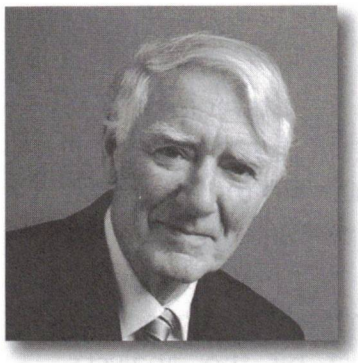

SOME EPISTEMOLOGICAL REFLECTIONS ON THE INTERPRETATION OF A DREAM

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RESUMO

O autor se propõe a investigar uma epistemologia para a Psicanálise, examinando a interpretação de um sonho em uma sessão. Propõe que, se o analista não utilizar-se de misticismo ou metafísica em seus pensamentos, ele necessitará identificar o mecanismo pelo qual seu exercício influencia o processo analítico. Este mecanismo deve ser a interpretação do analista.

Palavras-chave: Epistemologia. Interpretação de sonhos. Psicanálise. Interpretação.

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ABSTRACT

The autor proposes to investigate an epistemology for psychoanalysis, by examining the interpretation of a dream from one session. He seeks for an answer about how do the sequence of associations occurs. He proposes that, if the analyst is not to be mystical and metaphysical in his thinking, he needs to identify the mechanism by which the analyst exercises influence over the analytic process. This mechanism must be the analyst's interpretations.

Keywords: Epistemology. Dream interpretation. Psychoanalysis. Interpretation.

I propose to consider the question of an epistemology for psychoanalysis by examining the interpretation of a dream from an analytic session that took place during the opening phase of an analysis. The question, to which I seek an answer, is whether the sequence of associations and their content occur as they do, and are narrated as they are, because the analyst is a Freudian who has co-created them with the patient, or, alternatively, whether the sequence of associations and their content are primarily derivatives of the unconscious psychic life of the patient? In other words, are they co-created or are they there to be discovered (Friedman, 1996) by the shared analytic work?

The dreamer, Mr. A, was a recent university graduate who was intellectually gifted, athletic, and good looking. He had excellent career prospects and was engaged to a suitable young woman. He had a sister two years younger than himself. In the dream, he found himself hurrying anxiously along a street of public buildings looking for his girlfriend. He found himself before a hospital. Still anxious, he found himself fretfully hunting up and down seemingly endless corridors until, at last, he found himself before a door to a room. Here, with some relief, he felt sure he would find her. He opened the door and stepped out onto a balcony

overlooking a square. A crowd was gathered looking up at him. People began to shout menacingly at him and, then, to throw things at him. He refused to take flight until a missile hit him on the forehead near his left eye. The dream ceased as he found himself flying away over the crowd in the square, and the buildings that surrounded it, like a figure in a Chagall painting.

Mr. A's first associations were his pre-prepared, rather anagogical, interpretations of the balcony segment of the dream. The dream symbolized, he thought, the state of maturity which he had attained, as evidenced by the determination with which he had faced the intimidation and anger of the menacing crowd and by the breadth of outlook on life (symbolized by his elevated location on the balcony overlooking the square). The dream was motivated, he said, by his gratitude for his university education, to which he owed these strengths that had equipped him for the demands of adult life.

Schafer (1981) would rightly remind us that patients' narratives are influenced by the analysts to whom they tell their dreams. In this case, the patient had reason to think that his analyst placed a high value on education, since a few years before he had taken my course on ancient Greek philosophy at the University of Toronto. His interpretation was ingratiating both to his own ego and to mine. His analyst was by no means neutral enough to be immune to the compliment in Mr. A's narrative, which could be correctly seen as an ingenious co-creation of our two interacting "subjectivities". Similarly, the notion of subjectivity (Renik, 1993) rightly reminds us of the possibility that our narcissistic needs may render us gullible. They do this by tranquilizing our skepticism in order to elevate our sense of indispensability and by causing us to miss idealizing transferences and the aggression against which they defend.

Schafer (1981) and Renik (1993) (among others) are correct to insist that we need to take dyadic inter-actions into account. In theory, there are two directions in which the analyst's objectivity could be compromised in this clinical situation. The analyst could be so closed to intended disarming compliments that he is unable to affectively register their occurrence, or the analyst could be so hungrily open to them that,

in registering them, he subsides into a gratifying credulity. Both of these polarities compromise the analytic attitude and stifle the work of interpretation. Effective analytic work depends upon being only vulnerable enough to the temptation of narcissistic indulgence to be able to sample the compliment, to know it for what it is and to interpret it. The analyst's appropriate use of his affective responses to patients is a clinical equivalent of aiming for Aristotle's (Nicomachean Ethics) golden mean, in which each virtue is seen as a mid-point between two opposing polarities.

In addition to ingratiation, I sensed whiffs of aggression (the patient was taking over the interpretive function of the analyst) and of anxiety (the search for his hospitalized girlfriend that changes into defiance and flight). These responses of the analyst to the patient's affects are needed to quicken, inform and guide clinical enquiry; they motivate questions without providing answers; they can be entertained without being either asserted or enacted and without compromise of objectivity. The analyst need not enact these affective responses to the patient in order to sample them. They are not merely hypothetical, suppositional responses; they are affective responses of the analyst to the patient that are bound by reflections that are hypothetical. In this case, they raise questions about the meaning of the girlfriend's hospitalization, the symbolism of the balcony, the blow near the dreamer's eye and his Chagall-like flight with its suggestion of erotized anxiety.

Mr. A continued in the same vein, evoking achievements in his studies, and then he fell silent. I said, "You want to achieve a high "A" in analyzing your dream just as you did in your study of ancient Greek philosophy. But unlike explaining Platonic arguments, success in interpreting your dream depends upon your associations to the dream. The meaning of your dream is found in your associations to it, in whatever occurs to you when you let yourself dwell on its images, however seemingly haphazard, illogical, unrealistic or even embarrassing the associations seem to be." My reference to having given Mr. A a high grade in philosophy is unique to our previous history but it is by no means either clinically unique or necessary. In an effort to diminish his anxiety, and to help him to respond favourably to my implied request to

give up his defensive intellectualizing, I used this bit of history to indirectly remind him that he need not prove his intellectual gifts to me. No other analyst could have used these exact words, but there are other words with which to make the same interpretation. The interpretation is individual in its choice of words, but not in its essential meaning. Interpretations and the meanings they seek to capture and express are not semantically unique to the individual analytic dyad. The meanings investing clinical exchanges are not, in principle, solipsisticly relative to the

> analytic dyad as some of the arguments of subjective relativists imply. Clinical meaning is available to third party observers as in supervision and in clinical publications including this one.
> The intervention implied a hope and a prediction: "if Mr. A would associate to his dream, then the unconscious motives for assuring me that he already understood its meaning would begin to appear and the memories containing these unwanted motives would offend his ideal ego". To Mr. A, my intervention made the implicit suggestion: "by associating to the dream you will discover its true meaning and something more about yourself". After a silence, Mr. A continued with a somewhat vague and indefinite account of disagreements he had had with his university hockey coach. Mr. A was a good athlete in both football and hockey. He was not clear in his rambling exegesis about the nature of the disputes, except that they seemed to be serious and that he had a poor opinion of his coach. There were other vague, somewhat muttering, allusions to other similar situations. I began to wonder: is he letting me know that he has doubts about his analytic coach, that he thinks free-associating is not what it is cracked up to be, and is the resistance that produced his interpretation still at work? However, I was able to form the impression that he rather consistently saw himself as being unfairly treated by his coaches in these vaguely described incidents and I wondered aloud if the angry crowd of the balcony scene was still in his thoughts. Mr. A replied that he was still thinking of the people in the square. I then said, "So, the coaches with whom you have had differences are in the menacing crowd?"

After a pause, Mr. A, with some impatience and annoyance, which seemed to me to express his continuing skepticism about associating, continued and indicated that he was thinking of a name that would not go away, but which made no sense to him at all. He assured me that he knew no one by this name. When asked for the name, he said "Jack" in a somewhat off-handed way, as though to say, "Well, if you must know, there it is, but so what. I'm amazed that you would pay attention to such a thing". But then, after expressing his irritation, he remembered someone by that name from his public school days. "Why would he be remembering this person who for years had not had any part in his life?" he wanted to know. I asked him if he could recall anything about this boy or his relation with him back then. After a further silence, he allowed that he and Jack had been in the same class at public school. They were rivals. It gradually emerged how far-reaching the competition had been. They were rivals for scholastic standing, for athletic accomplishment and for the attention and affection of the girl considered by both of them to be the prettiest, most intelligent and most interesting girl in the class.

I began to feel encouraged by this development. He was beginning to free associate to the dream. My hope (prediction), namely, that associations would bring into view thoughts unlike the self-idealizing ideas of Mr. A's own interpretation, appeared to be thus far borne out. I wondered to myself whether rivalry with me was at work and that he was expressing a somewhat stubborn wish to "tie his own shoe laces", reducing me to the status of a passively admiring and approving paternal, professorial observer. The plausibility of this speculation gained probability from some further associations.

My intervention addressing Mr. A's resistance seems to have worked up to this point. But in saying this, may I not merely be committing the logical fallacy of *post hoc ergo propter hoc* (after this, therefore because of this)? Just because we can make predictions in psychoanalysis that turn out to hold does not necessarily mean that the implied causal hypothesis is true. The rising and setting of the sun can be predicted on Ptolemaic assumptions and be daily confirmed by experience, but the Ptolemaic assumptions turned out to be false. An

explanation may "work", in this way, and we may still be completely mistaken about what is actually at work in the patient. The question, of great importance to us, is whether or not clinical psychoanalysis can provide an observational basis for causal explanations? For their part, philosophical critics of psychoanalysis hold that a positive answer to this question is not possible (Nagel, 1959; Grunbaum, 1984).

Bacon and Mill first formulated the rules of inductive causal inference, which have been further clarified by later logicians (Copi, 1986; Rescher, 1964). The successful application of the rules of inductive reasoning depends on prior knowledge of what the causes of something could be and by what mechanisms they might work. In this case, we have to be able to establish the probability of two things: 1) that rather than anything else, it was my intervention that caused Mr. A to shift in the session from defensive wishful thinking about himself to associating; 2) that the content and affects of his associations were not the result of the influence of my suggestion. If they were, Mr. A's associations would have been compromised by my presence and my relation to him. They would have been co-created in the subjectivist sense of the word. Let us consider the possible causes, taking care not to exclude any potential causes that there is reason to think could have been at work.

It is unlikely that the furnishing and the appointments of the consulting room were decisively influential. None of them had been changed. Furnishing and appointments play their part, both as venue and as elements through which transference symptoms are expressed, as in the case of the patient who believed that I was recording his sessions with a tape machine located in a drum table beside the couch in order to report him to the police. These factors betray aspects of the life and character of the analyst. But they do not analyze. It is also unlikely that the patient's shift to free associating was the result of the encouragement of his girlfriend, family members or friends. If such encouragement had been given, it had not been effective because he began the session by recounting his dream and then continued with a self-idealizing secondary revision of it. He may have been given encouragement to free associate to his dream but, if so, it had been causally ineffective.

We are left with either or both of patient and analyst. The co-creationist answer would be "necessarily both". It is unlikely that the motivation to free associate came only from the patient; after all, the motives at work in Mr. A, prior to and during the beginning of the session, had produced his self-idealizing, intellectualizing resistance to associating. Hence, it must have been the analyst's intervention that was causal. To be sure, a necessary condition for the efficacy of the interpretation was the esteem and trust in which the patient held the analyst, and which gave the analyst's words their authority for the patient. Freud (1912, 1917, 1920, 1923a, 1923b, 1925, 1926) frequently referred to the part played by suggestion in (1) the implicit encouragement of resistance interpretations and in (2) the implicit promise of the analytic contract. But this esteem and trust was not sufficient on its own to cause the effect in question – Mr. A's beginning to associate. If it had been sufficient, it would surely have overcome the patient's resistance from within, without the intervention of the analyst. The patient would have begun to associate "spontaneously". Therefore, according to the rules of inductive reasoning (Mill's Methods), we can conclude that the analyst's intervention was probably the cause, or at least an essential part of the cause, of the patient's altered functioning brought about by compliance with the basic rule. However, given that Mr. A's attitude to the analyst and analysis also played its part, we might want to say that what followed in the session was a dyadic co-creation. I shall argue latter that this inference is misleading and inaccurate.

But what about the specter of subjectivity that hangs over our work, even as we proceed inductively and empirically to uncover the underlying motives of Mr. A's defensive construction of the meaning of the dream? After all, there is the scarcely implicit suggestion, a form of Kantian hypothetical imperative, in my intervention, "if you want to understand your dream, you are going to have to free associate to its manifest content". Hopefully, the following consideration will allow us to proceed. I can acknowledge both that I made a suggestion and that the patient was suggestible, while at the same time rejecting the implication that the objectivity of clinical observations made possible by free association is, thereby, irreparably vitiated (Freud, 1915, 1925,

1937). My suggestion held out the promise of improved self-knowledge, but it was silent about what associations would occur to Mr. A and about the direction they would take, let alone what associations were expected of him. My only expectation was that the ingredients for some less idealized view of himself would emerge in Mr. A, but I kept even that rather abstract, generalized thought to myself.

If my intervention actually functioned as a suggestion, in anything but the everyday sense of the word, which does not include co-creation, it was evidently pathetically useless as such, since the patient continued to struggle with his doubts and misgivings about our undertaking. It would be boastful and magical, on my part, to claim that my interpretation had constituted Mr. A's effort to co-operate with the basic rule. It would be more accurate to say that he took up my suggestion. I see no evidence that I unconsciously contrived with Mr. A to co-create his narration of the recovered memory of Jack. A better interpretation might well have facilitated less resistance and liberated more associations. Yet, even if a better interpretation yielded different associations with more productive paths to the underlying conflict, it would not follow that the associations yielded by my interpretation were co-created and, hence, subjective. It would only follow that it was not as effective as another would have been.

I then said, "Perhaps, there are rivalries bound up with others in the dream crowd who are shouting at you to get you to leave the balcony?" After some associative dead-ends and a silence, Mr. A reported that he was remembering an incident from his public school days (early latency). His mother wanted him to take figure skating lessons. He was also playing hockey for a team in a local boys' league. One day, the ice time at the local arena for his figure skating lesson was scheduled for the hour just before a team hockey practice. Some of the members of his team arrived to dress for their practice and, seeing him cutting figures in his "girl's skates", began shouting, teasing and jeering at him for being a sissy. His boyhood rival Jack was one of them. He had refused to be intimidated; he stood his ground and went on skating to please his mother. Mr. A's association, "I stood my ground", repeated his report of the balcony scene in the dream, and his memory of his motive - the

intensity of his wish to please his mother - seemed to surprise and confound him. I wondered whether his boyhood love for his mother, and his determination to please her, was interfering with his love for his fiancée and whether his fiancée's "illness" in the dream was linked to anxiety caused by sibling jealousy and memories of his mother's pregnancy. These speculations were not unwarranted by the new material, but I had the impression that Mr. A was not ready for their interpretation. I kept them to myself.

My guiding idea was that Mr. A was given to rivalry with other males above and beyond the provocation of circumstance; he had a wish to look down on them from a special, superior and envied position, which was expressed in the dream by his location on the balcony; furthermore, he was afraid of these rivalries. In terms of the metaphor of the balcony, he was afraid of his wish to take the place of the coach rather than accept the position of being coached. But I did not say to him, "The crowd in your dream is populated with male rivals". Perhaps this reticence was excessive. But I prefer to adhere to "a willing suspension of belief", leaving the associative process unguided by me. This allows the patient to find his own way and for his associations to provide evidence for potential interpretations that validate (or falsify) my anticipatory ideas. The patient is not asked to give intellectual assent to anything, nor is the analyst influenced by the patient's intellectual assent or denial (Freud, 1937).

I have already acknowledged that there are elements of the patient's associations that are no doubt co-created by the dyad, even when analysts are following these cautionary technical precepts; however, it is my argument that there are associations and important elements of the transference that are not co-created. These last elements are of two kinds: first, details of the patient's life that she/he has no motive to hide, details that can be disclosed without risk; second, details that the patient is strongly motivated to hide, details of memories, phantasies, relationships, affects and motives the patient has not been able to risk knowing or being known. The former are immune to co-creation since it would serve no purpose; the latter are immune to co-creation because they owe their existence to the drives, defenses and relationships that independently provide them with the ability to pursue satisfaction,

despite being frustrated by self or circumstance. It is the defensive, pre-conscious processes of the mind that are vulnerable to co-creation and that implicate the analyst in the formation of the transference neurosis. However, this influence of the analyst does not reach into the instinctual unconscious and its repressed memories.

I then said, "The balcony scene in your dream seems to be drawn partly from your memory of the teasing you took at the rink when you were a boy. In the rink, as on the balcony, you stand your ground. But in the dream, you are struck above the eye by something thrown at you from the angry crowd. You become anxious and take flight by running away over the house tops." Mr. A returned to his quarrel with the coach of his college hockey team. Evidently, it had been serious enough that the coach had threatened to kick him off the team. He expressed various unkind thoughts about the coach, beginning with his knowledge of the game and his players and ending with a denunciation of his dictatorial character. These ideas were still rather vague and lacked specific detail as compared with the skating memory. I was left with the impression that he was leaving something of his part in the quarrel with the coach in the dark. In the memory, his provocation of the teasing had been clear (his figure skating) as well as his motive for standing his ground (his devotion to his mother). What he might have done to provoke the coach's ire was missing. His allusions to other similar situations with coaches in the past were similarly vague. At this point, I felt rather baffled and frustrated; my hopes aroused by the revived memory of the rink incident and its degree of congruence with the balcony segment of the dream were disappointed.

But shortly my hopes were rekindled by Mr. A's recall of memories of a recurrent troubling experience while playing hockey as a latency period boy. He had been unnerved and frightened by the experience. It had seemed "eerie" to him, leaving him feeling "light headed", playing "mechanically" and without feeling himself present, as though he was no longer in his own body or engaged in its actions. He remained baffled by it. He had been a good hockey player for his age, but he found that he could never play the game as well when his father was in the rink watching him play, when these experiences of strangeness came over

him, as when his father was absent. It struck me that his initial interpretation of his dream had also idealized me into the good, (passive) non-threatening, perhaps, family romance father, before whom he could demonstrate his skill in the analytic arena. I guessed that it would be important for me not to disturb this idealizing transference more than was necessary during this stage of the analytic "game".

However, I risked interrupting his ruminations about how he could feel this way when he wanted his father's approval with, "Perhaps you were also somehow in competition with your father and you were afraid of letting him see how good at hockey you were". At first, this intervention was greeted with silence. But then Mr. A said that he was feeling embarrassed by a memory he was having about a paper route. As he walked along in the morning before school, delivering papers, he had a recurrent phantasy. His father was a business man whose business took him away from home on trips of several days at a time. From one of these trips, the phantasy went, his father did not return. He would have to assume responsibility for the care of his mother and little sister on the earnings from his paper route. He visibly winced with shame and embarrassment at the lack of realism in this heroic idea of himself and the pleasure with which it eased his solitary, early morning walks, lugging his load of papers, in order to earn the small amount with which he was going to assume his father's responsibility for the care of the women in his family.

I ventured, "What if your reaction to your father at the rink was caused by your wish to see him go away and never come back?" But until the session ended, Mr. A remained concentrated on the absurdity of his idea that he could take care of his mother and sister from the proceeds of his paper-route. Psychoanalysis does not often proceed by Eureka experiences, nor can resistance be made to magically disappear by suggestion. However, perhaps some salutary questions were taking root in my patient's pre-conscious, "Am I still so attached to my mother? Am I still so rivalrous with my father?"

Concluding Reflections

How subjective is this account of the dream session? This question is really two questions because there are two narratives (if we can use this term loosely, after the current fashion in psychoanalysis). First, there is the historical narrative above; second, there are the autobiographical narratives of the patient imbedded in the associations and recovered memories of the analytic process.

My account of the session includes reflections that I kept to myself. These reflections are subjective in the psychological sense that they existed only in my mind, but from this it does not follow that they were cognitively subjective in the sense that they were only about me; they were conjectures about the patient and his dream. Nor did they, to the best of my awareness, enter into a process of co-creation. Similarly, the language of my descriptions is mine except for quotations from the patient. I attributed aggression to him toward me in his undertaking to construct his own interpretation of the dream, although I did not notice any evident tell-tale affects in his communication of it. It is obvious that I did not invent this bit of historical narrative. Mr. A had hit upon his self-congratulatory interpretation on his own. Yet the form, content and intent of his interpretation was influenced by the person he took me to be and it exploited our earlier relation as teacher and student. It was not my idea, but I had been included and assigned a part by him in the course of his construction of his interpretation. And it was I who attributed aggression to it. The composite picture of Mr. A's interpretation of his dream includes something that I added – an inferred wish in Mr. A to steal my fire, by appropriating my function. This inference could have unconsciously influenced my sense of what he was up to, because of my need to be in control deriving from my own unconscious castration fear. If so, such an element of the amalgam would be subjective relative to the analysand – about me instead of about him – unless, of course, it happened to coincide with the same unconscious anxiety in the analysand.

I take this first association to the dream to be an example of Schafer's (1981) concept of narratological co-creation, through which

the patient's experience of the analyst enters into the fabric of the associative content and affect – the analysand's intention, his thinking and his choice of words. The composite, co-created picture of the analysand is completed by the analyst's own more unconscious addition to it.

Let us consider how subjective this co-created narration really is. Even if we assume that the patient's thought, about whom he is addressing with his interpretation of the dream, accurately represents me, which it does, for example, in so far as I do value higher education, this representation is his and is drawn from his earlier experience of me as his teacher. Although I am made to contribute to the representation by the analysand, I am not implicated in its formation as his analyst. It was the patient who, influenced by his earlier impression of me, constructed an interpretation of his dream that he hoped I would find convincing, out of narcissistic gullibility, at its face value. In fact, I did not. I was aware that the achievements and strengths, to which he was laying claim, are not the stuff of which dreams are made; they are highly ego-syntonic and do not require disguise in order to become conscious. I see no justification for supposing that I, as his analyst, played some surreptitiously active part in the formation of the patient's image of the person he was addressing in this way. In this respect, I exerted about the same influence over the patient's representation of me that Picasso exercises from beyond the grave over our aesthetic experience when we view an exhibition of his paintings.

But surely the "whiff of aggression" "found" by the analyst is contributed to the picture by the analyst. I did not test my surmise because of the sense I had that, at this stage, if I had said anything like, "You are trying to take over my role as your analyst", Mr. A would probably have gotten his hackles up, felt unappreciated, rebuked, demeaned and unfairly accused by an authoritarian, patriarchal analyst who had to keep all the power and the glory for himself. Mr. A's need to be admired would have rendered any aggression he might have had unconscious. In this situation, clinical enquiry requires that the analyst be guided by a sufficient awareness (i) that his attribution of aggression is an inference from an observation and not an observation, (ii) that it

could be his own projection, so that (iii) the analyst treats the patient's aggression not as something found, but as something that might be found and, in this way, tolerates uncertainty about its source. In fact, I did not make any transference interpretation in the session at all, thinking that a strengthening of the working relation could best be achieved if I could enable Mr. A to do some associative work. As it turned out, Mr. A's associations rendered it more probable that my surmise about a competitive aggression in his transference was correct, whatever my own personality might have contributed to my surmise.

This more detailed analysis of an example of the analyst's influence on the narrative elements in the patient's associations reveals that the resulting co-creation need not be taken as an inescapable, bed rock constitution of the patient (Schafer, 1981) that invents the patient's psychic reality in the way in which an author creates characters, their motives and circumstances (Spence, 1982) resulting in the irreducible subjectivity of the analyst (Renik, 1993) and leaving the contemporary psychic reality of the patient and his history inaccessible.

Are the patient's subsequent narrations of his memories in the analytic process also co-creations? Are the memory of Jack, the skating memory, the hockey memory and the paper route memory made up to satisfy the ideas and affective influences of the analyst, as much as by the patient's effort to know and not to know himself? Are these memories really uncovered or do they only seem to be? Are they, unbeknownst to the analyst and the analysand, actually co-created? Are they the unwitting play-things of hidden dyadic relational forces? Is any developing sense in the patient of being understood an illusion anywhere outside of the artifactual reality of the interaction in the analytic situation? Is the reality of the patient in analysis, as Schafer (1981) put it, not "encountered or discovered" but "created in a regulated fashion" (p. 45)?

I agree that the patient's associations are created in a regulated fashion. But it does not logically follow that the regulator is the epistemologically disturbing influence of the analyst on the patient's associations. The alternative is that the regulator is the work of autonomous, independent and involuntary unconscious thought processes on-going in the analysand.

If we are not to be mystical and metaphysical in our thinking, we need to identify the mechanism by which the analyst exercises influence over the analytic process (as postulated by relational psychologists). This mechanism must be the analyst's interpretations, which are made against the background of the indications of his character revealed by everything from the furnishing, convenience, privacy etc. of the waiting and consulting room to the manner of his greetings, absences, billings, thoughts, values and affective responses etc. And, to be sure, the analyst's character and affects inevitably invest the analyst's interpretations in their timing, content and the way in which they are conveyed (Hanly, 1994, 1998). But anticipatory thoughts that the analyst brings to his/her task can be useful guides to observation, just as affective responses to the patient's affects and states of mind can help to shape beneficial interpretations. Anticipatory thoughts and affective responses can also bias observation or render it purblind, but they need not. Contrary to the subjectivists, I do not think that there are any epistemological *a prioris* here, except for the psychological impact of unresolved conflicts in the analyst that may disturb his/her experience of (and thinking about) the analysand. In these circumstances, co-creations are likely to occur. But so long as the analyst is Socratic enough to tolerate not knowing and knowing that he is not understanding, the analyst is able to allow the patient's associations to demonstrate the intrusion of his/her bias. And, these biases can be remedied by supervision, self-analysis or personal analysis.

What about Mr. A's narrations of the memories among his associations? Were they co-creations? The interpretation, which preceded the recovery of the memory of episodes of depersonalization, was, "The balcony scene in your dream seems to be drawn partly from your memory of the teasing you took at the rink when you were a boy. In the rink, and on the balcony, you stand your ground. But in the dream, you are struck above the eye by something thrown at you from the angry crowd. You become anxious and take flight by running over the house tops." My wish for further associations and my hope for further recovered memories were expressed by stating a similarity of the dream to the skating memory and by focusing on some apparent differences – the danger of physical injury and flight. Although there was the thought, at the back of my mind, of the symbolic equation of an eye injury with

castration and of the balcony with the mother's breast, I was primarily occupied with his resistances and with fishing for further associations to the dream by keeping it before him. Mr. A had himself selected the balcony sequence as the avenue of access to the latent dream. I was following this indication, without having any idea about his boyhood experiences of depersonalization while playing hockey. Perhaps a more knowledgeable analyst, or perhaps a less textbook Freudian analyst (a fault for which a patient once angrily denounced me), would have been entertaining this possibility, but I have to confess that Mr. A's memories of depersonalization were no less unanticipated by me than were the details of his other childhood memories. My mind was certainly not a tabula rasa. Mr. A's memories stimulated some parallel memories in me. But what I communicated to Mr. A in my interpretation, while it may have influenced him to continue associating, was silent about what associations I wanted to hear from him.

In fact, I had the distinct impression that Mr. A was not so much telling me what he thought I wanted to hear, as telling me, involuntarily, what he did not want to hear while, nevertheless, hoping that I would hear, understand and not condemn; something that he had not dared to do before with anyone, including himself. For example, it is very possible that he wanted to take the opportunity of being in analysis to tell me about these episodes of depersonalization from his boyhood, because he was preconsciously troubled about the possibility of their recurrence. And probably the same applies to his other recovered memories. Hence, although it is probable that my interventions influenced Mr. A (I earned my fee, I hope), the evidence of the session, when examined and analyzed in detail, indicates that my influence, if it enabled him to free associate and to remember, did not cause him to remember differently what he had to remember. I see no reason to not believe the basic veracity of Mr. A's memories and the indications in them of oedipal conflict, fear of the loss of the love of the mother and sibling jealousy, even when taking seriously Freud's (1909) warning, "...we are all in the habit of believing [memory], without having the slightest guarantee of its trustworthiness" (p. 233). Critical realism takes Freud's caution, as he did, as an indication that we need to pay heed to how things can go badly in order to do our best to help them go well.

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