CONTRIBUTIONS TO PSYCHOHISTORY: XV.
STRUCTURAL CHARACTERISTICS AS AN INDEX OF MENTAL
HEALTH IN FREUD'S, HIS PATIENTS' AND
COLLEAGUES' MANIFEST DREAMS

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Summary.—Evolution of psychoanalytic dream theory from the topographical-conflict model resulted in the relative ascendance of manifest dream content and structure. Correspondingly, Freud’s emphasis on the latent dream, disguised unconscious wish-fulfillment function, was paralleled by the development of an ego problem-solving-conflict function demonstrably observable in subjects’ and patients’ nocturnal dreams in sleep-lab REM awakenings. This development culminated in clinical, theoretical, and operational adoption of binary opposition as a language of manifest dream structure and a corresponding definition of mental health in terms of personal problem-solving efficacy measured in a narrative as self-defined, self-advocacy-adversary statements of sequences. Process and outcome measures from initial studies of psychoanalytic patients and nonpatients’ dreams evidenced concurrent validity. Use of this measure on the three types of dreams reported in Freud’s seminal The Interpretation of Dreams yielded results which support the inference that Freud’s dreams are significantly more healthy than those of his patients or others (mostly colleagues).

Stymied in his quest for the function and meaning of his patients’ apparently neurophysiologically senseless symptoms, Freud (1900) encouraged them to express everything that came to mind regardless of its seeming irrelevance to their problems or moral reprehensiveness. Consequently they sometimes reported nocturnal dreams in which Freud detected a parallel structure and function to their psychopathological symptoms, symbolically distorted attempts at disguised gratification of repressed unconscious wishes.

Freud’s interpretive reconstruction of these concealed desires through utilization of dreamers’ associations to manifest dream elements led to latent dream thoughts which conflicted with moral censorship resulting in dream work transformations and secondary revisions. Freud (1917) therefore exhorted:

We are not to trouble about the surface meanings of the dream, whether it be reasonable or absurd, clear or confused: in no case does it constitute the unconscious thoughts we are seeking (p. 103).

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Nevertheless, as Spanjaard (1969) observed, Freud often made consider-
able use of the manifest content in his interpretive work, thereby blurring
the sharp distinction clinically which he highlighted theoretically, as some of
his disciples, to his chagrin, themselves (Maeder, 1913; Jung, 1948; Stekel,
1943) emphasized. Thus Jung adjured:

Like the doctors, they want to get behind the dream at once in the false belief that the dream
is a mere facade concealing the true meaning. But the so-called facade of most houses is by no
means a fake or deceptive distortion; on the contrary, it follows the plan of the building and
often betrays the interior arrangement. The manifest picture is the dream itself and contains
the whole meaning of the dream. What Freud calls the "dream facade" is the dream's obscuri-
ty, and this is only a projection of our own lack of understanding. We say that a dream has a
false front only because we fail to see into it. We would do better to say that we are dealing
with something like a text that is unintelligible not because it has a facade—a text has no
facade—but simply because we cannot read it. We do not have to get behind such a text, but
must first learn to read it (p. 97).

This dispute, somewhat reminiscent of the blind men clashing over the
different parts of the elephant's identity, can be reconciled in terms of a
more generic account of Freud's dream theory and a metalinguistic phrasing
of the issues.

Most characteristically innovative of Freud's dream theory is its teleo-
logical presumption that in the sleep dream state, as in neurotic symptom
production, purposive processing functions to mediate a conflict between
split, mutually exclusive, self-interests of the dreamer. These cross-purposed
intentions require a relatively neutral mediating self-interest to attempt a
minimax solution of the problem comprising an adaptive resolution of polar-
ized, relatively incompatible, self needs. This lends itself to dramaturgical
possibilities most evident in the histrionic symptomatology of the hysteric
that led Breuer and Freud (1883-85) to the conceptualization of splitting of
the self and consciousness; or, as "Anna O." observed of herself according
to Breuer, "It was especially noticeable in Anna O. how much the products
of the 'bad self,' as she herself called it, affected her moral habit of mind. If
these products had not been continuously disposed of, we should have been
faced by an hysteric of the malicious type—refractory, lazy, disagreeable and
ill-natured; but as it was, after the removal of those stimuli her true charac-
ter, which was the opposite of all these always reappeared at once" (Breuer
& Freud, 1953, p. 46).

But no matter how distinctly the two states were separated, the "sec-
ond state" not only mixed with the first, but as the patient expressed it,
that at least frequently even during her worst states, "a clear-sighted and
calm observer sat, in a corner of her brain, and looked on at all the mad
business" (Breuer & Freud, 1953, p. 46).

Whatever synthesis achieved by the executive or synthesizing part of
the self Freud's (1923) structural model proposed as an ego function, it
would seem that traces of conflict might be found in the manifest dream. It has been observed (Jung, 1948; French, 1954; Foulkes, 1978) that dream reports characteristically feature the dreamer as the central figure in an interpersonal dramatic narrative of action (symbolic or direct) with a beginning, middle and end. While this dramaturgical emphasis is appropriately reflected in much of the flavor of Freud's strategy of theorizing (Burke, 1959), neither psychoanalytic theorists nor dream laboratory researchers sought to document the relevant observations or deduce their implications. This hiatus, due to Freud's deemphasis of the manifest dream (relegating its role primarily to purposes of decoding via dreamers' associations) to identify latent dream thoughts, was gradually redressed as dream theorists increasingly focused on manifest dream characteristics as reflections of personal problem-solving processes. Freud himself anticipated this development in a later footnote to his seminal work (Freud, 1900).²

But now that analysts at least have become reconciled to replacing the manifest dream by the meaning revealed by its interpretation, many of them have become guilty of falling into another confusion which they cling to with equal obstinacy. They seek to find the essence of dreams in their latent content and in so doing they overlook the distinction between the latent dream thoughts and the dream-work. At bottom, dreams are nothing other than a particular form of thinking, made possible by the condition of sleep. It is the dream-work which creates that form, and it alone is the essence of dreaming—the explanation of its peculiar nature. I say this in order to make it possible to assess the nature of the notorious 'prospective purpose' of dreams. The fact that dreams concern themselves with attempts at solving the problems by which our mental life is faced is no more strange than that our conscious waking life should do so; beyond this it merely tells us that activity can also be carried on in the preconscious and that we already knew (Freud, 1900, 1925, pp. 506-507).

Although the structural model (Freud, 1923) permitted a more balanced view, than the topographic, of the relative importance of the manifest (vs latent) dream content and, as Dowling (quoted by Renik, 1983) noted, to a consideration of the mutual contributions of id, ego and superego, this application of the structural model for the role of problem solving in the manifest dream began to be realized.

Jones (1970) then explicated characteristics of the manifest dream demonstrating detailed aspects of Erikson's developmental theory of ego identity. Breger, et al. (1971) documented the effects of predream stress on direct and analogic representations of personal problem solving in manifest dream content following interpretive confrontation for some subjects and surgical procedures for others. Greenberg and Pearlman (1975) found these stress effects on manifest dream problem solving by identifying known conflicts appearing in psychoanalytic patients' post-therapy-session night dreams monitored in awakenings in the sleep-dream laboratory. Kramer and Roth's (1977) clinical dream interpretations traced the patient's conflicts apparent

²Footnote added (1914, p. 649).

Examining a series of dreams recorded verbatim through the course of a psychoanalytic therapy, Wolowitz’ observed the syntactical order of manifest dream narratives consisted of a series of actions, perceptions, thoughts and feelings in relation to the dreamer’s self-represented interests which facilitate (F) or interfere (I) with them. This rhythm of conflicted action culminated in a final outcome which represented a successful (F+) or (I-) unsuccessful resolution of the conflict displayed in the manifest dream. This narrative structure or series of self-advocate-adversary statements (SAAS) occurred regularly in the course of most dreams and was easily observable, and reliably codeable without dreamer’s associations. This scoring system, Manifest Dream Scoring Structure (MDSST), yielded several scores for each dream: (1) number of facilitations/number of interferences + 1 or F%, (2) final outcome (O) direction (F + or I -), (3) intensity of final outcome (-3 → 0 → + 3), and (4) conflictedness = [(number of oscillations from F to I)/(number of units scored -2)] × 100. The following typical dream example illustrates the scoring of the relevant units F, I, O, and S (opening situation):

"I am looking for a place to eat, a ladies room and a place to sit quietly (S). I walk from an empty street into a tavern/restaurant (F) that is not serving food yet (I) although the waitress is setting the tables (F). The atmosphere is homelike (F), but strange (I) and cold (I). Several men are drinking at the bar (F) and watching TV (F). The waitress is cordial (F), and shows me where the ladies room is located (F). It has wooden stalls (I). To my surprise and embarrassment, I find that I still have curlers in my hair when I look in the mirror (I). I decide to leave them in because the waitress has not changed into her uniform yet (F). I decided to leave and find an elegant dining room instead (F). With a club-like atmosphere, it has warm, bright-colored lighting in yellow, orange and pink, tones (F), and gold, light red, and dark peach-colored walls (F) with plush gold-brown carpeting (F). I find the restaurant attractive (F), warm (F), and comfortable (F), but too contemporary (I). Guests are dressed formally (F), and have an upper-middle class manner about them (F). The waiters are formal (F) and polite (F), but I tell the hostess I have decided not to stay..."

1H. Wolowitz, Dreams in therapy: “`To sleep ... perchance to dream.”’ (Unpublished manuscript, The University of Michigan, Ann Arbor, MI, 1980)
because I found the menu too expensive (Iₜₑ). Returning to the restaurant where I have been earlier (Fₑ), I find it filled (Iₑ), and the waitress busy (Iₑ), so I decide to leave (Fₑ, O + 1)."

In this dream the $F\% = \left(\frac{\text{number of } F}{\text{number of scored units} + 1}\right) \times 100 = 67.5\%$, Outcome = $F +$, Outcome intensity = + 1, and $%$ Conflictedness = 38.9. The 50 practice dreams, each scored by six raters blindly, resulted in correlations between pairs of raters ranging from $\gamma = 0.84-0.90$ ($M_r = 0.87$) on the basic measure ($F\%$) which provided satisfactory interrater reliabilities.

Dreams manifestly appear to consist of sequential sets of self-advocate/self-adversary statements (SAAS), comprising a dramatic narrative structure of binary oppositions. This composition is consistent with Freud's structural theory of split self-interests as well as his hypothesized function of dreams as an attempted fulfillment of self needs (i.e., wishes or id) clashing with oppositions or interferences (censor or superego). This narrative processing and final attempted resolution of the conflict (synthetic ego function), featuring dreamer's self as central character in a cast of dramatic personas, give the dream the dramaturgical import that is also reflected in Freud's anthropomorphic theory.

It seemed heuristic to define operationally mental health in terms of dreamer's adaptive success in personal problem solving of self-defined and depicted self-interests as reflected in the manifest dream structure scoring technique or MDSST (Wolowitz, 1983). To test this hypothesis the first five dreams occurring of each of seven psychoanalytic therapy patients were compared with those of seven controls (matched in respect to sex, age, education, and socioeconomic status) not in therapy. Each group was comprised of three men and four women, 21 to 32 yr. old, white, completed 3 to 6 yr. of college and of middle-class origins. Their dreams were collected by the first author in class or in therapy and scored independently by a student and checked for reliability. Controls disclosed their dreams during a course on psychopathology for the purpose of self-analyzing their psychodynamic meanings. Without knowledge of their patient or nonpatient status, the MDSST was used to score the 70 dreams. Testing the significance of the difference between means, patients' dreams portrayed significantly ($p < .03$) less successful problem solving ($F\%$) than those of the nonpatients as well as less success ($p < .01$) in their ability to resolve conflict in self-fulfilling direction of outcome ($F +$) and outcome intensity (Wolowitz & Mesh, 1984).

Utilizing a larger sample of dreams ($N = 375$) drawn from the first author's psychoanalytic practice, accounts of psychoanalytic patients (Stekel, 1943; Lowey, 1942; Caligore & May, 1968; DeWald, 1972) and from dreams ($N = 400$) of college students in a course on psychoanalytic psychopathology resulted in significant differences between means in $F\%$ (patients'
$M = 50.6, \sigma = 27.1$; students’ $M = 63.5, \sigma = 24.5; t = 6.8, p < .0001$), outcome direction $F^+$ or $I^-$ (patients’ $M = -0.14, \sigma = 0.98$; students’ $M = 0.19, \sigma = 0.97; t = 4.72, p < .001$); Outcome intensity (patients’ $M = -0.45, \sigma = -0.45$; students’ $M = 0.09, \sigma = 1.70; t = 4.39, p < .001$) and % conflictedness (patients’ $M = 37.8, \sigma = 27.8$; students’ $M = 33.2, \sigma = 22.5; t = -2.48, p < .01$).

This replicated the prior findings that patients in psychoanalytic therapy, presumably less mentally healthy than the student group, because they felt sufficiently troubled to seek intensive psychotherapy, have dreams characterized by less successful personal problem solving. This was evidenced by significantly lower facilitations (vs number of interferences), less positive outcomes, less positive intensity of conflict resolution, and greater percent of conflictedness.

These results suggest that the function of the manifest dream involves attempts at personal problem solving, the success of which, in process and outcome, reflects (and perhaps affects) the dreamer’s mental health in accord with expectations based on Freud’s model of structural conflict. This observation is consistent with Winson’s (1985) evolutionary hypothesis that the function of REM states is to provide off-line problem-solving integrations of recent information with past experience attempting to further adaptive learning strategies in mammals who are so dependent on learning for adaptation to themselves and their environment.

While Freud’s reports of his own dreams have been reexamined in a variety of ways including evidencing Erikson’s (1954, 1964) theory of ego identity in manifest dream configurations, differences between his and Jung’s manifest dream content in terms of Hall’s (1968) coding categories, biographic information about his life (Grinstein, 1968), historic theoretically relevant developments (Schur, 1972), Foulkes’ (1978) method of latent dream structure analysis, Strauss’ structural composites of binary oppositions in manifest dream narrative (Kuper & Stone, 1982), etc., they have not been used as a comparative index of his own mental health.

Since use of the manifest dream structure scoring technique discriminates between patients’ and nonpatients’ dreams, presumably reflecting differences in their mental health status, on a small as well as a larger sample, we thought it informative to apply to the dreams reported in *The Interpretation of Dreams* (Freud, 1900). Since these dreams are Freud’s dreams, those of his patients and others (most often colleagues), and since the MDSST reflects Freud’s own structural theory of conflict, the comparison of their structural narratives could prove enlightening.

To this end, the following criteria were established to eliminate unscoreable dreams in an objective manner: (1) The dreamer’s general identity had to be clearly implied or stated (i.e., Freud, patient, colleague, or other); (2) The dream had to be more than just a fragment, which was oper-
otionally defined as five or more scorable manifest dream structure scoring units (i.e., after the opening statement of the situation at least four additional self-advocate-adversarial statements).

These selection criteria yielded 69 scorable dreams of which 22 were Freud's, 22 his patients', and 25 his colleagues' or others'. They were scored for their facilitations ($F^+$), interferences ($I^-$), outcome direction ($F$ vs $I$), and intensity ($+3---3$), as the following example again illustrates with a brief dream from a patient:

I wanted to give a supper party (opening situation), but I had nothing in the house but a little smoked salmon ($I^-$). I thought I would go out and buy something ($F^+$), but remembered that it was Sunday afternoon and all the shops would be shut ($I^-$). Next I tried to ring up some caterers ($F^+$), but the telephone was out of order ($I^-$). So I had to abandon my wish to give a supper party ($I^-$; $O^-$; $-2$).

In this dream there were seven units scored ($S, I_2, F_1, I_4, F_2, I_6, I_7$). The $F^% = 28.5$, the outcome direction was an $I^-$, the intensity of the outcome resolution was $-2$, and the $\%$ Conflictedness $= 80$. The general results are reported in Table 1.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Patients</th>
<th>Others</th>
<th>Freud</th>
<th>Sign.</th>
<th>$p$</th>
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<tbody>
<tr>
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<tr>
<td>% Facilitations</td>
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<td>26.6</td>
<td>59.5</td>
<td>29.5</td>
<td>71.6</td>
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<tr>
<td>% Conflictedness</td>
<td>40.7</td>
<td>34.4</td>
<td>30.8</td>
<td>24.0</td>
<td>29.3</td>
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<td>Outcome</td>
<td>-.36</td>
<td>.93</td>
<td>.12</td>
<td>.99</td>
<td>.36</td>
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<tr>
<td>Resolution Intensity</td>
<td>-.82</td>
<td>1.56</td>
<td>-.08</td>
<td>1.72</td>
<td>.32</td>
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</table>

*All tests of significance are by Student $t$, two-tailed for small samples except for Outcome which is based on chi squared, using Yates' correction for continuity.

What is important in interpreting these results is that the "Others'" dreams (most often those of colleagues) fall precisely in between the MDSST problem-solving attributes of Freud's and patients' dreams. This suggests that the differences between Freud and his patients, with respect to their respective mental health status is not merely an artifact of the data but rather reflects relationships between the mental health status of the dreamer and the dreaming process.

For instance, consider the possibility that Freud may have intuitively, or purposely, chosen those manifest dreams of his own that least reflected on him negatively. It is doubtful, however, that he would have been equally concerned to choose dreams of "others" that were also less negative than those of his patients. It must be noted that Freud (1900), as the following...
quote rigorously asserts, took little stock in the manifest dream as a problem solving device and so seems unlikely to have selected dreams on this basis:

... it is misleading to say that dreams are concerned with the tasks of life before us or seek to find solution for the problems of our daily work. That is the business of preconscious thought. Useful work of this kind is as remote from dreams as is any intention of conveying any information to another person... There is only one useful task, only one function, that can be ascribed to a dream, and that is the guardian of sleep from interruption (p. 649).

Even if Freud, in spite of his avowed bias, somehow managed to choose dreams that selectively reflected on the dreamer's mental health status favoring his own, others' and, least of all, patients' problem-solving efficacy, he would have successfully anticipated the logical and detailed evidential basis of the manifest dream scoring structure. Unlikely as this seems, if Freud in fact had chosen dreams favoring himself and others over patients, he certainly would have done so on the basis of their latent or unconscious success. In that event he would have classified the patient's dream, just used as an example of manifest dream structure scoring, as a successful unconscious wish fulfillment since, in his interpretation based on her associations and interpretation of latent dream thought, this patient successfully denied a female friend her husband's further admiration of her full figure by being unable to give a dinner, whereas from the standpoint of the manifest dream content it was scored as an example of an unsuccessful resolution.

Consequently, it seems parsimonious to conclude that these results indicate Freud's dreams reflect his superior mental health in comparison to those of his patients, whose mental health status was also consistently inferior to those of the others. These data lend credence to the notion that manifest dream structure is a useful index of personal problem-solving efficacy, a relatively objective, useful measure of mental health which offers the advantage of not simply being in the conscious purview or control of the dreamer.

The clinical implications of the findings are: (1) manifest dream interpretation can demonstrate the course of the conflict, its processing and fate, using the narrative structure as an evidential guide, and (2) it is possible to document the therapeutic progress the patient is making with respect to specific kinds of personal conflict as well as identifying specific obstacles.

While no attempt has been made in the present paper to relate the manifest dream narrative meaning to latent dream thoughts, the two sets of meaning are not necessarily as incompatible as the earlier topographic model demanded. The denotative and connotative meanings may be compatible.

REFERENCES


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