

Review

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Review

The Guardian of Dream: The Neglected Relationship between Sleep and Psychoanalysis

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Abstract: Knowledge about sleep was very limited at the time Freud elaborated his seminal work on the interpretation of dreams. He was also not interested in sleep, that considered a problem of physiology, however sleep appears to have a central role in his model, since dreaming is considered the guardian of sleep. The function of dreaming according to Freud is to protect sleep from disruption, the dream work finalized to avoid repressed stimuli interrupting the "biological" function of sleep. Before neurophysiological studies provided evidence that sleep is not a passive state, Freud also recognized sleep as an active process, human beings voluntarily withdraw their attention from the external world to actively move to sleep. Discovery of REM sleep in the fifties led psychoanalysts to see sleep as the necessary background to the occurrence of dreaming. Although Freud dismissed the clinical importance of sleep disturbances, viewing those as the somatic expression of an instinctual disturbance, which will disappear during psycho-analytic treatment, successive authors highlighted the fact that sleep disturbances might have a more specific psychic significance. The similarities between the loss of self which occurs by falling asleep and the fragmentation of the identity experienced in schizophrenia, is an interesting and yet not fully explored area of research. Thanks to Freud's work, the desire to sleep assumes the important role of a psychological, active factor which contributes to the occurrence and function of sleep.

Keywords: Dreaming; Psychoanalysis; Sleep; Freud; REM sleep; sleep disturbances

1. Introduction

At the time Freud elaborated his seminal work on the Interpretation of Dream [1], which would reveal the "unconscious" and its relationship with dreaming, scientific knowledge about sleep was limited and will be only with the discovery of REM sleep by Aserinsky and Kleitman [2], about fifty years later, that a "Copernican revolution" will brought a dramatic change in the neurophysiological and psychological field, leading to what is our current understanding of sleep and of concomitant mental activity.

As stated by Eisler in his influential paper "Pleasure in sleep and disturbed capacity for sleep" [3], published in 1922: "Science has so far treated the biological phenomenon of sleep descriptively, but it is unable to explain it satisfactorily as a dynamic process. Our assured knowledge regarding sleep is very deficient. We recognize it as a fundamental phenomenon in the organic world, which, like breathing and taking nourishment, aids in the periodic recuperation of the individual." ..." Biologists have formed the opinion, which appears to us quite reasonable, that a general significance is to be attached to sleep almost in the same way as to the concept 'life', and therefore its problem does not directly concern physiology. Nevertheless, when it must be discussed there are evident signs of discomfort. There is no doubt that a hidden and unconfessed perplexity is felt regarding the problem of sleep.".

Freud was not interested in sleep: "I have had little occasion to deal with the problem of sleep, for that is essentially a problem of physiology, even though one of the characteristics of the state of

sleep must be that it brings about modifications of the conditions of functioning of the mental apparatus" [1].

In the "Introductory Lectures to Psychoanalysis" [4], Freud stated: 'What, then, is sleep? That is a physiological or biological problem concerning which much is still in dispute. We come to no decisive answer, but I think we may attempt to define one psychological characteristic of sleep. Sleep is a condition in which I refuse to have anything to do with the outer world and have withdrawn my interest from it. I go to sleep by retreating from the outside world and warding off the stimuli proceeding from it. Again, when I am tired of that world I go to sleep. I say to it as I fall asleep: "Leave me in peace for I want to sleep."

According to Freud, human beings voluntarily withdraw their attention from the external world to actively move to sleep: "We are not in the habit of devoting much thought to the fact that every night human beings lay aside the wrappings in which they have enveloped their skin as well as anything they may use as a supplement to their bodily organ, for instance, their spectacles, their false hair and teeth and so on. We may add that when they go to sleep, they carry out an entirely analogous undressing of their minds and lay aside most of their psychical acquisitions." [5]

By characterizing sleep with the withdrawal from the external reality, Freud established an important point, changing the naïve view of sleep as a passive condition, to that of an active process. Thus, well before neurophysiology provided objective evidence of this, sleep and its dream function became a state of activity, also bringing a new prospective to the inner mental world: "It is, of course, the study of dreams which has taught us what we know of the mental characteristics of sleep. It is true that dreams only show us the dreamer in so far as he is not asleep; nevertheless, they are bound to reveal to us characteristics of sleep itself at the same time. "[5]

This breakthrough in the vision of sleep is highlighted by Potzl [6]: "Freud's conception of sleep which has emerged from the purely psychic is fully in accord with the results of biological observation of the problem of sleep and with those modern theories of sleep which emphasize the active quality in sleep, the wish to withdraw; and yet the Freudian concept is older than those theories".

Freud also suggested a similarity of sleep with prebirth life: "Sleep is somatically a re-activation of the sojourn in the womb, fulfilling the same conditions of restful posture, warmth and absence of stimuli; indeed, many people assume in sleep the fetal attitude.

The psychic condition of a person asleep is characterized by an almost complete withdrawal from his environment and all interest in it. Thus, on both counts they approach remarkably close to the situation in which they began life" [5]

The regression to the pre-natal state associated to the sleep state is further analyzed by Freud in the "Introductory Lectures to Psychoanalysis" [4]: "We can say in the light of the libido theory that sleep is a state in which all investments of objects, both libidinal and egoistic, are given up and withdrawn into the ego. Does this not throw a new light on recuperation by sleep and on the nature of fatigue? The picture of blissful isolation in intrauterine life, which the sleeping person conjures up again every night is thus confirmed and amplified on the mental side. In the sleeper the primal state of the libido-distribution is again reproduced, that of absolute narcissism, in which libido and ego-interests dwell together still, united and indistinguishable in the self-sufficient Self".

The psychological function of sleep is further discussed by Simmel, contributing to the Symposium on Neurotic Disturbances of Sleep [7]: "During sleep, the ego has an opportunity of recovering from present and past injuries to its narcissism by nightly regression to earlier stages of instinctual development. The fact that these nightly regressions are associated with a temporary denial of reality on the one hand and with a blocking of the outward motor brain centers on the other gives sleep the character of a psycho-physiological method of defense against dangerous collisions between the ego and a surrounding world hostile to its instinctual demands" [7]

Considering that the biological function of sleep resides in the physiological restorative need, the concomitant psychological need is to withdraw from the real world, returning to a prenatal condition and moving into a state of primary narcissism..

Thanks to Freud's work, the wish to sleep assumes the important role of a psychological, active factor which contributes to the occurrence and function of sleep.

2. Dream: The Guardian of Sleep

Although Freud will rarely consider in his work sleep and sleep disturbances, the biological need for sleep is a central element of his original dream theory.

The seventh chapter of the Interpretation of dream is in continuity with the Project for a Scientific Psychology[8]: "Energy", which during the wake moves from perception, throughout memory, to motricity, cannot progress to motricity during sleep, due to motor sleep paralysis, thus it will go back, regressively to perception, reactivating a repressed desire in the unconscious and finally producing the dream, an hallucinatory satisfaction of a removed infant desire..

According to Freud, dream is the night-watch, the guardian of sleep [1]. The function of dreaming is to protect sleep from disruption, the dream work finalized to avoid repressed sexual stimuli disturbing the course of sleep, interrupting its "biological" function. "There is only one useful task, only one function, that can be ascribed to a dream, and that is the guarding of sleep from interruption "

Sleep condition by reducing the conscious censorship allows sexual and aggressive drives, mixed up with memories and day residues, to be "represented" in the dream.

Dream work using the principles of condensation, displacement and representation transforms unconscious conflicts, which are unacceptable to consciousness, into a manifest accessible content. The dream is then an acceptable compromise between the primitive drive and the requirements of censorship, the motor paralysis during sleep guarantees that the dreamer cannot act the dream.

"A dream tells us that something was going on which tended to interrupt sleep and enables us to understand in what way it has been possible to fend off the interruption. The outcome is that the sleeper has dreamt and is able to go on sleeping; the internal demand which was striving to occupy him has been replaced by an external experience whose demand has been disposed of. A dream is therefore amongst other things a projection; an externalization of an internal process." [1]

The act of dreaming provides the function of keeping sleep away from disturbing thoughts, "dreaming dissipates the threat of overwhelming anxiety caused by the tension of repressed impulses originating in childhood" [9]. In the psychic energy 'model of Freud, "The dream safeguards sleep by acting as a safety valve, allowing sleep to continue by letting off just enough tension from unconscious impulses". [9]

It is the pre-conscious that oversees the dream work disguising unconscious wishes and annulling the disturbing effects of internal perception, on the other hand, according to Simmel "the individual will rarely achieve deepest level of sleep, because the ego is striving for hallucinatory wish-fulfilments derived from, or repressed from, later stages of libidinal development" [7]. Profound level of sleep, almost dreamless, can be achieved when the ego is not disturbed by perception of stimuli both from the outside world and by inner psychical reality.

Sleeping drugs can influence either difficulties in falling asleep or those in deepening sleep, respectively protecting the ego against stimuli from "without" or from "within" [7].

Freud also highlighted that the dreaming condition was associated with a sort of "awakening" of the sleeper, sleep is not considered as the opposite of wakefulness, but it is a complementary state to the waking state, and the two alternate with each other.

Jekels [10] pointed out, following Freud, that "we know the dreamer as one who is awake in sleep, who is active in this phase of sleep and that the whole state of sleep is one of differing levels of activities, from active withdrawal to active awakening" [10].

Before electroencephalographic studies showed the alternating levels of state of consciousness during the night, psychoanalysts were thus already aware of a sleeping-waking cycle at night.

3. Sleep: The Guardian of Dream

With the discovery of REM sleep, neurophysiological literature has associated dreaming with this sleep phase, leading to several hypothesis that have attributed to physiological and neurochemical activity occurring during REM sleep the origin of the dreaming activity.

Considering that mental activity is present during the whole sleep period, a useful categorization has distinguished mentation, generally referring to thinking, present throughout the whole sleep night, vs dreaming, referred to a bizarre, not organized, mental activity

Pines has suggested that "the dictum that the dream is the guardian of sleep should now be reversed as EEG studies show that REM periods are the necessary background for dreaming; sleep, therefore, is the guardian of the dream He (Freud) emphasized the motor paralysis that accompanies the dream state so that the dreamer has no access to motility and therefore is safe from carrying out forbidden actions. Withdrawal of attention from the external world brings about a greater exposure to the inner world of bodily and mental stimuli. The result is not action but perception; in the waking state perception leads to action" [11].

The close relationship between occurrence of sleep and dreaming, is well defined in Freud work: "Descriptive psychology tells us about the principal sine qua non for the formation of dreams is that the mind shall be in a state of sleep; ...the state of sleep makes the formation of dreams possible because it reduces the power of the endo-psychic censorship" [1].

Jekels [10] underlines the relationship between dream and sleep, also suggesting that dreaming occurs regularly every night: "The answer is, that except in the case of sudden awakening through an external stimulus, whenever there is sleep there is a dream. I am fully aware that in this I am not in agreement with most analysts and, above all, not with Freud. He held that the occurrence of a dream is conditioned by the day's residues, the libidinal over cathexis of which is discharged by means of the dream. Although Freud considered the awakening function of the dream, he attached incomparably more significance to its role as a guardian of sleep which he had discovered. He considered the awakening function rather as accessory caused by certain special conditions such as excessive increase of mental intensities."

Furthermore, Jekels [10] attributes to dreaming the important role to prepare the ego in the process of awakening, considering, as also suggested by works of Grotjahn [12] and Federn [13], the existence of a cognitive ego function "which never vanishes during sleep and remains extant to a certain degree even during deep sleep". Interestingly, Jekels [10] also suggests that, as happened with sleep, that due to Freud's theory is considered an active process, also awakening should be considered as an active process.

For psychoanalysis, sleep is thus a necessary condition for dreaming to occur. The motor paralysis that accompanies the sleep state prevents the dreamer from carrying out forbidden, dangerous actions. Sleep also helps to maintain the instinctual equilibrium of the Ego, thanks to its organizing function, it also allows dreaming to contain symbolization of sexual and aggressive fantasies.

4. Neurotic Disturbances of Sleep

One of sleep functions suggested by psychoanalytic studies is to maintain the instinctual equilibrium of the ego, and through dream work reduce disturbing sexual and aggressive drives. On the other hand, sleep can be interrupted by neurotic conflicts, emerging from the unconscious, which induces anxiety, and that cannot be controlled by the censorship working during the wake.

"Anxiety, headaches, a state of depression and disturbances of sleep are among the most frequent complaints of patients seeing a psychiatrist [14]

In a seminal Symposium dedicated to "Neurotic disturbances of sleep" [14] Fenichel observe as these alterations have been scarcely considered in Psychoanalysis: "But disturbances of sleep and headaches have found nowhere near so much attention among psychoanalysts. The reasons for this apparent lack of interest are to be found in Freud's (1917) *Introductory Lectures* in the chapter dealing

with 'Ordinary Nervousness: "These two types of symptoms are—or may be—of an actual neurotic nature, which explains why analysts who study the unconscious contents of symptoms have been less interested in them. Actual-neurotic symptoms are indicative of the fact that a disturbance in instinctual life is at work; but they do not reveal anything (or not enough) of the nature of the disturbance. Since they are a somatic expression of an instinctual disturbance, they disappear during psycho-analytic treatment, if the disturbance in question is of a psycho-genetic nature, without it being necessary to make them an explicit object of analytic attention. They disappear when the repression, which is the cause of the state of damming up and which is responsible for the symptom, is undone." [4]

Fenichel however suggests that not all sleep disturbances have a neurotic nature, and that in some cases they might have a specific psychic significance. "There are 'sleep phobias', in which the state of being asleep is more or less avoided because of a definite significance which that state has acquired in the unconscious mind of the patient; or there are 'sleep rituals' in which certain compulsive measures serve the purpose of putting out of action a definite danger which is unconsciously connected with the idea of being asleep: sleep becomes once more possible, in so far as this intention succeeds, whereas anxiety comes up again when the performance of the rituals is impeded" [14]

According to Fenichel, to reach full discharge of the function of sleep, tension must be excluded from the organism. In neurotic disturbances of sleep, the difficulty of complete relaxation is determined by inner causes: "The same effect that an uncomfortable position or unconscious motor impulse can produce is even more frequently achieved by unconscious stimuli which are no longer under the control of the conscious wish to sleep and which still retain their cathexes. As we know, the function of dreaming in general serves the purpose of making sleep possible even under the adverse condition of the continuance of unconscious cathexes. We may suppose that a quantitative increase of such dream-forming cathexes can make sleep completely impossible." (...) "In the case of neurotic disturbances of sleep, the unconscious 'sleep disturbers' naturally outweigh the others." [14]

In contrast with Freud view, Fenichel considers impairment of the function of sleep as one of the most common neurotic manifestations, present in every neurosis. He also suggests that "such disturbances are relatively slight: some neurotics have learned to make the sleep-disturbing stimuli coming from the repressed harmless by applying secondary measures, by 'canalizing' them, as Windholz has shown, in various ways"

"The fact that sometimes intense repressed cathexes seem not to interfere with the relaxation necessary for sleep obviously depends upon still other (constitutional?) factors, which we do not yet entirely understand. The question is analogous to that of dream frequency. As is well known, frequency of dreaming is by no means indicative of the quantity of the repressed. There are very normal people who dream nightly, and there are very neurotic people whose sleep is dreamless." [14]

Discussing sleep phobias, Fenichel. suggests that "Fear of sleep means fear of the unconscious wishes that might arise in sleep. Frequently such a fear starts with an anxiety dream of traumatic effect. Fear of sleep is then a fear of dreaming as of an instinctual temptation." [14]

As an example of the fear of forbidden instinctual actions that assume the form of fear of sleep, Fenichel cites Berstein's case of a child whose fear of falling asleep and dreaming, was determined by fear of losing control over the sphincters and of soiling the bed during sleep. Similarly, in adults fear of sleep is very often a fear of the temptation to masturbate. Also, Simmel [7], discussing of patients with disturbances of the ability to fall asleep, suggest that the initial stage of sleep show the tendency to postpone going to bed or falling asleep as a defense against masturbation as experienced during childhood,

As pointed out by Fenichel [14] it should be reminded that the unconscious instinctual significance of the state of sleep cannot be applied schematically, since each case of sleep phobia should be analyzed singularly: "The unconscious meaning of 'sleep' that disturbs the function of sleep may be a specific and unique one which can only be explained by the life history of the individual".

5. Sleep and Death

In Beyond the Pleasure Principle [8], Freud introduces an important element in his work, the death instinct, according to which, all living, multicellular, species seek to return into a state of inorganic stability.

Sleep and death are closely linked in mankind imaginary, in several colloquial expressions we can find metaphors like, eternal sleep, to sleep like a dead, death is a long sleep. In Greek mythology, Thanatos, God of death, and Hypnos, God of sleep, are twins, sons of Night (Nyx) and Erebos. Morpheus, God of dreams, is son of Hypnos. Hermes is both the carrier of dreams and the bringer of death. The etymology of cemeteries is from " $\kappa o\iota \mu \eta \tau \eta \rho\iota o\nu$ ", "coemeterium": sleeping quarters. In Macbeth (Act 2, Scene2), 'Sleep no more! Macbeth does murder sleep: the innocent sleep, Sleep that knits up the raveled sleeve of care, The death of each day's life,"

It should be considered that the sleep condition implies a loss of self, of the continuity of the ego, the loss of consciousness can be associated to the idea of dying, whereas awakening is the restitution of the ego and the return to life. Kronfeld considers that conditions like sleep and anxiety are a significant danger to the unity and wholeness of the person, implying an essential threat to the ego, an anticipation of the death.

Federn [13], with his work on the ego in dreams, has highlighted the fact that "in full sleep ego feeling is extinguished". The loss of the ego in sleep share similarities with the fragmentation of the identity experienced in schizophrenia: "Just as the schizophrenic patient will feel that the world is dying when it is his own ego that is becoming threatened and weakened by withdrawal of energy or by eruption from the layers of the unconscious mind, so does sleep threaten us with deaths" (Pines).

Both clinical researchers and psychoanalysts have associated sleep and schizophrenia. Schneider found similarity between the disintegration of the ego occurring at sleep onset and that of schizophrenia.

In his elegant paper "A bioanalytical contribution to the problem of sleep and wakefulness" [10], Jekels discusses the parallelism between sleep and schizophrenia: "In focusing attention on the sleeper's withdrawal from reality, on his repudiation of the outside world, Freud has endowed him with the main characteristic of the schizophrenic, with his *autism*. In fact the very foundation of Freud's dream theory presupposes the disintegration of the ego, a disintegration which was considered the essential pathognomonic symptom of schizophrenia even before Bleuler (Wernicke's *dementia sejunctiva*) and certainly since Bleuler."

The periodic "wake" which occur during dream can serve to preserve the idea of life, to "stay" alive, as originally suggested by Kant "to excite internally the vital organs by the medium of the Imagination "..." without this internal power of motion and this fatiguing unrest, on account of which we complain about our dreams (though in fact they are rather remedial), sleep even in a sound state of health would be a complete extinction of life." [16]

According to Rotheberg [17], he fear of death associated to sleep can also lead to avoid sleep, to insomnia: "the deeper meaning of insomnia as a fear reaction to life situations which in the unconscious would stand for death, a condition to be avoided by the preconscious and by conscious wakefulness".

6. Discussion

The role of psychological factors in sleep highlighted by Freud in "The Interpretation of Dream", is a fundamental, not enough recognized, revolution in the understanding of sleep functions. Sleep becomes not only important for its restorative physiological attributes but also acquires a critical psychological significance.

The dream work, the recognition of mental activity during sleep has opened an entirely new field of investigation, of knowledge about sleep. Successive work of Bion [18] has also extended Freud's theory of dreaming to a process of emotional thinking which does not end with sleep but continues during wake, producing the necessary background to process emotional experience.

Thanks to psychoanalytic studies, sleep can thus be viewed not as the opposite of the wake, but as a complement to the waking state.

It is worth noting that according to Freud's original theory, the function of dreaming fundamentally serves to protect sleep from disruption, guaranteeing its biological need. This theory has been recently challenged by an interesting paper of Guenole et al., [19] who analyzed available literature on the relationship between dreaming and arousal, results in non-dreaming brain-damaged patients appearing to support Freud's theory.

The wish to sleep, the voluntary withdrawal from the external world, from the reality, expressed in Freud's work, has also changed the traditional view of sleep as a passive state, to that of an active process, a concept that only with the work of Moruzzi and Magoun [20] in the late Forties and the discovery of REM sleep [2] in the Fifties became documented in the neurophysiological field.

Although the protection of sleep appears to be the leading factor of its dream theory, Freud had no interest in sleep and its mechanisms, and considered sleep disturbances as secondary phenomena which psychotherapeutic interventions will fully resolve. However, as observed by authors like Fenichel, sleep disturbances may have a specific psychic significance, that can be addressed and understood.

Whereas biological, cognitive and behavioral approaches have been frequently used in understanding and treatment of sleep disorders, psychoanalytic models have been rarely used. de Kernier et al. [21] have underscored the importance of intrapsychic conflicts in the emergence of sleep disorders during adolescence, also discussing the unconscious association between death and sleep. Schonning et al. [22] recently reported that symptoms of insomnia in adolescents with major depressive disorder improved following short term psychoanalytic psychotherapy for depression. Psychoanalytic research on Ego, started from the work of Federn [13], has pointed out similarities between the loss of self which occurs by falling asleep and the fragmentation of the identity experienced in schizophrenia, which is an interesting and yet not fully explored area of research,

Several areas of the psychological aspects of sleep remain a fertile area of research, it is still not clear what are the functions of sleep and of its components like REM sleep [23], which is the privileged dreaming phase, that appear also to have a significant role in the dissolution of emotional distress [24] [25]..

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References

- 1. Freud, S. Interpretation of Dreams London: Allen and Unwin, 1915
- Aserinsky, E.; Kleitman, N. Regularly occurring periods of eye motility, and concomitant phenomena, during sleep. *Science* 1953, 118, 273-274. doi: 10.1126/science.118.3062.273. PMID: 13089671.
- 3. Eisler, M.J. Pleasure in Sleep and Disturbed Capacity for Sleep—A Contribution to the Study of the Oral Phase of the Development of the Libido. International Journal of Psychoanalysis **1922** 3, 30-42
- 4. Freud, S. Introductory Lectures to Psychoanalysis London: George Allen Unwin, 1922
- 5. Freud, S. 'Metapsychologische Ergänzung zur Traumlehre'. Internationale Zeitschrift für ärztliche Psychoanalyse. **1916–17**, Bd. IV, S. 277
- 6. Pötzl,,O. Der Schlaf. Arch Neur Psych. 1930, 24, 435-437. doi:10.1001/archneurpsyc.1930.02220140211019
- 7. Simmel, E. Symposium on neurotic disturbances of sleep. The International Journal of Psychoanalysis, 1942, 23,65-68
- 8. Freud, S.; Bonaparte, M; Freud, A.; Kris, E. (Eds.). Project for a scientific psychology In S. Freud, M. Bonaparte, A. Freud, E. Kris (Eds.) & E. Mosbacher, J. Strachey (Trans.), The origins of psychoanalysis: Letters to Wilhelm Fliess, drafts and notes: 1887-1902 (pp. 347–445). Basic Books/Hachette Book Group. https://doi.org/10.1037/11538-013.

- 9. Schneider, J.A. From Freud's dream-work to Bion's work of dreaming: the changing conception of dreaming in psychoanalytic theory. International Journal of Psychoanalysis, 2010 91,521-540. doi: 10.1111/j.1745-8315.2010.00263. x. PMID: 20590926.
- Jekels, L. A Bioanalytical Contribution to the Problem of Sleep and Wakefulness. Psychoanalysis Quarterly, 1945,14,169-189
- 11. Pines A psychoanalytic view of sleep Postgraduate Medical Journal (January 1976) 52, 26-31.
- 12. Grotjahn The Process of Awakening: Contribution to Ego Psychology and the Problem of Sleep and Dream (1942). Psychoanal. Rev., (29)(1):1-19
- 13. Federn, P. Ego Psychology and the Psychoses
- 14. Fenichel, O. Symposium on Neurotic Disturbances of Sleep11 (1942). Int. J. Psychoanal., (23):49-68
- 15. Freud, S. Beyond the Pleasure Principle. London: Int. Psa. Press, 1922.
- 16. Kant, I. The Critique of Judgment, A & D Publishing, 2018
- 17. Rotheberg Psychoanalytic Insight into Insomnia (1947). Psychoanal. Rev., (34)(2):141-168
- 18. Bion, W.R.Learning from experience. New York, NYBasic Books 1962
- 19. Guénolé F, Marcaggi G, Baleyte JM. Do dreams really guard sleep? Evidence for and against Freud's theory of the basic function of dreaming. Front Psychol. 2013 Jan 30;4:17. doi: 10.3389/fpsyg.2013.00017. PMID: 23386839; PMCID: PMC3558686.
- 20. Moruzzi G, Magoun HW. Brain stem reticular formation and activation of the EEG. Electroencephalogr Clin Neurophysiol. 1949 Nov;1(4):455-73. PMID: 18421835.
- de Kernier Insomnia and self-destructiveness in adolescence: A French psychoanalytic perspective Review Article - Neuropsychiatry (2017) Volume 7, Issue 2, 137-141.
- Schønning T, Dahl HJ, Hummelen B, Ulberg R. Do Sleep Disturbances Improve Following Psychoanalytic Psychotherapy for Adolescent Depression? Int J Environ Res Public Health. 2022 Feb 4;19(3):1790. doi: 10.3390/ijerph19031790. PMID: 35162813; PMCID: PMC8835636.
- 23. Barbato G. REM Sleep: An Unknown Indicator of Sleep Quality. Int J Environ Res Public Health. 2021 Dec 9;18(24):12976. doi: 10.3390/ijerph182412976. PMID: 34948586; PMCID: PMC8702162.
- 24. Tempesta, D; Socci, V; De Gennaro, L; Ferrara M. Sleep and emotional processing. Sleep Med Rev. **2018** 40,183-195. doi: 10.1016/j.smrv.2017.12.005. Epub 2017 Dec 22. PMID: 29395984
- 25. Riemann, D.; Krone, L.B.; Wulff, K.; Nissen, C. Sleep, insomnia, and depression. *Neuropsychopharmacology* **2020**, 45, 74–89.

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