positive correlation of -0.64 between overt dreamlike content and somatic symptoms in patients consulting in gastroenterology, stomatology, ENT, and pneumology. According to these authors, would be a way for the body to self-assess its own repairs made during the slow wave sleep phase. In a 2020 study entitled «The function of nightmares in the body's adaptation to the difficulties of daily life», Mbangmou shows that, at its core, that, apart from any interpretation by the dreamer, nightmares have a positive effect on the body, because they allow the body to train and surpass itself, to get used to, and to resist strong emotions, which would make it easier to face the difficulties of daytime life.

Dreams, imagination and work of the disease

For Freud, it is the anguish generated by the return of the repressed that is at the origin of somatizations. When it accesses the conscious system, it can circulate there creating neurotic anxiety; when this anguish is directed outwards, it creates phobia; and when this anxiety is directed at the body, somatic pathologies follow. Some post Freudians give other explanations, more or less different.

In the relational theory developed by Sami-Ali [17], the dream occupies the central place. For the developer of relational theory, the dream is a creative and vital activity that lies in the intercession of the psychic and the soma and, the balance of the subject is the consequence of an alternative balance between the vigil consciousness and the dreamlike consciousness [38]. When this balance is disrupted, the dreamlike consciousness is excluded and the subject finds himself in a situation of impasse that leads to the occurrence of somatic pathologies. From this point of view, the dreamer's relationship with the dream and its equivalents is crucial to understanding the disease and especially the disease that affects the body [17]. For this author, hysterical manifestations, reversible and staining the functioning of an organ or system, are endowed with primary symbolic meaning, and will reach the imaginary body. In other words, the body is carried by projection, according to an anatomy of the imagination. These symptoms are the expression, at the level of the body, of an unconscious psychic conflict. Organic damage is not an expression of unconscious conflict. These attacks affect the real body and their meaning is secondary, added after the fact. While hysterical somatization is the result of a positive relationship to the imaginary, organic diseases, on the other hand, testify to a negative relationship to it. Between these two poles, there is a whole series of intermediate situations, where hysterical and organic symptoms follow each other and overlap, depending on whether the imagination is present or absent. For Sami-Ali [17,18], the negative relationship to the imagination that characterizes organic diseases is the result of a successful refoulement. The functioning of the subject is also not frozen by the presence or absence of dreams, because the present dreams can disappear (following a bereavement), and the absent dreams arise within the therapeutic relationship.

Stora [39], for his part, shows the importance of traumatic events in the onset of organic pathologies, the role of emotions in the transmission of emotional burden at the body level, the contribution of the body in psychic disorders, the role of psycho-affective balance, idiosyncrasy, and the environment in disease, the influence of spiritual life in the experience of traumatic events.

The dream in psychotherapies

Here we present the different uses or techniques of manipulation of dreams in psychotherapy. We focus on how the dream is

used in therapy, in each of the 5 main currents of modern psychology including, in psychoanalytic therapy, cognitive-behavioral, Gestaltist, and humanist.

In psychoanalytic therapy

The dream occupies a prominent place in the foundation of psychoanalysis and in psychoanalytic therapy [40]. Freud [41: 24], to show the central place of the dream in this discipline, declares during his lecture at Clark University.

«I confess to having wondered if, instead of giving you an overview of psychoanalysis, I could not have done better to explain in detail the interpretation of dreams. The interpretation of dreams is, in reality, the royal way of knowledge of the unconscious, the safest basis of our research, and it is the study of dreams, more than any other, that will convince you of the value of psychoanalysis and train you in its practice. When people ask me how you can become a psychoanalyst, I answer: by studying your own dreams.»

For Freud [13], the dream represents the hallucinatory expression of repressed desires, a neurotic symptom. For all psychoanalysts, it is the royal way to explore the unconscious. For Jung, quoted by Montangéro [42: 60], the dream has a «compensatory function that balances thought, affect and perhaps behaviours, as well as a prospective function of preparation for what awaits us in the near future.»

In psychoanalytic therapy, dreamlike material successively occupies two positions. The first is the overt content, which is the dream as narrated by the sleeper, and the second, the latent content, which is the hidden meaning of the manifest dream, meaning revealed by analytical work. The transition from overt content to latent content goes through two processes. -The work of the dream, which occurs during sleep, and which allows daytime representations to disguise themselves, that is to say that transforms the latent content into manifest content. This first work has 4 stages namely condensation, displacement, symbolic figuration, and secondary elaboration. The analysis work, carried out during the intervention of the analyst, allows to start from the obvious content, to find the latent content, by the method of free association. In psychoanalytic therapy, the dream allows «to determine the desires that created conflicts within the personality» (Tavris and Wade) [1:142]. Freud [13,41], distinguishes three kinds of dream.

Reasonable and clear dreams

They are brief, borrow from conscious life, are frequent, and are not interesting. They express the desires realized in direct relation to daily life. Here, the work of the dream is almost nil, which gives rise to the unseated realization of a desire. This is the example of «children's dreams.»

Reasonable dreams in the surprising sense

Fulfillment of a desire under an obscure representation, without anguish. Here, the dream is the result of condensation and dramatization.

Foolish and confused dreams

Disguised realization of a repressed desire. Amazing, absurd, dark and agonizing dream. Here, in addition to condensation and dramatization, Freud involves displacement. It is this work of displacement that makes the dream senseless and intelligible.

According to Freud, dream work only concerns the last two categories of dreams.

In gestalt therapy and humanist therapy

The gestalt-theory or psychology of the form was officially born at the end of 1913, following the pooling of the works of the Germans Wertheimer, Kohler, and Koffka. It is an innate movement of thought that studies the mechanisms of the perception of form. The psychology of form is a direct reaction, the first, against the radical Watsonian behaviorism [44]. It also reacts against psychoanalysis, which puts unconscious processes at the centre of human activities, and instead leans towards conscious processes. It was not until about 1960 that Perls developed techniques for the application of gestaltist theories in the field of therapy [2,45]. He describes the interpretive attitude of psychoanalysis as a mistake. Her technique is not to explain things to the client, but rather to «give her the opportunity to understand herself and discover herself, in the present situation, in order to bring out the gestalt «here and now.» [46: 931]. Regarding the use of dreamlike material, Perls? quoted by Ginger and Ginger [46] states that.

«All the different elements of the dream,» he says, «are fragments of personality. Since the goal of each of us is to become a healthy, unified personality, we must bring together the different fragments of the dream. We must reappropriate these projected elements, fragmented of our personality and thus recover the hidden potential of the dream. In Gestalt therapy, we don't interpret dreams. Instead of analyzing, autopsying the dream, we want to bring it back to life. The way to do this is to relive the dream as if it were happening now. Instead of telling it as if it were a past story, put it into action, play it in the present so that it becomes a part of yourself, that you are really involved in it. If you want to work alone a dream, write it down, list all its elements, all its details, and then work on each one by becoming each of them.

For From, quoted by Ginger and Ginger, [46], another pioneer of gestaltist psychotherapy, the client's dream on the eve of psychotherapy or the night before it is like a projection or retroflexion that occurs in the dreamer. «The sleeper unconsciously tells himself things to himself so as not to tell them explicitly to his thera-

pist. For a patient in therapy, it's not just a dream, it's a dream he's going to tell his therapist.» According to Ginger and Ginger, from reintroduces in some way the notion of transfer, in the work on the dream in gestalt therapy.

The use of dreams in humanist therapy is very similar to that of Gestaltist therapies. Gestalt therapy is considered a component of humanist therapy. As proof, chapter 5 of Alfonso Santarpia's introduction to humanist therapies (2016) is devoted to gestalt therapy. In humanist therapy, the dream is used with a narrative approach, a semiotic scenario that allows us to work on emotions, and to identify interpersonal sensitivity and consciousness. In other words, it is a matter of getting the dreamer to make one with his dream, to relive it, just like with the Gestaltists.

In cognitive behavioral therapy

Cognitive-behavioral therapies are the result of the pooling of the techniques of two psychotherapies, namely, behavioural therapies and cognitive therapies.

In cognitive behavioral therapies (CBTs), the dream is considered in two approaches [47]. The objective approach advocated by Beck, Freeman and White sees the dream as a mirror of cognitive distortions and patterns developed during the subject's awakening, and the constructivist approach sees it as a source of human creativity (Beck, 2010). However, many cognitivists refrain from using the dream in their daily clinical practices, raising the complexity of its use.

Conclusion

It is clear from the light of all that is presented in this study as knowledge about the dream, that a true dream theory is not yet developed. These existing theories certainly explain one aspect of dreamlike functioning, but at the same time, runs up against other aspects of it, or opposes other explanatory theories. This could be justified by the different theoretical approaches that guide the authors on the one hand, but above all by the fact that the psychosomatic unit is not taken into account by the authors of these theories. As long as the authors continue to separate the body from the mind, the difficulty in constructing a holistic theory of sleep and dreams will be persistent. To facilitate the establishment of an effective dream theory, it is necessary and imperative to put an end to mind-body dualism, and to consider the living organism as a homogeneous psychosomatic unit, where the body does not exist without mind, and vice versa. The dream in this new approach, will be considered an integrative phenomenon, which is not limited to the personal story of the dreamer, but which goes beyond his own experiences, invoking those lived by his ancestors, and stories that have been reached by narration. Thus, to effectively understand dreams, it is necessary to summon and combine ontogenesis, phylogenesis, and orthogenesis.

Conflict of Interest

No conflict of interest.

Bibliography

1. Tavris C and Et Wade C. "Introduction à la psychologie". Les grandes perspectives (2e éd.). Québec : Erpi (2011).
2. Godefroid J. "Psychologie, science humaine et cognitive". Bruxelles : De Boeck. 3ème éd (2011).
3. Gottesmann. "Rêve et schizophrénie: un même support neurobiologique?" *M/S : Médecine et Sciences* 22.2 (2006): 201-205.
4. Cottraux J., et al. "Thérapie cognitive et émotions: La troisième vague". Issy-les-Moulineaux Cedex : Elsevier-Masson (2007).
5. Crabbé JM. "Relations entre rêves et maladies". Récupéré le 11 décembre 2013 de (2010).
6. Purves D., et al. "Neurosciences. (J.-M. Coquery, trad.)". Paris : De Boeck University (1999).
7. Sherwood. "Physiologie humaine". Bruxelles : De Boeck University (2008).
8. Gay M. "Bien dormir, source d'énergie". Sous les ailes du sommeil. Paris : Dervy (1999).
9. Delay J and Pichot P. "Abrégé de psychologie". Paris : Masson (1971).
10. Vaschide N and Et Piéron H. "Contribution à la séméiologie du rêve". *Bulletins de la société d'anthropologie de Paris* 5.2 (1901): 293-300.
11. Vaschide N and Et Piéron H. "Le rêve prophétique dans la croyance et la philosophie des arabes". *Bulletins de la société d'anthropologie de Paris* 3 (1902): 228-243.
12. Nielson T. "Entretien sur le rêve avec Mbangmou R. S. (par Mail)" (2015).
13. Freud S. "L'interprétation du rêve. (J-P Lefebvre, trad.)". Paris : Seuil. (Ouvrage original publié en 1900 sous le titre *Die Traumdeutung*) (2010).
14. Congiu C. "Vos rêves parlent de votre sexualité". Le sens caché des rêves. Paris : De Vecchi (2008).
15. Meltzer D. "Dream-Life. A Re-Examination of the Psycho-Analytical Theory and Technique". Perthshire, Clunie Press, Récupéré le 17 janvier 2014 de (1984).
16. Crabbé JM. "Le sommeil paradoxal, La neurophysiologie étonnante du rêve". Paris : Ellebore (2015).
17. Sami-Ali M. "Le rêve et l'affect. Une théorie du somatique". Paris : Dunod (1998).
18. Sami-Ali M. "Le rêve, l'affect et la pathologie organique". Paris: EDK (2010).
19. Marty P. "L'ordre psychosomatique". Paris : Payot (1998).
20. Lefranc J. "Profil d'un auteur: Freud". Récupéré le 11 décembre 2013 de (1996).
21. Sterpenich V and Et Schwartz S. "Nos émotions sous l'influence des rêves". *Mensuel* (2011): 454.
22. Jouvett M. "Le sommeil et le rêve". Paris : Odile Jacob (1992).
23. American Psychiatric Association [APA]. "DSM-IV-TR: manuel diagnostique et statistique des troubles mentaux (4e éd. Rév.) (J.-D. Guelfi and M-A. Crocq, trad.)". Paris : Elsevier Masson (2006).
24. Jouvett M. "Evolution des états de sommeil". Conférence N°35, Université de tous les savoirs, 4 février (France) (2000).
25. Bastide R. "Le Rêve, la transe et la folie". Paris: Flammarion (1972).
26. Culture vive "Phénomène des Présages Chez les Fang/Béti". Récupéré le 08 janvier 2014 de (2009).
27. Poirier S. "Rêver la culture". Présentation, anthropologie et sociétés 18.2 (1994): 5-11.
28. Munzele Munzimi JM. "Sens et signification du rêve dans la culture Ambuun". *Bastidiana* 1 (2003): 113-123.
29. Hourantier MJ. "Sorcières" et guérisseurs en pays bamiléés". *Revue socialiste de culture négro-africaine* 23.7 (1980): 6-9.
30. Brisson R. "Mythologie des pygmées Baka (Sud-Cameroun): mythologie et contes". England : Peeters Selaf (1999).
31. Nuekeme PM. "Conception du rêve chez les tradithérapeutes des Grassfields (Province de l'ouest-Cameroun) (Mémoire de maîtrise en psychologie, Université de Yaoundé 1, Yaoundé, Cameroun)" (2002).
32. Brodeur C. "Rêver dans le social chez les Yaka". *Le coq-héron* 198 (2009): 131-143.
33. Sow AI. "Psychiatrie dynamique Africaine". Paris : Payot (1977).
34. Sow AI. "Structure anthropologique de la folie en Afrique Noire". Paris : Payot (1978).
35. Boss M. "Il m'est venu, en rêve (C. Bernier and P. David, trad.)". Paris : Presses Universitaires Françaises (1989).

36. Mbangmou RS. "Manifestations oniriques et dynamiques psychophysiologiques: contribution des rêves dans la genèse des troubles psychosomatiques chez l'adulte". *Médecine du Sommeil* Mauritius : Editions universitaires européennes 15.1 (2018): 59.
37. Mbangmou RS and Et Nguimfack L. "Etude corrélationnelle entre le contenu onirique et les symptômes somatiques: une approche biomédicale de l'interprétation des rêves?" Congrès du sommeil, Lille 2018, Communication (2020).
38. Zoé-Stamatopoulou. "Comprendre les relations entre rêve et pathologie organique selon la pensée de Sami-Ali". *Le coq-héron* 191.4 (2007): 101-105.
39. Stora B. "Quand le corps prend la relève". Stress, traumatismes et maladies somatique. Paris : Odile Jacob (1999).
40. Bourdin DD. "La psychanalyse de Freud à aujourd'hui: histoire, concepts et pratiques". France: Bréal (2007).
41. Freud S. "Cinq leçons de psychanalyse (Y. Le Lay, Trad.)". Paris : Payot (2003).
42. Montangéro J. "Comprendre ses rêves pour mieux se connaître". Paris : Odile Jacob (2007).
43. Montangéro J. "Rêve et cognition". Sprimont : Mardaga (1999).
44. Delorme A. "Psychologie de la perception". Montréal : Etudes vivantes (1982).
45. Duguay R and Et Ellenberger HF. "Précis pratique de psychiatrie". Paris : Maloine (1982).
46. Ginger S and Ginger A. "Gestalt: uma terapiado contato". Sao Paulo: Summus (1995).
47. Mehran Firouzeh. "Psychologie positive et personnalité, activation des ressources". Paris : Elsevier Masson (2010).

Assets from publication with us

- Prompt Acknowledgement after receiving the article
- Thorough Double blinded peer review
- Rapid Publication
- Issue of Publication Certificate
- High visibility of your Published work

Website: <https://www.actascientific.com/>

Submit Article: <https://www.actascientific.com/submission.php>

Email us: editor@actascientific.com

Contact us: +91 9182824667