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## The Clinical Use of the Manifest Dream

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SIDNEY PULVER INTRODUCED THE PANEL BY POINTING TO conflicting attitudes about the use of the manifest dream in clinical work which have existed side by side in psychoanalysis since Freud's time. On the one hand, Freud called the manifest dream the "royal road to the unconscious" and spoke of certain dream symbols directly revealing unconscious meanings. On the other hand, Freud cautioned that in most cases we cannot determine the significance of the dream from its manifest content alone, but must obtain the dreamer's associations.

Following initial interest in the manifest dream on the part of Freud and his early colleagues, there set in a depreciatory attitude toward the manifest dream, punctuated by occasional studies like those of Sharpe and Erikson.

Connected to this controversy about the clinical use of the manifest dream is a controversy about the definition of terms: What is the manifest dream, as distinct from the dream report, the dream experience, and secondary revision? Sleep laboratory researchers tend to have a different view of proper usage than psychoanalytic clinicians.

A. Scott Dowling's presentation addressed itself to the form of the manifest dream. Form can be divided into dream *morphology*, the regular structure of individual dream elements, and dream *syntax*, the regular arrangement of dream elements *vis-à-vis* one another. In contrast to dream form is the *semantics* of the dream, which consists of the meanings attached to the content of dream elements, to be deciphered by free association.

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Held at the Annual Meeting of the American Psychoanalytic Association. Boston, May, 1982.  
Panelists: A. Scott Dowling, John E. Mack, Stanley Palombo.

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In Freud's initial formulations, dream form was identified entirely with the primary process, and seen as completely distinct from the cognitive forms of waking thought, which were influenced by the secondary process. This view was tied to Freud's topographic model of the mind. The advent of the structural model permitted recognition of the contribution of secondary-process thinking to dream form.

The manifest dream can now be conceptualized as a compromise of id, ego, and superego interests and forces. As such, it has particular usefulness in clinical work: (1) It indicates trends in id-ego tensions and balance. (2) It indicates specific interests and characteristics of the id, the ego, and the superego. (3) It may provide clues to the timing and nature of early experience and trauma. (4) It may indicate the level of regression in various mental organizations. Dowling illustrated each of these values with clinical examples. Further, he suggested that primary-process thinking and secondary-process thinking, each of which contributes to the manifest dream, might best be considered as separate mental developments, rather than poles of a continuum. Each may be the product of its own ontogenetic process, neither there from the beginning. In fact, there may be a kind of thinking which antedates both primary-process and secondary-process thinking. Some of Piaget's findings point to what might be called "prerepresentational" forms during the first year or two of life. Prerepresentational thinking too may be represented in dreams. A patient who dreamed of an experience "beyond anxiety" was described as a possible example.

Finally, Dowling emphasized the need to pay attention to mentation during NREM sleep, as well as REM sleep. NREM mentation appears to be reality-oriented and secondary-process influenced. Perhaps we shift from NREM to primary-process REM thinking when a wish interrupts sleep.

John E. Mack's presentation emphasized that the analyst in the clinical situation never views the manifest dream in isolation. It would be impossible for him to do so. As he listens to the patient's description of the dream, the analyst is constantly associating to his own life, what he knows of the patient's current concerns, his sense of recent developments in the treatment, and a host of other things.

Mack took issue with the sleep researchers' view that coherence in the dream is a part of secondary revision, to be distinguished from the manifest dream proper. The capacity and tendency to integrate and create order is an inherent property of the mind that plays a part in dream formation as in other mental activities. Experience with children illustrates the difficulty in saying where experienced dream ends and waking story elaboration begins.

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An important quality of the manifest dream is the frequency with which the dreamer experiences himself as helpless and passive, a victim of events. Related to this quality is the frequency with which dream events are experienced as alien, as if they were happening to someone else. These aspects of dream form are often the subject of considerable analytic work. Eventually, the dreamer comes to accept himself as the protagonist of his dream and the creator of it.

Dreams are useful in clinical work in that they give a contemporary view of the patient's perception and experience of himself in relation to key figures in his life. Dreams may usefully reflect breakthroughs in the treatment, or may serve as a vehicle for integration of the ongoing work. Though the dream indicates the dreamer's contemporary struggles, the dream itself does not solve problems. This is frequently misunderstood. Mack provided clinical illustrations for each of his points.

Stanley Palombo titled his presentation "Deconstructing the Manifest Dream." He described a method of dream analysis similar to Freud's method of serially obtaining associations to each individual dream element. When this is done, it becomes clear that every dream element is a match between present and past, united by condensation. Each dream element contains a day residue, referring to an affectively significant recent experience. If the day residue appears insignificant, it is because the affectively important reference has been disguised by a displacement. Each dream element also contains a reference to the remote past, to an earlier experience with which the more recent one is identified. The analyst wants to know why the current experience is identified with particular past experiences. His clinical task is to figure out with the dreamer why contemporary wishes are viewed as if they were identical with certain forbidden infantile wishes and continue to be treated as such.

In the sleep laboratory, many dreamers can identify affectively significant day residues in their dreams immediately upon awakening. Thirty-three per cent of the time, the dreamer will spontaneously identify a remote memory to which the dream element refers. In another thirty-five per cent of cases, a significant remote memory can be identified by the dreamer in response to inquiry.

Displacement is the mechanism of censorship in dreams. Associations cannot directly bridge the gap caused by displacement. Displacement only occurs horizontally in time. Condensation, on the other hand, occurs vertically, between past and present. The path of condensation is more easily traveled by associations. Therefore, in associating to a dream element, the dreamer can reach warded-off

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current thoughts via a detour into the past to a point at which the condensation leading from the dream's day residue intersects a second condensation that can be retraced to the warded-off thought. Condensation is an adaptive mechanism in that it permits long-term memory to be updated by accretions from condensations with relevant new experiences. In this way, dreams permit us to get information into the unconscious.

Owen Renik began his discussion by agreeing with Pulver's focus on the mixed feelings among analysts, beginning with Freud, toward the use of the manifest dream in clinical work. Renik added that these mixed feelings reflect an underlying, unresolved scientific issue: psychoanalysis is uncertain about how sleep thought differs from waking thought. More specifically, if we could specify exactly how unconscious mental processes are differently revealed in dreams than in waking thought, we would be better able to say what special use, if any, should be made of the manifest dream in clinical psychoanalysis.

All of the features of the manifest dream which were identified and discussed by the panelists occur to some extent in waking thought as well. Palombo described the manifest dream's condensation of current experience with matching memories of the past. We often observe the same kind of condensations being formed by analysands in the process of free-associating with their eyes open. The memory-updating function of dreams is probably also performed by any train of waking thought that brings current experience into association with the past. Mack emphasized how those forms of resistance, relations to objects and images of the self which most

characterize the dreamer's waking life are portrayed in the manifest dream. Dowling demonstrated that all types of cognition, advanced as well as primitive, participate in the form of the manifest dream, just as they do in the form of waking thought. His interest in the NREM as well as REM phases of sleep point us toward the study of enuresis, somnambulism, pavor nocturnus, and the parallels between such phenomena and symptoms seen in the waking state—including depersonalization, certain manic conditions, and the "character perversions."

The manifest dream is a kind of distillate of those aspects of thought which most interest us as psychoanalysts. It provides a text especially suited to our task of inferring unconscious mental processes. The dream does not reveal unconscious processes directly, any more than waking thought does. Unconscious mental processes can only be inferred, never observed.

A natural, age-old tendency to idealize the sleep state can lead us to the mistaken assumption that dreaming is totally different from

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waking thought. Yet we know that in certain circumstances, when we can exclude the tasks of everyday life and turn our attention from the sensory surround, waking thought asymptotically approaches the manifest dream in form. Quite literally, we daydream.

On the basis of the panelists' presentations we must award the manifest dream a favored, but not unique place in clinical work. It is a concentrate of our usual fare, rather than a different preparation entirely. Therefore, while dreams may often provide us with especially rich opportunities for analytic work, the principles we apply in dealing with dreams are essentially the same ones we use to analyze reports of experiences from waking life.

In the ensuing discussion, Dowling agreed with Renik's suggestion that, inasmuch as all thought is wishful in some way, the switch from NREM to REM sleep might occur when the form of wish fulfillment becomes more primitive because the balance of id versus ego forces has shifted in the direction of the former. A bit later, in response to a question from the floor, Dowling returned to the issue of whether his patient's dream of an experience "beyond anxiety" reflected prerepresentational forms of thought. Both he and Renik agreed that ordinarily one would expect such a primitive experience to be subsequently reworked retrospectively in the light of later cognitive achievements. Undoubtedly, the patient's description contained some defensive functions. Still, that does not rule out the possibility that an early, prerepresentational form of thinking was at the heart of what she was trying to articulate.

Mack took up the question of whether dreams solve problems. In his presentation, he had stated that dreams do not solve problems, and Renik had objected to so categorical an assertion, giving an example of a dream that achieved a compromise formation that had useful applications in the dreamer's waking life. Mack agreed that this sort of thing happens. In his statement that dreams do not solve problems he intended to argue against a view of dreams as having the express purpose of creatively communicating unconscious ideas for use in adaptive problem-solving.

Mack also elaborated his remarks about the experience of being a victim in dreams. While this aspect of the manifest dream does reflect typical resistances seen in waking life, it is also a representation of something unique to the sleep state, having to do with the sense of aloneness and isolation.

Palombo replied to a question posed by Renik about whether the updating of memory is actually a way of "getting information into the unconscious," as Palombo had put it in his presentation. Renik wondered

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whether Palombo was not considering unconscious mental processes too concretely, as if they were a locus in the mind, corresponding to an anatomic-physiologic site in the brain, and confusing unconscious mental processes with memory. Palombo explained that he did not have that type of topographical model in mind. He described how associative connections were modified by the condensations formed in dreaming. This was elaborated in discussion from the floor. Palombo, Renik, and others were in accord that the memory-updating effect of dreams—or waking thought, for that matter—does not exclude wish fulfillment as a motivation.

The question of compliance in dreams was raised from the floor. Don't patients concoct dreams to fit the therapist's theories? How then can dreams be used as independent confirmations of clinical hypotheses? Renik acknowledged the problem of compliance as inevitable, but felt that confirmation is never taken as absolute, and does not depend on a single strand of evidence. Mack added that the forms of compliance themselves could be subjects of analytic study, and Palombo pointed out that research methods can be devised to control for

compliance.

Samuel Lipton commented that he felt the panel had neglected the topographic point of view, and in so doing had deprived itself of one of Freud's most useful contributions to theoretical clarity. For example, to Lipton's way of thinking, the issue of problem-solving in dreams posed no particular difficulty. The problem-solving aspect of dreams is preconscious; whereas the wish fulfillment, compromise formation, and the rest are unconscious.

Pulver responded that he felt the panel had not neglected the topographic point of view. He made brief reference to some of the points included in the panelists' remarks, but at this juncture time was up, and a lively discussion had to be concluded.

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